Renewal Alcohol I	Beverage Li	cense App	lication	Applicant's Wisconsin Seller's Pern	nit Number
(Submit to municipal clerk. R	_			456-1030847133-04	
•		(01	Ban	FEIN Number 87-3086404	
For the license period beginni	ng: 07 01 2023	ending: 12	31/2029		
			' (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	I Town of A	1101167		✓ Class A beer	\$
to the Governing Body of the	VIIIage of	110002		✓ Class B beer	\$ 100.00
	☐ City of 7			✓ Class C wine	\$
County of Brown		Aldermani	c Dist. No	✓ Class A liquor	\$
		(if required	by ordinance)	☐ Class A liquor (cider only)	\$ N/A
				✓ Class B liquor	\$ 400.00
Check one: Individual	Limited Liabilit	y Company		Reserve Class B líquor	\$
☐ Partnership	☐ Corporation/N	onprofit Organizat	ion	☐ Class B (wine only) winery	\$
				Publication fee	\$ 60.00
Complete A or B. All must o	complete C.			TOTAL FEE	\$ 560.00
A. Individual or Partnership					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
T all Hallio (Edot)	(i iist)	(Middle Name)	Home Address (Office)	, only of Post Office, & Zip Code)	steer that it is
Full Name (Last)	Full Name (Last) (First) (Midd			, City or Post Office, & Zip Code)	
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / Non		ed Liability Company	Address of Corporation /	Limited Liability Company (if different fro	m linemand manufacts
LRL Group, LLC	pront Organization / Limit				
				e Dr., Allouez, WI 54	
All corporations/organizations liquor must appoint an agent.	or limited liability of	ompanies applying	g for a license to s	ell fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Lipburger	Lukas	Robert	3241 Rivers:	ide Dr, #8, Allouez, N	WI 54301
All Officer(s) Director(s) of	Corporation and M	lembers / Manag	are of Limited Lia	hility Company:	s i a the and
President / Member Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)	
A CONTRACTOR OF THE CONTRACTOR	F 45 10 -63		y by bodyou		Lings of 11
Lipburger Vice President / Member Last Name	Lukas	Robert		ide Dr, #8, Allouez, 1	WI 54301
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	in extend of
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	*
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	Company of the Company
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	1
te kaskestanis vetva	a la est rapidad e	TVISTORIO CONTENT	seas market		4
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	tions but be
C. Business Information					
1. Trade Name Generation	ons Bistro & 1	Marketplace	Business Ph	one Number 920-441-9225	
2. Address of Premises 323		-		Zip Code Allouez, WI 54	,
the second secon				om Wisconsin wholesalers, bre	
and brewpubs?		·····		Yes	☑ □ No
include all rooms includin	a living quarters if	used for the sale	e service consum	are to be sold and stored. The ption, and/or storage of alcohoribed.) OFF-SITE CATERIN	I heverages and
RETAIL STORE - BE					
BISTRO - INTOXICA	TING BEVERAGE	S FOR BISTRO	PATRONS	1	
			D BAR PATRONS	<u> </u>	

, -- , -- ,, -- .- .

5. Legal description (omit if street address	ss is given on previous pa	ge):				
 a. Since filing of the last application, member, officer, director, manage organization licensee been convi- for violation of any federal laws, a or municipality? If yes, complete 	r or agent for either a lim cted of any offenses (ea ny Wisconsin laws, any la	nited liability company xcluding traffic offense aws of other states, or	licensee, or no es not related to ordinances of	onprofit to alcohol) any county	☐ Yes	☑ No
b. Are charges for any offenses pre the named licensee or any other p					☐ Yes	☑ No
7. Except for questions 6a and 6b, hav by you on your last application for th					☐ Yes	☑ No
8. Was the profit or loss from the sale of or Franchise Tax return of the license	e? If not, explain				☐ Yes	□No
n/a still in construction			No alcoho	ols sale		
made in 2022. Anticipated	to open in 2024.					
9. Does the applicant understand they r [phone (608) 266-2776]	must hold a Wisconsin Se	eller's Permit?			☑ Yes	□No
Does the applicant understand that a from the date of invoice and made av					☑ Yes	□No
1. Is the applicant indebted to any whol	esaler beyond 15 days fo	r beer or 30 days for lid	quor?		☐ Yes	∑ No
 Does the applicant owe municipal pro (Note: Renewal of licenses may be assessments or other fees). 	operty taxes, assessment denied pursuant to a loca	s, or other fees? I ordinance, if the licen	see owes mur		☐ Yes	☑ No
READ CAREFULLY BEFORE SIGNING been truthfully answered to the best of the application; that the applicant has read a and correct. The undersigned further undersigned further undersided, and under penalty of state law, the his application. Any person who knowing han \$1,000.	e knowledge of the signer. nd made a complete answ derstands that any license applicant may be prosecu	The signer agrees tha wer to each question, all sissued contrary to Ch ted for submitting false	t he/she is the nd that the ans apter 125 of the statements a	person named swers in each in ne Wisconsin in nd affidavits in	l in the fo instance a Statutes s connecti	regoing are true shall be on with
Contact Person's Name (Last, First, M.I.)		Title / Member		ate		
Lukas Lipburger Signature		Owner Phone Number		3/27/2023 mail Address		
Cignitude		920-441-9225	1,	MOSE DEN	in trong	Lund,
		920-441-9225		200 C. 800	WIOCH.	17 10 00 100
TO DE COMPLETED DV CLEDY					-	
TO BE COMPLETED BY CLERK	Date reported to council / b	poard	Date license gran	ated.		
Date received and filed with municipal clerk	Date reported to council / b	oaru	Date license gran	neu		
3.31. 20 23 License number issued	Date license issued		Signature of Cler	k / Deputy Clerk		
			_			

5.	Legal description (omit if street address is	s given on previous page):		
6.	member, officer, director, manager o organization licensee been convicte for violation of any federal laws, any	s the named licensee, any member of a par r agent for either a limited liability company ed of any offenses (excluding traffic offense Wisconsin laws, any laws of other states, or age 3	licensee, or nonprofit es not related to alcohol) r ordinances of any county	
		ntly pending (excluding traffic offenses not recons affiliated with this license? If yes, expl		No
7.		nere been any changes in the answers to thicense? If yes, explain		∕No
			·	
8.		cohol beverages for the previous year reported If not, explain		□No
9.		st hold a Wisconsin Seller's Permit?		□No
10.	[phone (608) 266-2776] Does the applicant understand that alcolorom the date of invoice and made available.	nol beverage invoices must be kept at the licable for inspection by law enforcement?	ensed premises for 2 years	□No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days for beer or 30 days for li	quor? Yes	Mo
12.	Does the applicant owe municipal proper (Note: Renewal of licenses may be der assessments or other fees).	erty taxes, assessments, or other fees? nied pursuant to a local ordinance, if the licer	☐ Yes nasee owes municipal taxes,	∕∐No
app and voi this	en truthfully answered to the best of the ki blication; that the applicant has read and d correct. The undersigned further unders d, and under penalty of state law, the app	nder penalty provided by law, the undersigne nowledge of the signer. The signer agrees the made a complete answer to each question, a stands that any license issued contrary to Clolicant may be prosecuted for submitting fals provides materially false information on this a	at he/she is the person named in the for and that the answers in each instance a napter 125 of the Wisconsin Statutes s e statements and affidavits in connecti	regoing are true shall be on with
Co	ntact Person's Name (Last, First, M.I.) MEIKLE A M A M A M M M M M M M M	Title / Member	NT 3/28/2023	3
Sig	nature James A	reille Phone Number	0-1069 Clougs take	, 5
			a jahoo.co	m
	BE COMPLETED BY CLERK		,	
Da	te received and filed with municipal clerk	Date reported to council / board	Date license granted	
Lic	ense number issued	Date license issued	Signature of Clerk / Deputy Clerk	

or the license period beginning the Governing Body of the:				Applicant's Wisconsin Seller's P 456-103078	
to the Governing Body of the:	g: 7112023 (mm dd yyyy)			FEIN Number \$7 -160	0/260
to the Governing Body of the:	(min dd yyyy)	ending: 🕜	(mm dd yngy)	TYPE OF LICENSE	
o the Governing Body of the:		A :1	(mm dd yyyy)	REQUESTED	FEE
o the Governing Body of the:	Town of	Allour	, ~	☐ Class A beer	\$
V /		11 11047		Class B beer	\$ 100.00
ounty of 15 low	☐ City of			Class C wine	\$
ounty or	. ^	Aldermani	c Dist. No	☐ Class A liquor	\$
			by ordinance)	Class A liquor (cider only	/) \$ N/A
	2013 81 B 10 10 15			Class B liquor	\$ 400.00
heck one: 🗌 Individual	☐★imited Liability			Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/No	nprofit Organizat	tion	Class B (wine only) wine	
ammiliate A an D. All mount o	ammlata C			Publication fee	\$ 60.00
omplete A or B. All must c	omplete C.			TOTAL FEE	\$ 560.00
. Individual or Partnership:					
ull Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	10 T BOY 10
	-		0 = 1d+= , "UF		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
3. LLC or Corporation (and A					
Full Legal Name of Corporation / Nonp					from licensed premise
(sallaghers)	1779 66	C	1870100	bleman Ct.	
All corporations/organizations	or limited liability co	mpanies applyin			s and/or intoxicati
quor must appoint an agent.	or miniou nability oo	mpamee applym	g for a moonloo to or	on formerited mail bevoluget	s and/or intoxicati
A	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	· ·
Agent Last Name Millar	1411599	Laurel	18701	loblemen Ct. G	run Backs
All Officer(s) Director(s) of C	•				7
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
- 11	Chad	IIMT	18 10 11 1	City of 1 ost Office, & Zip Code)	· · · · · · · · · · · · · · · · · · ·
10 111-	LUGGU			1. CLE K	
Miller		10 10 -	1 . 0 0 /00 //	learn Ct Greenb	ex WIS
		(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	exw75
Vice President / Member Last Name	(First) Vany 55	Laurel	Home Address (Street	learn Ct Granb City or Post Office, & Zip Code) Iman Ct. Granta	1exW75
Vice President / Member Last Name			Home Address (Street Home Address (Street	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	ex WI5 1WI54
Vice President / Member Last Name	(First) Vany 55	Laurel	Home Address (Street Home Address (Street	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	ex W75 1W754
Vice President / Member Last Name A: 4 Secretary / Member Last Name	(First) Vany 55	Laurel		City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	exWI5 1WI54
Vice President / Member Last Name A: 4 Secretary / Member Last Name	Van4959 (First)	(Middle Name)			exWI5 YWI54
Vice President / Member Last Name A: Secretary / Member Last Name Treasurer / Member Last Name	Van4959 (First)	(Middle Name)	Home Address (Street		exWI5 YWI54
Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First)	(Middle Name) (Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	exw75 yw754
Vice President / Member Last Name A: Secretary / Member Last Name Treasurer / Member Last Name	(First) (First) (First)	(Middle Name) (Middle Name)	Home Address (Street Home Address (Street	City or Post Office, & Zip Code)	ex W75 YW754

5.	Legal description (omit if street address is g	given on previous pag	je):				
6.	a. Since filing of the last application, has t member, officer, director, manager or a organization licensee been convicted for violation of any federal laws, any W or municipality? If yes, complete page	gent for either a limi of any offenses (ex isconsin laws, any la	ited liability company coluding traffic offens lws of other states, o	/ licensee, or ses not relate or ordinances	nonprofit d to alcohol) of any county	☐ Yes	> ₩10
	b. Are charges for any offenses presently the named licensee or any other person					☐ Yes	∑ ₄No
7.	Except for questions 6a and 6b, have the by you on your last application for this lice					☐ Yes	Ŋ₩0
8.	Was the profit or loss from the sale of alcohor Franchise Tax return of the licensee? If					□ X es	□No
9.	Does the applicant understand they must be [phone (608) 266-2776]	hold a Wisconsin Sel	ler's Permit?			Ğ∀es	□No
10.	Does the applicant understand that alcohol from the date of invoice and made available					∑KÝes	□No
11.	Is the applicant indebted to any wholesale	r beyond 15 days for	beer or 30 days for	liquor?		☐ Yes	No
12.	Does the applicant owe municipal property (Note: Renewal of licenses may be denie assessments or other fees).					☐ Yes	No
app and void this tha	AD CAREFULLY BEFORE SIGNING: Under truthfully answered to the best of the knowlication; that the applicant has read and made and correct. The undersigned further understand, and under penalty of state law, the application. Any person who knowingly pron \$1,000.	wledge of the signer. ade a complete answ ands that any license cant may be prosecut	The signer agrees the er to each question, issued contrary to Code for submitting false information on this	at he/she is to and that the a chapter 125 of se statements	ne person name answers in each f the Wisconsin s and affidavits in ay be required t	d in the fo instance Statutes n connect	regoing are true shall be ion with
	ntact Person's Name (Last, First, M.I.) Millar Vanigan		Vice Manuer	lent	3-1-23		
Sig	nature W. Mul		Phone Number (920) 370-7	3047	Email Address 59/19/14/7	12790	gmil.
то	BE COMPLETED BY CLERK						
		ate reported to council / bo	pard	Date license g	ranted		
Lice		ate license issued		Signature of C	lerk / Deputy Clerk		

	Renewal Alcohol E	severage Lic	ense Appii	cation	45L-0000464782	
(Submit to municipal clerk. Re	ead instructions on	page 3.)	/////	FEIN Number	
		20/1/20	2 . 1/	20/2011	39-2039868	
ı	For the license period beginnir	191 <u>0//0//d0</u> 2	3 ending	(gim dd yyyy)	IYPE OF LICENSE REQUESTED	FEE
		☐ Town of	1//		Class A beer	\$
•	To the Governing Body of the:		\$110 cas		Class B beer	\$ 100.00
		☐ Çity of			☐ Class C wine	\$
	County of Kray La		Aldermanic	Diet No.	Class A liquor	\$
•	County of 1020-1			oy ordinance)	Class A liquor (cider only)	\$ N/A
			(ii required i	by ordinance)	Class B liquor	\$ 400.00
	Check one: Individual	☐ Limited Liability	Company		Reserve Class B liquor	\$
	Partnership		profit Organizatio	n	☐ Class B (wine only) winery	\$
			J		Publication fee	\$ 60.00
	Complete A or B. All must c	omplete C.			TOTAL FEE	\$560,00
	A. Individual or Partnership:					
í	Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
1	\mathcal{T}	2	1	41114	21 / / / /	5 77/2/
٠	Full Name (Last)	(First)	(Middle Name)	Home Address (Street C	ity or Bost Office, & Zip Rode)	they 5950/
		[' <i>)</i> ' .	(Middle Name)	Que 1)	ity of post Office, a Zip code)	2/2471
1	TAHK	NOW E	(Middle Name)	D) Kayon	ST. SUDEMA	UK, WI OTOIS
	Full Name (Last)	(First)	(Middle Name)	ILT I G	ity-or Post Office, & Zip Code	0
	<u> </u>	M lagan		7578 Julist	KOGLR, SUAN	CICO, COX
	B. LLC or Corporation (and	Agent):		,	10-	3
	Full Legal Name of Corporation / Nonp		Liability Company Ac	ddress of Corporation Llin	nited Liability Company (if different fro	m_licensed premises)
	LORELET TWA	$\sqrt{100}$	14	425/1)6	botes Ario Osoas	B- 1015430
	All corporations/organizations	or limited liability con	nnanies anniving	for a license to sell		and/or injovicating
	liquor must appoint an agent. Agent Last Name				/	The state of the s
/	Agentulast Name	(First)	(Middle Name)	Home/Address (Street, C	ity or Post Office, & Zip Code)	2 15don 1
-	LACK			1000	SOO Sunk	Jus W1 -1-10/
	All Officer(s) Director(s) of C		mbers / Manage			O
	President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
/	/ ACY	PAUIS	1	fff 1	de la	50 11 5730
	Vice President / Member Last Name	(First)	(Middle Name) /	Home Address (Street, C	ity or Post Office, & Zip Code)	Sugar of the
4	MULL	KYONZ	A	SO KALPIL	T LUXENBUM, U	1150015
_	Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Gots)	01017
'		Measan	I	12402 -	1 Shath	
	reasurer/ Member Last Name	(First)	(Middle Name)	Home Address (Street, C	fity or Post Office & Zip Code)	amed)
1	G.		interest of the	ec e la plo logreb	0	17,884 1-14,59
	Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	tity or Post Office, & Zip Code)	
		The second second				
	Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	-200 Cab 20-20
	- Proteind o perspects y	ery politerik og a andt o	hods write at	Marita we so alver		g massinger and -
9	O. Deselves a lufe me dien					
	C. Business Information				1.	20 -0-1
	1. Trade Name ORELO	1 100	INC	Business Phon	5	32-592/
	2. Address of Premises 44	2 SWEDS	ter Aue	Post Office & Z	Tip Code Char Boy	W15430/
	3. Does the applicant unders and brewpubs?					eweries
	4. Premises description: De	escribe building or b	uildings where al	cohol beverages ar	re to be sold and stored. Th	e applicant must
	include all rooms including	g living quarters, if us	sed, for the sales	, service, consumpt	tion, and/or storage of alcoho	ol beverage) and
	records. (Alcohol beverag	es may be sold and	stored only on the	ne premises describ	ped.) Kostus sout	11) 18
	I to	128/1	//	Rain	2.1.18	N. a.
	The state of the s	THE	THE S	my ,	LUM XILA	reng

٥.	Legal description (offile it street address is	s given on previous page).			
6.	member, officer, director, manager or organization licensee been convicte for violation of any federal laws, any	s the named licensee, any member of a par r agent for either a limited liability company od of any offenses (excluding traffic offense Wisconsin laws, any laws of other states, or age 3	licensee, or nonprofit es not related to alcohol) ordinances of any county	∐Yes	No.
		ntly pending (excluding traffic offenses not reconstructions affiliated with this license? If yes, expla		☐ Yes	, Drog
7.	Except for questions 6a and 6b, have the by you on your last application for this li	nere been any changes in the answers to thicense? If yes, explain	e questions as submitted	☐ Yes	Ď#K
8.	Was the profit or loss from the sale of alc or Franchise Tax return of the licensee?	ohol beverages for the previous year reported If not, explain	d on the Wisconsin Income	Ples	□No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Seller's Permit?		· Daes	□No
10.	Does the applicant understand that alcohorom the date of invoice and made availa	nol beverage invoices must be kept at the lice ble for inspection by law enforcement?	ensed premises for 2 years	Yes	□ No
11.	Is the applicant indebted to any wholesa	ler beyond 15 days for beer or 30 days for li	quor?	☐ Yes	Me
12.		rty taxes, assessments, or other fees? ied pursuant to a local ordinance, if the licer		☐ Yes	700
bee app and void this	en truthfully answered to the best of the kn blication; that the applicant has read and r d correct. The undersigned further unders d, and under penalty of state law, the app	nder penalty provided by law, the undersigned towledge of the signer. The signer agrees that made a complete answer to each question, a stands that any license issued contrary to Chilicant may be prosecuted for submitting false provides materially false information on this a	t he/she is the person name nd that the answers in each apter 125 of the Wisconsin e statements and affidavits i	ed in the fo instance Statutes in connect	regoing are true shall be ion with
Coi	ntast Person's Name (Last, First, M.T.)	Title / Member RESICLO A F	Date	202	3
Sig	nature Ourmed &	Phone Number 920 - 360 - 8	Email Address		
					2
то	BE COMPLETED BY CLERK				
Dat	te received and filed with municipal clerk	Date reported to council / board	Date license granted		
Lice	ense number issued	Date license issued	Signature of Clerk / Deputy Clerk		

Kenewal Alconol E (Submit to municipal clerk. Re	•		nication	Applicant's Wisconsin Seller's P	1269.63
•		,		26- 2364	509
For the license period beginnin	(== ,,,,,,		OL 30 2084 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of	Alla 07		☐ Class A beer	\$
To the Governing Body of the:	Village of \	Alloce		Class B beer	\$ 100.00
	☐ City of 🤳			Class C wine	\$
County of Brown			io Diet No	Class A liquor	\$
County of 157 00 v 7		/if require	ic Dist. No d by ordinance)	Class A liquor (cider only	
	a matter part of	(ii require	a by ordinance)	Class B liquor	\$ 400.00
Check one: Individual	Limited Liability	/ Company		Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/No	nprofit Organiza	tion	Class B (wine only) wine	·
		, ,		Publication fee	\$ 60.00
Complete A or B. All must c	omplete C.			TOTAL FEE	\$560.90
A. Individual or Partnership:					+300,90
Full Name (Last)	(First)	(Middle Name)	Home Address (Street (City or Post Office, & Zip Code)	
(222)	((Miladio Hairio)	Tiome Address (offeet, C	on Post Office, & Zip Code)	
Full Name (Last)	(Eirot)	(Middle Nege)	Hans Address (Otrest (26	
i di Namo (Last)	(First)	(Middle Name)	nome Address (Street, C	City or Post Office, & Zip Code)	. I draw and
Full Name (Le C	(E) 0				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
B. LLC or Corporation (and A	\aont\:				
		d I i = bilit . O	Add		
Full Legal Name of Corporation / Nonp	rpid organization / Limite	d Liability Company	Address of Corporation / Li	mited Liability Company (if different	from licensed premises)
Los mayorga		21,700,000	1327 5.1	rebiter thre	
All corporations/organizations (liquor must appoint an agent.	or limited liability co	ompanies applyin	ng for a license to sel	I fermented malt beverages	and/or intoxicating
liquor must appoint an agent. Agent Last Name	or limited liability co	ompanies applyin		3.	
liquor must appoint an agent. Agent Last Name	(First)			3.	
Agent Last Name	(First) Herrera	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code) Son Mere he Gra	
Agent Last Name Agent Lost Name All Officer(s) Director(s) of C	(First) Henvera orporation and M	(Middle Name) embers / Manag	Home Address (Street, C	City or Post Office, & Zip Code), Mentene he Gree Willity Company:	
Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name	(First) Henvera orporation and Male (First)	(Middle Name)	Home Address (Street, Carlotte Liability) Jers of Limited Liability Home Address (Street, Carlotte Liability)	City or Post Office, & Zip Code) Mintere he Gree ility Company: City or Post Office, & Zip Code)	Dey W. 5430
Agent Last Name All Officer(s) Director(s) of C President / Member Last Name	(First) Herrera corporation and Marketing	(Middle Name) embers / Manag	Home Address (Street, Carlotte Liability) Jers of Limited Liability Home Address (Street, Carlotte Liability)	City or Post Office, & Zip Code) Mintere he Gree ility Company: City or Post Office, & Zip Code)	Dey W. 5430
Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name	(First) Henvera orporation and Male (First)	(Middle Name) embers / Manag	Home Address (Street, Carlotte Liability) Jers of Limited Liability Home Address (Street, Carlotte Liability)	City or Post Office, & Zip Code), Mentene he Gree Willity Company:	Dey W. 5430
Agent Last Name All Officer(s) Director(s) of C President / Member Last Name	(First) Herrera corporation and Marketing	(Middle Name) embers / Manag	Home Address (Street, Carlotte Liability) Jers of Limited Liability Home Address (Street, Carlotte Liability)	City or Post Office, & Zip Code) Mintere he Gree ility Company: City or Post Office, & Zip Code)	Dey W. 5430
Agent Last Name All Officer(s) Director(s) of C President / Member Last Name	(First) Herrera corporation and Marketing	(Middle Name) embers / Manag	Home Address (Street, Carlotte Liable Home Address (Street, Carlotte Liable Lia	City or Post Office, & Zip Code) Mintere he Gree ility Company: City or Post Office, & Zip Code)	Dey W. 5430
All Officer(s) Director(s) of C President / Member Last Name Wice President / Member Last Name	(First) HENVERQ orporation and M (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name)	Home Address (Street, Carlotte Liable Home Address (Street, Carlotte Liable Lia	City or Post Office, & Zip Code) Mentene he Gree City Company: City or Post Office, & Zip Code) City or Post Office, & Zip Code)	Dey W. 5430
Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name	(First) Greation and Market (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Colored Liability Home Address (Street, Colored Home Address (Street, Colo	City or Post Office, & Zip Code) Where he Gree City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	Dey W. 5430
Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name	(First) HENVERQ orporation and M (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name)	Home Address (Street, Colored Liability Home Address (Street, Colored Home Address (Street, Colo	City or Post Office, & Zip Code) Mentene he Gree City Company: City or Post Office, & Zip Code) City or Post Office, & Zip Code)	Dey W. 5430
Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name	(First) Greation and Market (First) (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Constitution of Limited Liable Home Address (Street, Constitution of Liable	City or Post Office, & Zip Code) Where he Gree City or Post Office, & Zip Code)	Dey W. 5430
Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name	(First) Greation and Market (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Constitution of Limited Liable Home Address (Street, Constitution of Liable	City or Post Office, & Zip Code) Where he Gree City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	Dey W. 5430
Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) Grooration and Market (First) (First) (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Colored Liab)	City or Post Office, & Zip Code) Where he Gree City or Post Office, & Zip Code)	Dey W. 5430
Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name	(First) Greation and Market (First) (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Colored Liab)	City or Post Office, & Zip Code) Where he Gree City or Post Office, & Zip Code)	Dey W. 5430
Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) Grooration and Market (First) (First) (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Colored Liab)	City or Post Office, & Zip Code) Where he Gree City or Post Office, & Zip Code)	Dey W. 5430
Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First) (First) (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Colored Liab)	City or Post Office, & Zip Code) Where he Gree City or Post Office, & Zip Code)	Day W. 5430
Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First) (First) (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Colored Liab)	City or Post Office, & Zip Code) Where he Gree City or Post Office, & Zip Code)	Day W. 5430
Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First) (First) (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Colored Liab)	City or Post Office, & Zip Code) Where he Gree City or Post Office, & Zip Code)	Day W. 5430
Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First) (First) (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Colored Liab)	City or Post Office, & Zip Code) Where he Gree City or Post Office, & Zip Code)	Day W. 5430
Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name C. Business Information 1. Trade Name 2. Address of Premises	(First) (First) (First) (First) (First) (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Colored Liable Home Address (Street, Colored	City or Post Office, & Zip Code) When he Gree City or Post Office, & Zip Code)	-3755 J. WE 5430
Agent Last Name Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name C. Business Information 1. Trade Name 2. Address of Premises 3. Does the applicant unders	(First) (First) (First) (First) (First) (First) (First) (First) (And that they must that they must the standard the standard that they must the standard the standard that the standard that the standard that they must the standard the standard the standard the standard the standard the standard the sta	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Colored Liab) Business Phore Post Office & 2 Ol beverages only from	City or Post Office, & Zip Code) The Number (920) 430 The Number (920) 430 The Wisconsin wholesalers, k	-3755 J. WI 5430 Dreweries
Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name C. Business Information 1. Trade Name 2. Address of Premises 3. Does the applicant unders and brewpubs?	(First) (First) (First) (First) (First) (First) (First) (First) (First)	(Middle Name) embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Colored Liab) Business Phore Post Office & Zool Deverages only from	City or Post Office, & Zip Code) The Number (920) 430	Joy W. Stace Say W. Jay W. Stace Jay W. S
Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Vice President / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name C. Business Information 1. Trade Name 2. Address of Premises 3. Does the applicant unders and brewpubs?	(First)	(Middle Name) (Middle Name)	Home Address (Street, Colored Liab) Business Phore Post Office & Zolored Liab) alcohol beverages and Liab, Service, consump	City or Post Office, & Zip Code) The Number (920) 436 The Number (920) 436	Joseph Co. Stace Bay with Stace Joseph Co. Stace Say with Stace Joseph Co. Stace
Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Vice President / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name C. Business Information 1. Trade Name 2. Address of Premises 3. Does the applicant unders and brewpubs? 4. Premises description: De include all rooms including records. (Alcohol beverage)	(First)	(Middle Name) (Middle Name)	Home Address (Street, Colored Liab) Business Phore Post Office & 2 ol beverages only from the premises described Liab)	City or Post Office, & Zip Code) The Number (920) 436 The Number (920) 436	Joseph Co. Stace Bay with Stace Joseph Co. Stace Say with Stace Joseph Co. Stace
Agent Last Name Agent Last Name All Officer(s) Director(s) of C President / Member Last Name Vice President / Member Last Name Vice President / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name C. Business Information 1. Trade Name 2. Address of Premises 3. Does the applicant unders and brewpubs? 4. Premises description: De include all rooms including records. (Alcohol beverage)	(First)	(Middle Name) (Middle Name)	Home Address (Street, Colored Liab) Business Phore Post Office & 2 ol beverages only from the premises described Liab)	City or Post Office, & Zip Code) The Number (920) 436 The Number (920) 436	Joseph Co. Stace Bay with Stace Joseph Co. Stace Say with Stace Joseph Co. Stace

5.	Legal description (omit if street address is given	on previous pag	e):			
6.	a. Since filing of the last application, has the n member, officer, director, manager or agent organization licensee been convicted of a for violation of any federal laws, any Wiscor or municipality? If yes, complete page 3.	for either a limi n y offenses (ex nsin laws, any la	ted liability company cluding traffic offense ws of other states, or	licensee, or nonprofit es not related to alcohol) ordinances of any county		☑Ño
	b. Are charges for any offenses presently pe the named licensee or any other persons aff				. 🗌 Yes	□ -Nó
7.	Except for questions 6a and 6b, have there be by you on your last application for this license					[] No
		į			- -	
8.	Was the profit or loss from the sale of alcohol be or Franchise Tax return of the licensee? If not,	everages for the explain	previous year reported	I on the Wisconsin Income		□No
9.	Does the applicant understand they must hold [phone (608) 266-2776]	a Wisconsin Sel	ler's Permit?		– . ☑Yes	□No
10.	Does the applicant understand that alcohol bev from the date of invoice and made available for					□No
11.	Is the applicant indebted to any wholesaler bey	ond 15 days for	beer or 30 days for lie	quor?	. 🗌 Yes	□ No
12.	Does the applicant owe municipal property tax (Note: Renewal of licenses may be denied pure assessments or other fees).					[] No
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Under person truthfully answered to the best of the knowled plication; that the applicant has read and made and correct. The undersigned further understands d, and under penalty of state law, the applicant is application. Any person who knowingly provide in \$1,000.	ge of the signer. a complete answ that any license may be prosecut	The signer agrees tha er to each question, a issued contrary to Ched for submitting false	t he/she is the person nan nd that the answers in eac apter 125 of the Wiscons a statements and affidavit	ned in the fo ch instance in Statutes s in connect	regoing are true shall be ion with
Coi	ntact Person's Name (Last, First, M.I.) Heかせれ、 しいい	·	Title / Member	Date 03/07	12023	
Sig	nature		Phone Number	Email Address Juliohem	ez 522	<i>(</i>
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gn	rail-co
— то	BE COMPLETED BY CLERK	1	,			
		ported to council / bo	pard	Date license granted		
	3.17.2023	\ \ \		Signature of Clark / Danish Ola	rk	
Líc	ense number issued Date lid	cense issued		Signature of Clerk / Deputy Cle	I.	

UVOI.

5.	Legal description (omit if street address is	given on previous pag	9):			
6.	a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicted for violation of any federal laws, any vor municipality? If yes, complete pa	agent for either a limit d of any offenses (ex Visconsin laws, any la	ted liability company l cluding traffic offense ws of other states, or	licensee, or nonprofit s not related to alcohol) ordinances of any county	☐ Yes	ĭ X √N∘
	b. Are charges for any offenses presenthe named licensee or any other person				☐ Yes	□No
	Except for questions 6a and 6b, have th by you on your last application for this li				☐ Yes	No
8.	Was the profit or loss from the sale of alco	ohol beverages for the p	previous year reported	on the Wisconsin Income		
	or Franchise Tax return of the licensee? I	If not, explain			Yes	□No
9.	Does the applicant understand they mus [phone (608) 266-2776]	t hold a Wisconsin Sell	er's Permit?		Yes	□No
10.	Does the applicant understand that alcohorom the date of invoice and made available.	nol beverage invoices make to be for inspection by law	ust be kept at the lice v enforcement?	nsed premises for 2 years	X Yes	□No
11.	Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for lic	quor?	☐ Yes	No
12.	Does the applicant owe municipal proper (Note: Renewal of licenses may be den assessments or other fees).	rty taxes, assessments ied pursuant to a local	, or other fees? ordinance, if the licen		☐ Yes	⊠Nο
bee app and void this	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the knowlication; that the applicant has read and not correct. The undersigned further undersed, and under penalty of state law, the application. Any person who knowingly pen \$1,000.	owledge of the signer. nade a complete answe tands that any license licant may be prosecut	The signer agrees that er to each question, ar issued contrary to Ch ed for submitting false	t he/she is the person name nd that the answers in each apter 125 of the Wisconsin s statements and affidavits i	ed in the for instance Statutes in connect	regoing are true shall be ion with
	atact Person's Name (Last, First, M.I.)	e A	Title / Member Owver Phone Number	Date 328 Email Address Carves	23	
	ame Schreckel		9209408	998 palette	<u>and</u>	<u>b.du</u>
	BE COMPLETED BY CLERK	<u> </u>		[B		
Dat	e received and filed with municipal clerk ろうり ಎಂころ	Date reported to council / bo	ard	Date license granted		
Lice	ense number issued	Date license issued		Signature of Clerk / Deputy Clerk		

Renewal Alcohol E	Beverage Lic	ense Appl	ication	Applicant's Wisconsin Seller's Pern	
(Submit to municipal clerk. Re	ad instructions or	n page 3.)		456-10269 FEIN Number	79528-03
			20 21	39-14805	500
For the license period beginnin				TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	Town of	111		Class A beer	\$
To the Governing Body of the:	Village of \	HOURZ		☐ Class B beer	\$ 100.00
_	☐ City of			Class C wine	\$
County of Brown		Aldermanic	Dist No	☐ Class A liquor	\$
55 miles		(if required	by ordinance)	Class A liquor (cider only)	\$ N/A
_	-0.00 000 00	97 7	· yearning	Class B liquor	\$ 400.00
Check one: [Individual	☐ Limited Liability			Reserve Class B liquor	\$
🙎 Partnership	☐ Corporation/Nor	profit Organization	on	Class B (wine only) winery	\$
Complete A or B. All must c	omplete C.			Publication fee	\$ 60.00
-				TOTAL FEE	\$ 560.00
A. Individual or Partnership: Full Name (Last)	(First)	(Middle Name)	Home Address (Street /	City or Doot Office 9 7in Code)	
1 1	1	<u></u>		City or Post Office, & Zip Code)	
McElrone Full Name (Last)	Russell (First)	Patrick	1500 5, 0	JEBSTER AVE, GREE City or Post Office, & Zip Code)	WBAY WI.
		(Middle Name)	and the second of the second	City or Post Office, & Zip Code)	34301
Full Name (Last)	Kathleen (First)	Patricia (Middle Name)	Home Address (Street,	-BBTER AVE, 6-REEW BAY City or Post Office, & Zip Code)	1,W1,54361
B. LLC or Corporation (and A		Liability Company A	ddress of Corporation / Li	imited Liability Company (if different fro	m licensed premises)
All corporations/organizations liquor must appoint an agent.	or limited liability cor	mpanies applying	for a license to sel	Il fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
, a 15 to 15	second action	e Li kacibira	alcora somewed to	Calqueri screte in the sec	the Black than
All Officer(s) Director(s) of C	ornoration and Me	mhere / Manage	are of Limited Liah	Ility Company	. 1 3 1 1 1 1 1
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
	()	(,		ony or root omoo, a zip oodo)	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	1 1 1 20 0 1 1
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	1 - 5 m - 15 1.76
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	2F-4 2-CAPEFU
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	- It = Septrage
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	The open of
C. Business Information					
1. Trade Name The	Pump Roon	^	Business Pho	ne Number <u>920 432</u> -	-8714
2. Address of Premises 18				Zip Code Green Bay	, WI 5430
3. Does the applicant unders and brewpubs?	tand that they must	purchase alcohol	beverages only fro	m Wisconsin wholesalers, bre	
records. (Alcohol beverag	g living quarters, if u es may be sold and	sed, for the sales stored only on th	s, service, consump he premises descri	vtion, and/or storage of alcoho bed.)2の′ x 80′ 乍,	ol beverages and
201 x 201 GA	ME Room,	8'x16'	BEER STOP	ZMGE	
6'x10' L	louar s	TORAGE			112

5.	Legal description (omit if street address i	s given on previous pag	ge):				
6.	a. Since filing of the last application, ha member, officer, director, manager o organization licensee been convicte for violation of any federal laws, any or municipality? If yes, complete page	r agent for either a limed of any offenses (e Wisconsin laws, any la	nited liability company xcluding traffic offense aws of other states, or	licensee, or es not relate ordinances	nonprofit d to alcohol) of any county	☐ Yes	İΣ΄Νο
	b. Are charges for any offenses prese the named licensee or any other pers					☐ Yes	ЖN
7.	Except for questions 6a and 6b, have to by you on your last application for this					☐ Yes	<u>⊠</u> No
		:					
8.	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?					∑ Yes	□No
9.	Does the applicant understand they must [phone (608) 266-2776]	st hold a Wisconsin Se	eller's Permit?			[∕⁄⊠ Yes	□No
10.	Does the applicant understand that alco from the date of invoice and made available.					[≱ Yes	□No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days fo	r beer or 30 days for li	quor?		☐ Yes	⊠ No
12.	Does the applicant owe municipal proper (Note: Renewal of licenses may be detassessments or other fees).					☐ Yes	⊠ No
app and voice this	AD CAREFULLY BEFORE SIGNING: Use the truthfully answered to the best of the killiplication; that the applicant has read and discorrect. The undersigned further unders	nowledge of the signer. made a complete answ stands that any license plicant may be prosecu	. The signer agrees tha ver to each question, a e issued contrary to Ch ited for submitting false	it he/she is t and that the a napter 125 o statements	he person name answers in each f the Wisconsin s and affidavits i	d in the fo instance Statutes n connect	regoing are true shall be ion with
	ntact Person's Name (Last, First, M.I.)	^	Title / Member		Date	- 0	
Sig	McErrone Russell Consull P. Mc alnow	Ρ,	Partner Phone Number		Email Address	23	
	Cinsult-Mc Elner	٩	920 432-8	3714	3-28- Email Address russnce Qyanco	1 40 W	
_							
то	BE COMPLETED BY CLERK	14					
Da	e received and filed with municipal clerk	Date reported to council / b	poard	Date license g	granted		
Lic	3 · 38 · 3034 ense number issued	Date license issued		Signature of C	Clerk / Deputy Clerk		
AT-1	15 (R. 5-19)	1/ -	2 -				

Renewal Alcohol E	_		lication	Applicant's Wisconsin Seller's Perm 456-1029208310-02	nit Number
Submit to municipal clerk. Re	ead instructions o	n page 3.)		FEIN Number	
or the license period beginnin	g: 06/30/2023	ending: 6/3	30/2024	81-2078012	2
			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	Town of Al	louez		☐ Class A beer	\$
to the Governing Body of the.	City of	1.00	9.1	✓ Class B beer	\$ 100.00
<u>-</u>				Class C wine	\$
County of <u>Brown</u>			c Dist. No	Class A liquor	\$
		(if required	d by ordinance)	☐ Class A liquor (cider only) ☐ Class B liquor	\$ N/A \$ 400. 00
Check one: Individual	✓ Limited Liability	Company		Reserve Class B liquor	\$ 700. 00
☐ Partnership	☐ Corporation/No		ion	Class B (wine only) winery	
		,		Publication fee	\$ 60.00
Complete A or B. All must c	omplete C.				\$ 560.00
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	10 725
			. Nging le		ey Parener
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and A	Agent):				
		d Liability Company	Address of Corporation / L	imited Liability Company (if different fro	m licensed premises)
Riviera Bar and Gril					4301
All corporations/organizations or iquor must appoint an agent.	or limited liability co	mpanies applyin	g for a license to se	ell fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
O'Brien	Mari	E	The second secon	ane, De Pere WI 5411	L5
All Officer(s) Director(s) of C	ornoration and Me	embers / Manag	ers of Limited Liah	nility Company:	abstract and the
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
O'Brien	Mari	Elaine	the first of the same	ane, De Pere WI 5411	ed adapt of
Vice President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
	,	8	10000000 15 pp	,	100
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	Mississississis
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Tradellar Manipar Edat Hamb	and a referen	(Madio Hamo)	Trome / Idahesa (effect)	ony of 1 out office, a zip oode)	HITHING GAES
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	hutan salah
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	Life is to be a
r in install or being a section	ani - change - ch	*	Li Listan zer	a dylpholeskich na holydd	to the second
C. Business Information					12.13.430
1. Trade Name The Rivie	ra Bar and Gr	ille	Business Pho	one Number 920 469 1000	
2. Address of Premises 2150	Riverside	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Post Office &	Zip Code Green Bay WI	54301
3. Does the applicant unders breweries and brewpurbs?			ol beverages only fro		☑ Yes ☐ No
include all rooms including	living guarters, if u	ised, for the sale	s. service, consumi	are to be sold and stored. The otion, and/or storage of alcoho ibed.) Lower level of B	I beverages and
				paved patio area and	
				sic on Sunday afterno	
•					OITS DECMEE!
2pm and 6pm on the	: pario. Bar	with attach	ed kitchen and	u storage	

5.	Legal description (omit if street address is	s given on previous pa	ge):				
6.	a. Since filing of the last application, ha member, officer, director, manager of organization licensee been convicted for violation of any federal laws, any or municipality? If yes, complete page.	r agent for either a lim ed of any offenses (e Wisconsin laws, any la	ited liability company xcluding traffic offense aws of other states, or	licensee, or es not relate ordinances	nonprofit d to alcohol) of any county	☐ Yes	☑ No
	b. Are charges for any offenses presenthe named licensee or any other pers					☐ Yes	☑ No
7.	Except for questions 6a and 6b, have the by you on your last application for this l	icense? If yes, expla				☐ Yes	☑ No
8.	Was the profit or loss from the sale of alc or Franchise Tax return of the licensee?					☑ Yes	□ No
		3					
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?			√ Yes	□No
10.	Does the applicant understand that alcol from the date of invoice and made availa					✓ Yes	□ No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days fo	r beer or 30 days for li	quor?		☐ Yes	☑ No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).					☐ Yes	☑ No
app and void this	AD CAREFULLY BEFORE SIGNING: Uren truthfully answered to the best of the knowlication; that the applicant has read and recorrect. The undersigned further undersid, and under penalty of state law, the application. Any person who knowingly per \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees tha ver to each question, a issued contrary to Ch ted for submitting false	t he/she is the nd that the a napter 125 o s statements	ne person name answers in each f the Wisconsin a and affidavits in	d in the fo instance a Statutes s n connect	regoing are true shall be ion with
Cor	ntact Person's Name (Last, First, M.I.) Mari O'Brien		Title / Member Manager		Date 2/21/2023		
Sig	Atur DocuSigned by:		Phone Number		Email Address		
	Man O'Brich 8CE7F6AE183D436		9202462827		mari@nexth	omenew.	com
— то	BE COMPLETED BY CLERK		1				
	e received and filed with municipal clerk	Date reported to council / b	oard	Date license g	ranted		
Lice	ense number issued	Date license issued		Signature of C	lerk / Deputy Clerk		

Э.	Legal description (offile it street address is	s given on previous page).					
6.	a. Since filing of the last application, ha member, officer, director, manager or organization acensee been convicte for violation of any federal laws, any or municipality? If yes, complete page 1.	r agent for either a limited lial a d of any offenses (excluding Wisconsin laws, any laws of c	oility company li g traffic offenses other states, or o	censee, or n s not related ordinances o	onprofit to alcohol) f any county	_ Yes	X ∕No
	b. Are charges for any offenses preser the named licensee or any other pers					☐ Yes	No
7.	Except for questions 6a and 6b, have the by you on your last application for this l					☐ Yes	DeNo
8.	Was the profit or loss from the sale of alc	ohol beverages for the previou	ıs vear reported	on the Wisco	nsin Income		ī
	or Franchise Tax return of the licensee?					Yes	□ No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Seller's Pe	ermit?			Yes	□No
10.	Does the applicant understand that alcol from the date of invoice and made availa					Yes	□ No
11.	Is the applicant indebted to any wholesa	ler beyond 15 days for beer c	r 30 days for liq	uor?		☐ Yes	No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).					Yes	D No
bed app and voi this	AD CAREFULLY BEFORE SIGNING: Upon truthfully answered to the best of the knobication; that the applicant has read and discorrect. The undersigned further undersigned number penalty of state law, the application. Any person who knowingly person.	nowledge of the signer. The sig made a complete answer to ea stands that any license issued blicant may be prosecuted for	gner agrees that ach question, an contrary to Cha submitting false	he/she is the d that the ana apter 125 of t statements a	person name swers in each he Wisconsin and affidavits i	ed in the fo instance Statutes n connect	regoing are true shall be ion with
	ntact Person's Name (Last, First, M.I.) Bloomer Michael	P Title / M	nonea	> .	3/30/	202	3
Sig	Bloomer Michael Michael P. Bloom	920	Number 3432 23	348	NA		
_			E .				
	BE COMPLETED BY CLERK te received and filed with municipal clerk	Date reported to council / board		Date license gra	nted		
	3.30.9093			_			
Lic	ense number issued	Date license issued		Signature of Cle	rk / Deputy Clerk		

Renewal Alcohol E	Beverage Lic	ense App	lication	Applicant's Wisconsin Seller's Pern	nit Number
(Submit to municipal clerk. Re	ead instructions o	n page 3.) [′]		456-00337788 FEIN Number	4.02
				£ 26-6210962	ed.
For the license period beginnin			<u>30 2024</u> (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of	11/2/11/2		Class A beer	\$
To the Governing Body of the:	Village of \	HILOUEZ		Class B beer	\$ 100,00
	☐ City of			☐ Class C wine	\$
County of Brow	M	Aldormani	o Diet Ne	☐ Class A liquor	\$
County of	' '		c Dist. No I by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii roquilec	by ordinance)	☐ Class B liquor	\$ 400.00
Check one: Individual	Limited Liability	Company		Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/No	nprofit Organizat	ion	Class B (wine only) winery	<u> </u>
				Publication fee	\$ 60.00
Complete A or B. All must c	omplete C.			TOTAL FEE	\$ 560.00
A. Individual or Partnership:		== = = = = ;			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	1
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	1 1 - 1/ - 1/-
			elahai Jan	este of the financial	yeupal i
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
B. LLC or Corporation (and a	• ,				
Full Legal Name of Corporation / Nonp	rofit Organization / Limited	d Liability Company	Address of Corporation / Li	mited Liability Company (if different fro	m licensed premises)
THE VILLAGE GRI	HE UC				
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applyin	g for a license to sell	fermented malt beverages a	ind/or intoxicating
Agent Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
PROCTOR	KATHLEEN	ANN	2022 RUSHW	AY CIR DEPERE WIT	54115
All Officer(s) Director(s) of C	ornoration and Me	mhore / Manag	4 1 7 2 1 2 1 1 1 1 1 1 1		(60) - (61) - (9)
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
	(1.1154)	(wilder Hame)	Tiome Address (Officer, C	only of 1 ost office, & zip code)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	er and S
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	Inger are
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	SEAD CARE
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	id i sukses
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street (City or Post Office, & Zip Code)	- 1-74-203
or read of behavior or	a selection of the selection		tri ,fiziurian sec e	, , , , , , , , , , , , , , , , , , ,	officer and
C. Business Information					and the same of
1. Trade Name THE	VILLAGE GRI	UE	Business Phor	ne Number 925 - 336	-9901
			Post Office & 2	Zip Code GREEN BAY	54301
3. Does the applicant unders and brewpubs?	tand that they must	purchase alcoho		m Wisconsin wholesalers, bre	
records. (Alcohol beverag	escribe building or b g living quarters, if u es may be sold and	ouildings where a used, for the sale d stored only on	alcohol beverages a s, service, consump the premises describ	re to be sold and stored. Th tion, and/or storage of alcoho bed.)	e applicant must
DINING AREA 30 STORAGE ARE	x40,60 x	23 38 x	30 BAR	AREA 28 XIIS	
STORAGE ARE	4 9×10	,	E - 1 - F		

5.	Legal description (omit if street address is	given on previous pag	e):				
6.	a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicted for violation of any federal laws, any v or municipality? If yes, complete page	agent for either a limi d of any offenses (ex Visconsin laws, any la	ted liability company cluding traffic offense ws of other states, or	licensee, or s not relate ordinances	nonprofit d to alcohol) of any county	☐ Yes	⊌ *No
	b. Are charges for any offenses presen the named licensee or any other person					☐ Yes	□No
7.	Except for questions 6a and 6b, have the by you on your last application for this lie					☐ Yes	□No
8.	Was the profit or loss from the sale of alcorr Franchise Tax return of the licensee? I					Yes	□No
9.	Does the applicant understand they must [phone (608) 266-2776]	t hold a Wisconsin Sell	ler's Permit?			⊋ Yes	□No
10.	Does the applicant understand that alcoh from the date of invoice and made available					√Yes	□ No
11.	Is the applicant indebted to any wholesal	er beyond 15 days for	beer or 30 days for lic	quor?		☐ Yes	Mo
12.	Does the applicant owe municipal proper (Note: Renewal of licenses may be deni assessments or other fees).					☐ Yes	☑ No
app and voice this tha	AD CAREFULLY BEFORE SIGNING: Une truthfully answered to the best of the knowled to that the applicant has read and more decorated. The undersigned further undersided, and under penalty of state law, the application. Any person who knowingly possible 1,000.	owledge of the signer. nade a complete answe tands that any license icant may be prosecut	The signer agrees tha er to each question, a issued contrary to Ch ed for submitting false	t he/she is th nd that the a apter 125 of statements	e person name nswers in each the Wisconsin and affidavits ir	d in the fo instance a Statutes s n connect	regoing are true shall be ion with
	ntact Person's Name (Last, First, M.I.)		Title / Member MEMBER		Date 3-2	28-23	3
	nature House A Two		Phone Number 920 655 4464		Email Address		
	70 11	k	athy @ Village	grilleg	reenbay	, CO/	И
то	BE COMPLETED BY CLERK		, 0 () 0			
	te received and filed with municipal clerk ろんる。	Date reported to council / bo	pard	Date license g			
Lic	ense number issued	Date license issued		Signature of C	erk / Deputy Clerk		

301.0003

5.	Legal description (omit if street address is	s given on previous pag	ge):			
6.	a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicte for violation of any federal laws, any vor municipality? If yes, complete pa	r agent for either a lim e <mark>d of any offenses</mark> (ex Wisconsin laws, any la	ited liability company coluding traffic offense aws of other states, or	licensee, or nonprofit es not related to alcoh ordinances of any co	ol) unty	s DNo
	b. Are charges for any offenses preser the named licensee or any other pers					s CXINO
7.	Except for questions 6a and 6b, have the by you on your last application for this li					s [XV)Vc
8.	Was the profit or loss from the sale of alcored or Franchise Tax return of the licensee?					s 🗌 No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?		 	s □ No
10.	Does the applicant understand that alcoholic from the date of invoice and made availa					s 🗌 No
11.	Is the applicant indebted to any wholesa	ler beyond 15 days for	r beer or 30 days for li	quor?	🗌 Yes	s Allac
12.	Does the applicant owe municipal proper (Note: Renewal of licenses may be den assessments or other fees).					s 🛕 No
app and voi this	AD CAREFULLY BEFORE SIGNING: Unen truthfully answered to the best of the knolication; that the applicant has read and reduced correct. The undersigned further undersid, and under penalty of state law, the application. Any person who knowingly penson.	nowledge of the signer. made a complete answ stands that any license licant may be prosecu	The signer agrees tha ver to each question, a sissued contrary to Ch ted for submitting false	t he/she is the person nd that the answers in apter 125 of the Wisc e statements and affida	named in the each instance onsin Statutes avits in conne	foregoing e are true s shall be ction with
Co	ntact Person's Name (Last, First, M.I.) Malcolm, David W.		Title / Member Manage Man	mber 3/30	0/23	
Sig	nature ()		Managgie Man Phone Number 920 -646-2	Email Addre	SS .	
			430 7676 3	2331 ZANO.	malcolone ambildi.	con
— TO	DE COMPLETED BY OLEDY					
	BE COMPLETED BY CLERK te received and filed with municipal clerk	Date reported to council / b	oard	Date license granted		
Lic	3.31.3033 ense number issued	Date license issued		Signature of Clerk / Deputy	Clerk	

(Submit to municipal clerk. R	_	olication	Applicant's Wisconsin Seller's Permit Number 456 - 002312677-02			
		,		FEIN Number 1728711	,	
For the license period beginni	ng: <u>07/01/20</u> (mm dd/yyyy)	<u>)23</u> ending: _ <i>Q</i>	6 1301 2024 (mm/dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
	☐ Town of)	1 11		☑ Class A beer	\$ 250.00	
To the Governing Body of the:		Allouez	<u></u>	Class B beer	\$	
	☐ City of			Class C wine	\$	
County of <u>Brown</u>		Alderman	ic Dist. No.	Class A liquor	\$ 250,00	
			d by ordinance)	Class A liquor (cider only)		
			,	☐ Class B liquor	\$	
Check one: 🔲 Individual	Limited Liability			Reserve Class B liquor	\$	
☐ Partnership	Corporation/No	onprofit Organiza	tion	☐ Class B (wine only) winer		
Complete A or B. All must a	ammiata C			Publication fee	\$ 60.00	
Complete A or B. All must o	ompiete C.			TOTAL FEE	\$ 560.00	
A. Individual or Partnership	:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
			Hilake P			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
B. LLC or Corporation (and	profit Organization / Limite		Address of Corporation / L	imited Liability Company (if different f	rom licensed premises)	
	Liquor Dep					
All corporations/organizations liquor must appoint an agent.	or limited liability co	ompanies applyin	g for a license to se	ell fermented malt beverages	and/or intoxicating	
Agent Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)		
Gerczak, Jr.	Edward	N	508 Lorra	ine Lane Green	Bay 1154	
All Officer(s) Director(s) of (Cornoration and M	embers / Manag	ers of Limited Liah	nility Company:	P	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)		
Gerezak, Jr.	Edward	N.	508 Lorras	ine Lane Green L	Bay, W 15431	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	i	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	was de trapels	
Gerczak	Mary	F	508 / Dr.	raine Lane Green	R. MING	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	Day 11 573	
the clissopers and arts		and the second miles	d bateving glens.		A DRAD GAR	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	at ant and and a	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	en retir i bore dilo	
C. Business Information		χ	dig		100,7873	
1. Trade NameA	ouez Liga	LDr	Business Pho	one Number <u>920-432</u>	2-8521	
2. Address of Premises 12	55 S. Monto	e AveSte.	10 Post Office &	Zip Code Green Bay	W/ 5430	
3. Does the applicant unders and brewpubs?	stand that they must	t purchase alcoho	ol beverages only fro	om Wisconsin wholesalers, b		
Premises description: De include all rooms including records. (Alcohol beverage)	g living quarters, if	used, for the sale	es, service, consum	otion, and/or storage of alcol		
60×30 Wood	frame be	cilding -	Brick ext	erior in a str	ip mall.	
	JIMINE DE	und rig	DIIIN CAI	<u> </u>		

5.	Legal description (omit if street address is g	iven on previous pag	ıe):				
6.	a. Since filing of the last application, has the member, officer, director, manager or an organization licensee been convicted for violation of any federal laws, any Windows or municipality? If yes, complete page	gent for either a limi of any offenses (ex sconsin laws, any la	ted liability company coluding traffic offense ws of other states, or	licensee, or es not relate ordinances	nonprofit d to alcohol) of any county	☐ Yes	⊠ No
	b. Are charges for any offenses presently the named licensee or any other person					☐ Yes	⊠ No
7.	Except for questions 6a and 6b, have ther by you on your last application for this lice					☐ Yes	ΣΝο
8.	Was the profit or loss from the sale of alcohor Franchise Tax return of the licensee? If r					X Yes	□No
							,
9.	Does the applicant understand they must h [phone (608) 266-2776]	oold a Wisconsin Sel	ler's Permit?			X Yes	□No
10.	Does the applicant understand that alcohol from the date of invoice and made available					⊠ Yes	□ No
11.	Is the applicant indebted to any wholesaler	beyond 15 days for	beer or 30 days for lie	quor?		☐ Yes	⊠ No
12.	Does the applicant owe municipal property (Note: Renewal of licenses may be denied assessments or other fees).					☐ Yes	⊠ No
bee app and void this	AD CAREFULLY BEFORE SIGNING: Under the truthfully answered to the best of the know blication; that the applicant has read and mand correct. The undersigned further understand, and under penalty of state law, the applicate application. Any person who knowingly promin \$1,000.	vledge of the signer. de a complete answonds that any license ant may be prosecut	The signer agrees tha er to each question, al issued contrary to Ch ed for submitting false	t he/she is the nd that the a apter 125 o statements	ne person named inswers in each f the Wisconsin and affidavits ir	d in the for instance a Statutes s n connecti	regoing are true shall be on with
	ntact Person's Name (Last, First, M.I.) Eel か、GeRCスAV		Title / Member OWNER Fres	ident	Date 3/29	1/23	
Sig	Ed N. Gerczak nature ENLL engak JR		Owner/Res Phone Number 920-468-8	987	Email Address 21/10uezligu	ior@g	meil. com
TO	BE COMPLETED BY CLERK					*	
		ate reported to council / bo	ard	Date license g	ranted		
Lice		ate license issued		Signature of C	lerk / Deputy Clerk		

File Number (Last) Chirat) Chirat) Children Name (Last) Chirat) Chirato (Last)	Renewal Alcohol E	Beverage L	License App	lication	Applicant's Wisconsin Seller's Per	mit Number
The license period beginning: 07 01 2023 anding: 06 30 2024 (mm dd yryy)	(Submit to municipal clerk. Re	ead instructions	s on page 3.)		456000053547403	
The Bloense period beginning: 07 10 2023 anding: 06 30 2024 (mm et yryy) (mm et yr						
Town of Body of the:	For the license period beginning				TYPE OF LICENSE	FEE
Aldermanic Dist. No Class & New S. 25.0. 0		☐ Town of ゝ				0.55 0.0
County of BROWN	To the Governing Body of the:		ALLOUEZ			
County of BROWN		☐ City of				
Cleas A liquor (cider only) S	DDOM					
Class B liquor	County of BROWN					
Check one Individual Limited Liability Company Reserve Class B (liquor \$ Class B (whe only) winery \$ Complete A or B. All must complete C. Middle Name) Home Address (Street, City or Post Office, & Zip Code) TOTAL FEE \$ 5,600, 0 ° TOTAL FE			(if required	d by ordinance)		
Complete A or B. All must complete C. A. Individual or Partnership Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Check one: Individual	☐ Limited Liabi	ility Company			
Publication fee \$ (AC) O O				ion		
Complete A or B. All must complete C. TOTAL FEE \$.5(\(\) \(▶ corboration	Nonpront Organizat	lion		
A. Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (If different from licensed premises) CONDON OIL COMPANY 126 E JACKSON RIPON WI 54971 All Corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) 434 STONEHEDGE CT RIPON WI 54971 All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: Fresident/ Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) BAUMAN KRAIG DEAN 434 STONEHEDGE CT RIPON WI 54971 Wise President/ Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) BAUMAN KRAIG DEAN 434 STONEHEDGE CT RIPON WI 54971 Freasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) BLOCK KARLA K N7930 DOTY DR RIPON WI 54971 Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, Ci	Complete A or B. All must c	omplete C.				
Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises) 126 E JACKSON RIPON WI 54971 All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) BAUMAN KRAIG DEAN 434 STONEHEDGE CT RIPON WI 54971 All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) BAUMAN KRAIG DEAN 434 STONEHEDGE CT RIPON WI 54971 Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) BLOCK KARLA K N7930 DOTY DR RIPON WI 54971 Tressurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name MIDWAY MOBIL Business Phone Number 920-336-1161 Post Office & Zip Code GREEN BAY WI 54304 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages					TOTALTEE	42601
Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legan Name of Corporation (Nonprofit Organization / Limited Liability Company) Address of Corporation / Limited Liability Company (if different from licensed premises) CONDON OIL COMPANY All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Last Name (First) (Middle Name) BAUMAN KRAIG DEAN All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Web President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Web President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Web President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Web President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Web President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Web President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip C			(Middle Name)	Home Address (Street	. City or Post Office, & Zip Code)	
Full Name (Last)	(-254)	((undate riame)	(0.100)	,,	
B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Norprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company 126 E JACKSON RIPON WI 54971 All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) 434 STONEHEDGE CT RIPON WI 54971 All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: Fresident / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) BAUMAN KRAIG DEAN 434 STONEHEDGE CT RIPON WI 54971 Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) BACTION Middle Name Home Address (Street, City or Post Office, & Zip Code) BLOCK KARLA K N7930 DOTY DR RIPON WI 54971 Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, Ci	Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
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Idjuor must appoint an agent.						р.с
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President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	All Officer(a) Director(a) of 6	······································	B.C		1.111.	
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and brewpubs?	2. Address of Premises 390	7 S WEBSTER	ST	Post Office &	& Zip Code GREEN BAY WI	54304
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GASOLINE STATION/CONVENIENCE STORE/FAST FOOD	include all rooms including	g living quarters,	if used, for the sale	es, service, consum	nption, and/or storage of alcoh	
ALP III DESCRIPTION OF THE PROPERTY OF THE PRO	GASOLINE STATION/	CONVENIENCE	STORE/FAST FO	OOD		
	S), 3 - (1).	j		180.7;		Ear

5.	Legal description (omit if street address is	given on previous pag	e):				
6.	 a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicted for violation of any federal laws, any voil or municipality? If yes, complete page 	agent for either a limit d of any offenses (ex Visconsin laws, any la	ted liability company l cluding traffic offense ws of other states, or	icensee, or s not related ordinances	nonprofit I to alcohol) of any county	☐ Yes	№ No
	b. Are charges for any offenses presenthe named licensee or any other personal transfer of the named licensee or any other personal transfer of the named licensee or any other personal transfer of the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or	tly pending (excluding ons affiliated with this l	g traffic offenses not re icense? If yes, expla	lated to alco	ohol) against page 3	☐ Yes	☑ No
7.	Except for questions 6a and 6b, have th by you on your last application for this li	ere been any changes cense? If yes, explai	s in the answers to the	questions	as submitted	☐ Yes	☑ No
						· ·	
8.	Was the profit or loss from the sale of alcoror Franchise Tax return of the licensee?					✓ Yes	□No
9	Does the applicant understand they mus	t hold a Wisconsin Sel	ler's Permit?			- - - ☑ Yes	□ No
10	[phone (608) 266-2776] Does the applicant understand that alcorfrom the date of invoice and made availa	nol beverage invoices n ble for inspection by la	nust be kept at the lice w enforcement?	nsed premis	ses for 2 years	✓ Yes	□No
11	. Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for lid	quor?		. 🗌 Yes	☑ No
12	 Does the applicant owe municipal prope (Note: Renewal of licenses may be den assessments or other fees). 	rty taxes, assessments ied pursuant to a local	s, or other fees? ordinance, if the licen	see owes m	unicipal taxes	Yes	☑ No
be ap ar vo th	EAD CAREFULLY BEFORE SIGNING: Uren truthfully answered to the best of the kniplication; that the applicant has read and rid correct. The undersigned further undersid, and under penalty of state law, the application. Any person who knowingly pan \$1,000.	nowledge of the signer. made a complete answ stands that any license licant may be prosecut	The signer agrees tha rer to each question, an issued contrary to Chated for submitting false	t he/she is th nd that the a apter 125 of statements	ne person nam nswers in eac f the Wisconsi and affidavits	ed in the fo h instance n Statutes in connect	regoing are true shall be tion with
	ontact Person's Name (Last, First, M.I.) AUMAN KRAIG D		Title / Member PRESIDENT		Date 3/13/ 2	23	
	gnature		Phone Number		Email Address		
	my to		920-748-3186				
T	D BE COMPLETED BY CLERK						
	ate received and filed with municipal clerk	Date reported to council / be	oard	Date license g	ranted		
L	3·20·2023 cense number issued	Date license issued		Signature of C	lerk / Deputy Cler	k	

Renewal Alcohol	•		lication	Applicant's Wisconsin Seller's Per	mit Number
(Submit to municipal clerk. R	ead instructions	on page 3.)		FEIN Number	
For the license period beginni	na: 7.1:303	2 onding:	(. 2a . 2a 2Ll	82-51175	48
For the license period beginni		ending.	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of	Ail - a -		Class A beer	\$ 250.00
To the Governing Body of the	✓ Village of }_	Allone 2		☐ Class B beer	\$
	☐ City of 】			☐ Class C wine	\$
County of Brow	n	Aldermani	c Dist. No	Class A liquor	\$ 250.00
			d by ordinance)	Class A liquor (cider only)	\$ N/A
				☐ Class B liquor	\$
Check one: 🔲 Individual	Limited Liabil			Reserve Class B liquor	\$
☐ Partnership	Corporation/N Corporation ← C	Nonprofit Organizat	tion	☐ Class B (wine only) winery	
O				Publication fee	\$ 60,00
Complete A or B. All must o	complete C.			TOTAL FEE	\$560.00
A. Individual or Partnership	: -				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
	451.0				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	VC 14
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Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and	Acont):				
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Full Legal Name of Corporation / Non					
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All corporations/organizations	or limited liability	companies applyin	g for a license to se	ell fermented malt beverages	and/or Intoxicating
liquor must appoint an agent.				[87.35, 565]	
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Upadhyaya Shan	na Jayacar	a	2040 E 4	igains Hill. De	Pere, WI Sull
All Officer(s) Director(s) of			- 1 (4 1	151 72
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
126	110	10			o lo manager of
Vice President / Member Last Name	(First)	(Middle Makes)	2040 E H	iggins Mill De 1	EN. WI 54115
<u>-</u> 1 '	(First)	(Middle Name)	Home Address (Street,	grins 411 De g Gryfr Post Office, & Zip Code) nic Trail, Richfi	an and souls to
·Josh	Bush	Dev	2144 SCE	hic Trail, Kichti	c12, WI 5307
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	and the state of t
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
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Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	211 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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C. Business Information	1 1				
1 Trada Nama AA	elas el	211	D i DI		1, 12, 10, 11, 11, 11
1. Trade Name	5-ter 51	a l	Business Pho	one Number <u>920 43</u>	12955
2. Address of Premises 150	15 webs	ter Ave	Post Office &	Zip Code Cover Bar	1. WI S4301
0. December 2011					
3. Does the applicant under				om Wisconsin wholesalers, br	
and brewpubs?				· · · · Yes	☐ ☐ No
4. Premises description: D	escribe building o	r buildings where	alcohol beverages a	are to be sold and stored. Th	ne applicant must
include all rooms including	a livina auartare i	fused for the sale	e carvica concum	otion and/or otorogo of alooh	al havarages and
records. (Alcohol beverage	ges may be sold a	and stored only on	the premises descri	ibed.) <u>Beer coole</u>	r. Shelves
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cabbet,	1+HCe	1			
	7				

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3		
the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3	☐ Yes	⋈ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 12. Does the applicant owe municipal property taxes, assessments, or other fees? [Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in application; that the applicant has read and made a complete answer to each question, and that the answers in each ins and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Styolic, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in chis application. Any person who knowingly provides materially false information on this application may be required to finan \$1,000.	☐ Yes	₩No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 12. Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in application; that the applicant has read and made a complete answer to each question, and that the answers in each instand correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Stavid, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in other stands application. Any person who knowingly provides materially false information on this application may be required to fithen \$1,000.	☐ Yes .	⊠No
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Contact Person's Name (Last, First, M.I.) Date Date Date Date Date Date	in the for nstance a Statutes s connection	egoing are true shall be on with
Signatule Phone Number Email Address hemms ha	202 arma	3 .egn
TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk 3. 15. 2023 Date reported to council / board Date license granted		
License number issued Date license issued Signature of Clerk / Deputy Clerk		

For the license period beginning: OT/OLID 3033 ending: OLID 3033 e	e period beginning: 07/01/303 ending: 0/30/303 TYPE OF LICENSE REQUESTED Town of	·		cuse whh	lication	Applicant's Wisconsin Seller's Perr	11.00 - A'Z
For the license period beginning: O7/01/3033 ending: CJ 30/3033 TYPE OF LICENSE REQUESTED To the Governing Body of the: Village of City of City of Class A beer Scounty of Become Scounty of Become Scounty of Corporation/Nonprofit Organization Check one: Individual Limited Liability Company Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation (Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (If different from licensed profice) Support Company Address of Corporation / Limited Liability Company (If different from licensed profice) Support Company (If different from licensed profice) Support Company (If different from licensed profice) Support Company Company (If different from licensed profice) Support Company Company (If different from licensed profice) Support Company Company Company (If different from licensed profice) Support Company Company Company (If different from licensed profice) Support Company Company Company (If different from licensed profice) Support Company Company Company Company (If different from licensed profice) Support Company C	Peperiod beginning: 07/01/3033 ending: 04/30/303 TYPE OF LICENSE REQUESTED FEE	or the license period beginnin	ad instructions or	າ page 3.)			498-05
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Aldermanic Dist. No	Aldermanic Dist. No. (if required by ordinance) Class A liquor (cider only) N/A Class B liquor S Cl	and the second second	☐ City of				<u> </u>
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Publication fee \$ 60.4 TOTAL FEE \$ \$560.4 A. Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed profits of Corporation / Nonprofit Organization / Limited Liability Company (If different from licensed profits of Corporation / Nonprofit Organization / Limited Liability Company (If different from licensed profits of Corporation / Nonprofit Organization / Limited Liability Company (If different from licensed profits of Corporation / Nonprofit Organization / Limited Liability Company (If different from licensed profits of Corporation / Nonprofit Organization / Limited Liability Company (If different from licensed profits of Corporation / Nonprofit Organization / Limited Liability Company (If different from licensed profits of Corporation / Nonprofit Organization / Limited Liability Company (If different from licensed profits of Corporation / Nonprofit Organization / Limited Liability Company (If different from licensed profits of Corporation / Nonprofit Organization / Limited Liability Company (If different from licensed profits of Corporation / Nonprofit Organization / Limited Liability Company (If different from licensed profits of Corporation / Limited Liability Company (If different from licensed profits of Corporation / Limited Liability Company (If different from licensed profits of Corporation / Limited Liability Company (If different from licensed profits of Corporation / Limited Liability Company (If different from licensed profits of Corporation / Limited Liability Company (If different from licensed profits of Corporation / Limited Liability Company (Publication fee \$ 60.00 TOTAL FEE \$ 560.00 TOTAL FE	check one: 🔲 Individual	☐ Limited Liability	Company		Reserve Class B liquor	\$
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	ber Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	iquor must appoint an agent. Agent Last Name Novak	(First) Michael	(Middle Name)	Home Address (Street, 921 Barrow)	City or Post Office, & Zip Code) WOOD DR. Green Bu	regal size ad
All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:		All Officer(s) Director(s) of C	Corporation and Me	mbers / Manag	ers of Limited Liab	ility Company:	
	OK Michael FRANK 971 Ramound DR 6 Ray 61: 54311	President / Member Last Name		(Middle Name)			eda - adrai
NOVEK Michael FRANK 921 Barronwood OR, G. Bay Wi. 5		Novek	Michael	FRANK	971 Bam	raigrood DR. 1- Bar	111: 54311
Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)		(First)	, , , , , , , , , , , , , , , , , , , ,	Home Address (Street,	City or Post Office, & Zip Code)	100115121
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	K CATHERINE HANN 921 Barronwood DR. G. Bay, Wi. 54311	Fassbewlee Secretary / Member Last Name Nova K	(First) (Atherive		921 Barrow	wood DR. G. Bay,	Vi.54311
Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	K CATHERINE HANN 921 BARRONWOOD DR. G. Bay, Wi. 54311	Fassbender Secretary / Member Last Name	(First) (Atherive		921 Barrow	wood DR. G. Bay,	Wi.54311
D. CASSE JEEU JEEU JAS SECRETARIO, John Colonia de la Jacobia de La Lagracia de Casario de Casario de La Seguina de Casario de Casar	L (Atherive HWW 421 Barroward DR. G. Barry, Wi. 54311 (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Fassbewoler Secretary / Member Last Name Novak Treasurer / Member Last Name	(First) (Athenive (First)	(Middle Name)	421 Barrowa Home Address (Street,	Wood DR. G. Bay, P City or Post Office, & Zip Code)	Wi.54311
Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	her Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Secretary / Member Last Name Novak Treasurer / Member Last Name	(First) (Athenive (First)	(Middle Name)	421 Barrowa Home Address (Street,	Wood DR. G. Bay, P City or Post Office, & Zip Code)	Wi.54311
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Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Notes Paul 3449 Indito Bluff, G. Bay, W1.34311	Fassbender		(Middle Name)	Home Address (Street,		1,01.
NOVAK CATHERINE HAN 92/ By MONWOOD DR. G. BOW. Wi. 54	WHER FAUL 3449 Twoliber Bluff, G. Bay, Wi. 54311 ber Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Fassbender Secretary / Member Last Name	l (First)	1	0 0	City or Post Office, & Zip Code)	1,001.51311
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Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	K CATHERINE HNN 921 Barronwood DR. G. Bay, Wi. 54311	Fassbewlee Secretary / Member Last Name Novak	(First) (Atherive		921 Barrow	wood DR. G. Bay,	Wi.54311
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Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name Webster Avenue Market 2. Address of Premises/220 S. Webstere Post Office & Zip Code Green Bay, Wisconsin wholesalers, breweries	Atherine HWW 421 Barroward DR. G. Barry, Wr. 54311 Aber Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Agers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Agers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Information The Webster Avenue Market Business Phone Number 920 -432-7284 Of Premises 220 S. Webster Post Office & Zip Code Green Barry, Wr. 5430, applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries	Secretary / Member Last Name Nova L Treasurer / Member Last Name Directors / Managers Last Name 2. Business Information 1. Trade Name Neb State 2. Address of Premises 22 3. Does the applicant unders	(First) (First) (First) (First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) Market bster purchase alcoho	Home Address (Street, Home Address (Street, Home Address (Street, Business Pho Post Office & DI beverages only fro	City or Post Office, & Zip Code) The Number 920 -437 Zip Code 6520 Bay, om Wisconsin wholesalers, brownia of the Signature	2-7:284 Wi. 5430, eweries
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Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name Webster Avenue Market 2. Address of Premises 220 S. Webster Post Office & Zip Code See Bay, Wi. 5 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages records. (Alcohol beverages may be sold and stored only on the premises described.)	Catherwe Hww 12 Burrowwood Dr. 6- Bay Wi . 54311 Inber Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Ingers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Information me Webster Avenue Market Business Phone Number 920 - 432-7284 Of Premises 220 S. Webster Post Office & Zip Code Steen Bay Wi . 5430 Information applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries pubs? Yes No. 10 Information Post Office & Zip Code Post Office &	Secretary / Member Last Name Nova L Treasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name C. Business Information 1. Trade Name Neb St. 2. Address of Premises 22 3. Does the applicant unders and brewpubs?	(First) (First) (First) (First) (First) (First) (Example of the first) (First) (First) (First) (First)	(Middle Name) Home Address (Street, Home Address (Street, Home Address (Street, Business Pho Post Office & of beverages only fro alcohol beverages as, service, consump	City or Post Office, & Zip Code) In Rumber 920 -432 In Code 8220844 In Wisconsin wholesalers, brown Wisconsin wholesalers, brown Yes are to be sold and stored. The office, and/or storage of alcoholion, and/or storage of alcoholion.	$2-7284$ 2.7284 2.5430 eweries \square \square ne applicant mus	
Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name Webster Avenue Market 2. Address of Premises/220 S Webster 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages.	Catherwe HWW 12 Burrowwood DR. G. Bay, Wi. 54311 Inber Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Ingers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Information me Webster Avenue Market Business Phone Number 920 - 432-7284 Of Premises 220 S. Webster Post Office & Zip Code Seen Bay, Wi. 5430 Inapplicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries pubs? Yes No. 10 Information Post Office & Zip Code Post Office & Zip Code Post Office & Zip Code Information Post Office & Zip Code	Secretary / Member Last Name Nova L Treasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name C. Business Information 1. Trade Name Neb St. 2. Address of Premises 22 3. Does the applicant unders and brewpubs?	(First) (First) (First) (First) (First) (First) (Example of the first) (First) (First) (First) (First)	(Middle Name) Home Address (Street, Home Address (Street, Home Address (Street, Business Pho Post Office & of beverages only fro alcohol beverages as, service, consump	City or Post Office, & Zip Code) In Rumber 920 -432 In Code 8220844 In Wisconsin wholesalers, brown Wisconsin wholesalers, brown Yes are to be sold and stored. The office, and/or storage of alcoholion, and/or storage of alcoholion.	$2-7284$ 2.7284 2.5430 eweries \square \square ne applicant mus	

Э,	Legal description (offile it street address i	s given on previous page).			
6.	member, officer, director, manager o organization licensee been convicte for violation of any federal laws, any	ns the named licensee, any member of a paragent for either a limited liability compared of any offenses (excluding traffic offen Wisconsin laws, any laws of other states, age 3	y licensee, or nonprofit ses not related to alcohol) or ordinances of any county	☐ Yes	Mo
		ntly pending (excluding traffic offenses not sons affiliated with this license? If yes, exp		☐ Yes	⊠No
7.		here been any changes in the answers to license? If yes, explain		☐ Yes	Ми
8.		cohol beverages for the previous year report		X Yes	□No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Seller's Permit?		⊠ Yes	□No
10.		hol beverage invoices must be kept at the li able for inspection by law enforcement?		⊠ Yes	□ No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days for beer or 30 days for	liquor?	☐ Yes	⊠′No
12.		erty taxes, assessments, or other fees? nied pursuant to a local ordinance, if the lic		☐ Yes	⊠ No
bee app and void this	en truthfully answered to the best of the ki blication; that the applicant has read and I correct. The undersigned further unders d, and under penalty of state law, the app	nder penalty provided by law, the undersign nowledge of the signer. The signer agrees the made a complete answer to each question, stands that any license issued contrary to oblicant may be prosecuted for submitting fal provides materially false information on this	nat he/she is the person name and that the answers in each Chapter 125 of the Wisconsin se statements and affidavits i	d in the fo instance Statutes n connect	regoing are true shall be ion with
Col	ntact Person's Name (Last, First, M.I.)	Title Member Presiden	Date 2-16-	2023	,
Sig	Misharly Movale - 6/	resident 120-432-72	784 Email Address MFN 1810.	20 416.C	OM
— то	BE COMPLETED BY CLERK				
Dat	e received and filed with municipal clerk	Date reported to council / board	Date license granted		
	ense number issued	Date license issued	Signature of Clerk / Deputy Clerk		

Renewal Alcohol B	everage L	icense Appl	ication	Applicant's Wisconsin Seller's Perm 456-0000287614-03	nit Number
Submit to municipal clerk. Rea	ad instructions	on page 3.)		FEIN Number	
For the license period beginning: _			30/2024	39-1036365	
of the license period beginning	(mm dd yyyy)		dd yyyy)	TYPE OF LICENSE	FEE
* ** _				REQUESTED	
To the Committee Barbarotthan	Town of			X Class A beer	\$2500
o the Governing Body of the:	Village of <u>Alloue</u> City of	ez Village of	_	Class B beer	\$
L] City of			Class C wine	\$ 0.50.40
County of Brown	196	Aldermanic Dist.	No	X Class A liquor	\$ 250°2 \$ N/A
		(if required by ord	inance)	Class A liquor (cider only) Class B liquor	\$ 11/2
Shaalaanaa Dhadhidaad	7 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A		Reserve Class B liquor	\$
Check one: ☐ Individual ☐ Partnership	Limited Liability	nprofit Organization		Class B (wine only) winery	\$
	- Corporation/140	ipioni organization		<u> </u>	
Complete A or B. All must comp	lete C.			Publication fee	\$ 6000
				TOTAL FEE	\$ 5600
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	
B. LLC or Corporation (and A	Agent):	mited Liability Company	Address of Corporation / Limit	ted Liability Company (if different fro	m licensed prèmises
Kwik Trip, Inc. All corporations/organizations	or limited liability		P.O. Box 2107, La C		or intovicating
liquor must appoint an agent.	or infinited hability	companies applying	TOT A HOETISE TO SELL TELL	mented mait beverages and	or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City	y or Post Office, & Zip Code)	to all as T
Young	Jay	Allen		or, Green Bay, WI 5430	4
All Officer(s) Director(s) of C	ornoration and	Momboro / Monogo	ero of Limited Liebility	Company	in - 1 .c. 1 Av
President / Member Last Name	(First)	(Middle Name)	Home Address (Street City	or Post Office, & Zip Code)	
Zietlow	Scott	Paul		Rochester, MN 55902	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	r or Post Office, & Zip Code)	h englesses
Treasurer / Member Last Name Wrobel	(First) Jeffrey	(Middle Name) James		or Post Office, & Zip Code) PI., La Crosse, WI 5460	01
Directors / Managers Last Name Zietlow	(First) Scott	(Middle Name) Paul		or Post Office, & Zip Code) Rochester, MN 55902	Turned 6.0
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	The second of
C. Business Information	TRIP 1030	(Middle Name)	Business F	y or Post Office, & Zip Code) Phone Number <u>920-437-2038</u> ode Green Bay 54301	5
				•	
3. Does the applicant understand brewpubs?					
Premise description: Description include all rooms including leading records. (Alcohol beverages storage in walk-in cooler, or storage in walk-in cooler.)	iving quarters, if s may be sold an	used, for the sales, d stored only on the	service, consumption, a premises described.)	sold and stored. The applica and/or storage of alcohol bev One-story frame construction	erages and

Legal description (omit if street address	is given on previous p	age): <u></u>				
6. a. Since filing of the last application, ha member, officer, director, manager, organization licensee been convicted for violation of any federal laws, any or municipality? If yes, complete page 1.	or agent for either a lim ed of any offenses (ex Wisconsin laws, any la	ited liability company lacluding traffic offenses aws of other states, or	icensee, or	nonprofit to alcohol) of any county	∐Yes	No
 b. Are charges for any offenses prese the named licensee or any other per 	ently pending (excludin sons affiliated with this	g traffic offenses not re license? If yes, expl a	elated to alc ain fully on	ohol) against page 3	Yes	■ No
7. Except for questions 6a and 6b, have the by you on your last application for this liangle of the control of	cense? If yes, explain	1			Yes	□ No
8. Was the profit or loss from the sale of a or Franchise Tax return of the licensee?	lcohol beverages for th	e previous year report	ed on the W	isconsin Income	.■ Yes	□No
9. Does the applicant understand they mu [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?			. Yes	□ No
Does the applicant understand that alc from the date of invoice and made ava	ohol beverage invoices allable for inspection by	must be kept at the lide law enforcement?	censed pren	nises for 2 years	. Yes	□ No
11. Is the applicant indebted to any wholes	saler beyond 15 days fo	or beer or 30 days for I	iquor?		. 🗌 Yes	No
 Does the applicant owe municipal prop (Note: Renewal of licenses may be de- assessments, or other fees). 	erty taxes, assessmen nied pursuant to a loca	ts, or other fees? I ordinance, if the licen	see owes m	 nunicipal taxes,	. 🗌 Yes	No.
READ CAREFULLY BEFORE SIGNING: has been truthfully answered to the best of foregoing application; that the applicant hinstance are true and correct. The under Wisconsin Statutes shall be void, and under and affidavits in connection with this application may be required to forfeit not more than \$1	of the knowledge of the las read and made a dersigned further under der penalty of state law cation. Any person who	e signer. The signer ag complete answer to ea stands that any licen n, the applicant may be	rees that he ach question se issued of prosecuted	e/she is the person n, and that the an contrary to Chapt d for submitting fal	named swers in er 125 d se state	in the each of the ments
Contact Person's Name (Last, First, M.I.) Zietlow, Scott P.		Title / Member President		Date 3-1-2023		
Signature Scott P. Filtlan		Phone Number 608-791-7385 (Lega	al Dept.)	Email Address LicensingDept@)kwiktri	p.com
TO BE COMPLETED BY CLERK	Data and desired to		Data !!	routed		
Date received and filed with municipal clerk 3 15 2023	Date reported to council / bo	aro	Date license g			
icense number issued	Date license issued		Signature of C	lerk / Deputy Clerk		

Renewal Alcohol E	Beverage Lic	ense Appl	ication	Applicant's Wisconsin Seller's Perm	it Number
(Submit to municipal clerk. Re	_			456-0000287614-03 FEIN Number	
For the license period beginning: _	07/01/2023	,	30/2024	39-1036365	
of the license period beginning	(mm dd yyyy)	_	dd yyyy)	TYPE OF LICENSE	
		dy taget either th		REQUESTED	FEE
	Town of			X Class A beer	\$250°°
Γο the Governing Body of the:	Village of Allouez	Village of		Class B beer	\$
	City of			Class C wine	\$
County of Brown		Aldermanic Dist.	No	X Class A liquor	\$2500
Sounty of Blown	The second second	(if required by ord		Class A liquor (cider only)	\$ N/A
				Class B liquor	\$
Check one:	Limited Liability Co	ompany		Reserve Class B liquor	\$
☐ Partnership	Corporation/Nonpr	ofit Organization		Class B (wine only) winery	\$
Complete A or B. All must comp	lete C.			Publication fee	\$ 6000
omplete /t et bl /til maet comp	1010 01			TOTAL FEE	\$5600
A. Individual or Partnership:	_ = = = = = = = = = = = = = = = = = = =				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street Cit	y or Post Office, & Zip Code)	
r dii Name (Last)	(i iist)	(Wildule Warrie)	Tione Address (Street, Oil	y or Fost Office, & Zip Code)	
Full Name (Last)	(Fi A)	(8.6.1.11			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
	1 - x5		The contract of		
Full Legal Name of Corporation / None Kwik Trip, Inc. All corporations/organizations of liquor must appoint an agent. Agent Last Name	or limited liability co		P.O. Box 2107, La C	rmented malt beverages and/	or intoxicating
Holmes	Victoria	Lynn		St, Green Bay, WI 543	01
				, ,	
All Officer(s) Director(s) of C	orporation and Me	embers / Manage	ers of Limited Liability	Company:	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	a deficiency
Zietlow	Scott	Paul		Rochester, MN 55902	
Vice President / Member Last Name	(First)	(Middle Name)		y or Post Office, & Zip Code)	
Vioc i resident, Member East Name	(i ii siy	(Middle Marrie)	Tiome Address (offeet, off	y or it out office, a zip code)	
Secretary / Member Last Name	/FireA	(Middle Nows)	Hanna Address (Obsert Oil	P1 Off 0 7'- 0 -1	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	y or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)		y or Post Office, & Zip Code)	
Wrobel	Jeffrey	James	3633 Bentwood	Pl., La Crosse, WI 5460)1
Directors / Managers Last Name	(First)	(Middle Name)		y or Post Office, & Zip Code)	that near seal
Zietlow	Scott	Paul	1301 7th St. SW,	Rochester, MN 55902	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	ME merceri
C. Business Information			.705	18 more storm to the not of the	sa apar od trad
	CCO OUTLET PLU	IS GROCERY 54	3 Rusiness F	Phone Number <u>920-436-049</u> 0	
· · · · · · · · · · · · · · · · · · ·		O OROOLKI OT		1	Early Later Later
2. Address of Premises 1401	S Webster Ave	200000	Post Office & Zip Co	ode <u>Green Bay 54301</u>	THE PARTY OF THE P
3. Does the applicant underst and brewpubs?				/isconsin wholesalers, brewe	
4. Premise description: Desc include all rooms including records. (Alcohol beverage:	living quarters, if us	ed, for the sales,	service, consumption, a	sold and stored. The applica and/or storage of alcohol bev One-story frame construction	erages and

5.	Legal description (omit if street address	s is given on previous p	age): <u> </u>				
6.	a. Since filing of the last application, ha member, officer, director, manager, organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a lim ed of any offenses (ex Wisconsin laws, any la	nited liability company laceluding traffic offenses was of other states, or	icensee, or s not related ordinances	nonprofit l to alcohol) of any county	∐Yes	■No
	b. Are charges for any offenses prese the named licensee or any other per	ently pending (excludin rsons affiliated with this	g traffic offenses not re license? If yes, expl a	elated to alc ain fully on	ohol) against page 3	Yes	■ No
7.	Except for questions 6a and 6b, have the by you on your last application for this last of the control of the co	icense? If yes, explain	1			Yes	□ No
	``						
8.	Was the profit or loss from the sale of a or Franchise Tax return of the licensee?	alcohol beverages for the state of the state	e previous year report	ed on the W	/isconsin Income	. Yes	□No
	· · · · · · · · · · · · · · · · · · ·						
9.	Does the applicant understand they mu [phone (608) 266-2776]	ıst hold a Wisconsin Se				. Yes	☐ No
10). Does the applicant understand that alc from the date of invoice and made ava	cohol beverage invoices ailable for inspection by	s must be kept at the lid	censed pren	nises for 2 years	. Yes	☐ No
11	. Is the applicant indebted to any whole	saler beyond 15 days f	or beer or 30 days for l	iquor?		. Yes	No
12	 Does the applicant owe municipal prop (Note: Renewal of licenses may be de assessments, or other fees). 	oerty taxes, assessmen nied pursuant to a loca	ts, or other fees? I ordinance, if the licen	see owes m	nunicipal taxes,	. 🗌 Yes	No.
ha for ins W an	EAD CAREFULLY BEFORE SIGNING: as been truthfully answered to the best of regoing application; that the applicant histance are true and correct. The undisconsin Statutes shall be void, and undid affidavits in connection with this applicate by the required to forfeit not more than \$1.00.	of the knowledge of the nas read and made a ersigned further under der penalty of state law cation. Any person who	e signer. The signer ag complete answer to ea stands that any licen v, the applicant may be	rees that he ach question se issued e prosecuted	e/she is the person n, and that the an contrary to Chapto d for submitting fal	named swers in er 125 se state	in the each of the ments
	ct Person's Name (Last, First, M.I.) tlow, Scott P.		Title / Member President		Date 3-1-2023		
igna Su	ture HP. Filtla		Phone Number 608-791-7385 (Lega	al Dept.)	Email Address LicensingDept@)kwiktri	p.com
	D BE COMPLETED BY CLERK	T		I			
ate	received and filed with municipal clerk 3 15 2023	Date reported to council / bo	ara	Date license g			
icen	se number issued	Date license issued		Signature of C	elerk / Deputy Clerk		

Kenewal Alconol I	•		lication	Applicant's Wisconsin Seller's Pe	
(Submit to municipal clerk. R		· -, ·		FFIN Number	
For the license period beginni	ng: 07 01 2023	ending: 0	0 30 12024 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of)			Class A beer	\$ 350.00
To the Governing Body of the:	✓ Village of } _	HIOULSZ		Class B beer	\$
	☐ City of	U		Class C wine	\$
County of BROWN		Aldermeni	c Dist. No	Class A liquor	\$250.00
oddity of			d by ordinance)	Class A liquor (cider only)	
		(ii roquirot	a by Gramanoo,	☐ Class B liquor	\$
Check one: 🔲 Individual	☐ Limited Liability	/ Company		☐ Reserve Class B liquor	\$
☐ Partnership	Corporation/No	onprofit Organizat	tion	Class B (wine only) winer	y \$
Complete A or B. All must o	ammlete C			Publication fee	\$ 60.00
				TOTAL FEE	\$560.00
A. Individual or Partnership					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	727500
	4	x	10 To 10 To 10		7 255 650 6
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / None		d Liability Company	Address of Corporation / L	imited Liability Company (if different fo	rom licensed premises)
	ANDMEST IN				
All corporations/organizations liquor must appoint an agent.	or limited liability co	ompanies applyin	g for a license to se	Il fermented malt beverages	and/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Codę)	
Sarvello	Michael	A		be bon Blvd, Hoba	et W194155
All Officer(s) Director(s) of C	Corporation and M	embers / Manag	ers of Limited Liab	ility Company:	Blinds out
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Sarverlo	Michael	A	40105 Poor	e De Leon Blyd, Hob	101 WESTISE
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	ace volupion
	1 = 112 = 1 = 1	ise a reside to	a tomaco e e e .	when a least the sandard	age of a
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	dur - 1 dr
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
a called being age of the	as ism exten benji	SEPTEMBER VIN			M. Grand
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	or season produces on
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	u W benedes
C. Business Information	0 1.0	J Marine Marine	a libit y day on the control	A COLUMN TO THE PROPERTY OF THE PARTY OF THE	003 2.15
1. Trade Name Sals Fr	Some	711 50111	0 5 . 5		5000
		ouez IN	Business Pho	ne Number <u>920:337</u>	0299
2. Address of Premises 382	13 S. Webster	Ave	Post Office &	Zip Code <u>Green Bay h</u>	01 54301
3. Does the applicant unders and brewpubs?				1)	
	secribe building on t	uildings where	alaahal hayarra		
records. (Alcohol beverag	g living quarters, if u es may be sold and	used, for the sale d stored only on	s, service, consump the premises descri	otion, and/or storage of alcoh bed.) <u>OROCUM</u> STOR	al bayaragaa and
in back knom	and on sa	les floor	shelf Sold	at Countre - CI	now stand
and Stored	in Cooleir		Thate.		WIM OLU WIN
v		Ι.			

Э.	Legal description (omit il street address)	s given on previous pa	ge)			
6.	a. Since filing of the last application, had member, officer, director, manager of organization licensee been convicted for violation of any federal laws, any or municipality? If yes, complete page 1.	r agent for either a lim ed of any offenses (e Wisconsin laws, any l	nited liability company xcluding traffic offense aws of other states, or	licensee, or nonprofit es not related to alcohol) r ordinances of any county		√ 2√10
	b. Are charges for any offenses prese the named licensee or any other pers				. 🗌 Yes	\No
7.	Except for questions 6a and 6b, have t by you on your last application for this					√N ₀
					- - -	
8.	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?					□No
	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?		- . ↓☑Yes	□No
	Does the applicant understand that alco from the date of invoice and made availa					□ No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days fo	r beer or 30 days for lie	quor?	. 🗌 Yes	No
	Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).					No
app and voic this thar	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the killication; that the applicant has read and correct. The undersigned further undersigned furth	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees that ver to each question, and issued contrary to Chated for submitting false e information on this a	t he/she is the person named that the answers in each papter 125 of the Wisconsia statements and affidavits pplication may be required. Date Dat	ned in the fo th instance and in Statutes and in connect d to forfeit n	regoing are true shall be ion with ot more
Sign	Michal A. S	ane 110	920-74 U-1 W	Email Address Color Grocers a	14 CA.	el.C
	BE COMPLETED BY CLERK	Data reported to according	oard	Data license granted		
	e received and filed with municipal clerk 3・37・2033	Date reported to council / b	oard	Date license granted		
Lice	nse number issued	Date license issued		Signature of Clerk / Deputy Cler	k	

Renewal Alconol	_		lication	Applicant's Wisconsin Seller's Per 456-1028304063-03	mit Number
(Submit to municipal clerk. Read instructions on page 3.) For the license period beginning: 6/30/2023 ending: 6/30/2024			FEIN Number 61-2074310		
	(mm dd yyy		30/2024 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	Town of	AT.T.OHEZ		☑ Class A beer	\$ 250.00
to the Governing Body of the	e: 📈 Village of }	ALLOUEZ		☐ Class B beer	\$
	☐ City of 7			☐ Class C wine	\$
County of BROWN			ic Dist. No	Class A liquor	\$
		(if required	d by ordinance)	Class A liquor (cider only)	\$ N/A
Check one:	✓ Limited Liabi	lity Company		Class B liquor	\$
Partnership		Nonprofit Organiza	tion	Reserve Class B liquor	\$
		Nonpront Organiza	LIOIT	Class B (wine only) winery Publication fee	\$
Complete A or B. All must	complete C.			TOTAL FEE	\$250.00
A. Individual or Partnership	o:				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	S CARROLL ST
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	V V U U
B. LLC or Corporation (and Full Legal Name of Corporation / Nor TOP SHELF LLC				Limited Liability Company (if different fr DR GREEN BAY WI 5430:	
	or limited liability			ell fermented malt beverages	
iquor must appoint an agent.				[51 07 70]	(Saus sittle og)
Agent Last Name	(First)	(Middle Name)		t, City or Post Office, & Zip Code)	-
LARSCHEID	JESSIE	J	2117 TONDON	RD GREEN BAY WI 5431	
All Officer(s) Director(s) of	Corporation and				1.101.0
President / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	seed to determine the
LARSCHEID	JESSIE	J	2112 LONDON	RD GREEN BAY WI 5431	1
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	. ay geraseti .
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	refricing in 185
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	ucer - Abrakov
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
C. Business Information					100.3190
1. Trade Name TOP SHEL	F LLC		Business Ph	one Number 7158535124	
2. Address of Premises 320	8 E RIVER DR	GREEN BAY WI	Post Office 8	Zip Code 54301	THE ATTENDED
Does the applicant under breweries and brewpurbs					☑ Yes ☐ No
include all rooms including	ng living quarters.	if used, for the sale	es service consum	are to be sold and stored. The ption, and/or storage of alcohoribed.) KEGS WILL BE STO	of heverages and
A 7CBFT FREEZER (KEEZER) UNIT	. TEMP WILL B	E REGULATED @	38DEGREES. THE UNIT	ITSELF WILL
BE KEPT BY THE FR	ONT DESK OF	THE BARBERSHO	P (TOP SHELF	LLC) AND SPOUTS WILL	FACE IN
TOWARD EMPLOYEE C	MILV ACCESS A	DEΣ			

AT-115 (R. 5-19)

5.	Legal description (omit if street address	is given on previous pa	ge):				
6.	a. Since filing of the last application, he member, officer, director, manager of organization licensee been convicts for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a lim ed of any offenses (e Wisconsin laws, any l	nited liability company excluding traffic offense aws of other states, or	licensee, or es not relate r ordinances	r nonprofit ed to alcohol) of any county	∐ Yes	☑ No
	b. Are charges for any offenses prese the named licensee or any other per					☐ Yes	☑ No
7.	Except for questions 6a and 6b, have t by you on your last application for this					☐ Yes	☑ No
8.	Was the profit or loss from the sale of alk or Franchise Tax return of the licensee? SUBMITTING ORIGINAL REQUEST	If not, explain	· · · · · · · · · · · · · · · · · · ·			☐ Yes	☑ No
	SAME TIME. TAX RETURN WONT						
9.	Does the applicant understand they muse [phone (608) 266-2776]	st hold a Wisconsin Se	eller's Permit?			[∕ Yes	□No
10.	Does the applicant understand that alco from the date of invoice and made availa					✓ Yes	□No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days fo	r beer or 30 days for li	quor?		☐ Yes	☑ No
12.	Does the applicant owe municipal proper (Note: Renewal of licenses may be deal assessments or other fees).					☐ Yes	☑ No
bee app and void this	AD CAREFULLY BEFORE SIGNING: Unit ruthfully answered to the best of the kilication; that the applicant has read and correct. The undersigned further undersigned under penalty of state law, the application. Any person who knowingly in \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees that wer to each question, a e issued contrary to Ch ted for submitting false	at he/she is the and that the a napter 125 o e statements	ne person name answers in each f the Wisconsin a and affidavits in	d in the fo instance a Statutes s n connect	regoing are true shall be ion with
1	tact Person's Name (Last, First, M.I.)		Title / Member		Date		
_	RSCHEID, JESSIE, J		OWNER		4/12/23		
	Jesses Lowchid		Phone Number 715-853-5124		Email Address jessie.peni	nings@g	mail
	DE COMBLETED DV CLEDIA						
	BE COMPLETED BY CLERK e received and filed with municipal clerk	Date reported to council / b	oard	Date license g	ranted		
Lice	inse number issued	Date license issued		Signature of C	lerk / Deputy Clerk		