

1. Agenda

Documents: [PSHS_20150526_AG.PDF](#)

2. Complete Packet

Documents: [PSHS_20150526_PK.PDF](#)



Administrative
Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

**AGENDA
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE
TUESDAY, MAY 26, 2015
6:00 P.M.
FITCHBURG CITY HALL**

NOTICE IS HEREBY GIVEN that the Fitchburg Public Safety & Human Services Committee will hold a meeting at **6:00 P.M.** on **May 26, 2015** in the Conference Room at the Fitchburg City Hall, 5520 Lacy Rd., Fitchburg, WI for the purpose of:

(Note: Full coverage of this meeting is available through FACTv and Streaming Video, accessible on the city web site at <http://factv.fitchburgwi.gov/Cablecast/Public/Main.aspx?ChannelID=3>

- 1. Call to Order**
- 2. Approval of Minutes – May 12, 2015**
- 3. Public Appearances – Non-Agenda Items**
- 4. Public Hearing for Consideration of the Following Applications for a Sound Amplification Permit**
 - a. Erin Dischler, 902 Red Tail Ridge, Oregon, WI for a Retirement Party to be held on Saturday, June 13, 2015 from 11:00 a.m. to 9:00 p.m. at Greenfield Park, 5187 Greenfield Park Road, Fitchburg, WI with Amplified Music.
 - b. Madison4Kids, 2009 West Beltline Hwy, Suite 100, Madison, WI for a Breakfast Fundraiser to be held on Sunday, June 21, 2015 from 10:00 a.m. to 1:00 p.m. at 5927 Adams Road, Fitchburg, WI with Amplified Music.
 - c. Mark Gross, 5845 DeVoro Rd, Fitchburg WI for a Graduation Party to be held on Friday, June 12, 2015 from 8:00 a.m. to 10:00 p.m. at 5845 DeVoro Rd, Fitchburg WI Amplified Live Music.
- 5. Staff Report- Operator license update**
- 6. Operator Licenses needing special attention (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg – Notes: N = New, All Others = Renewal)**
Annette White – N;
- 7. Consideration of the Following Fermented Malt Beverage and Intoxicating Liquor Licenses: (Issuance Contingent upon Payment of all Fees owed to The City of Fitchburg) All are renewal applications.**

CLASS “B”/“CLASS B” FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR
Monkeyshines, Inc., 6209 McKee Road - DBA Monkeyshines - William G McMahan,
Agent

Quivey's Grove, Inc., 6261 Nesbitt Road – DBA Quivey's Grove, Inc. – James C. Kuenning – Agent

CLASS “B” FERMENTED MALT BEVERAGE RETAIL LICENSE AND RESERVE “CLASS B” INTOXICATING LIQUOR RETAIL LICENSE

Artful Escapes, LLC, 3000 Cahill Main #214 – DBA Artful Escapes – Arlene K. Welcher, Agent

Badger Columbus Club, LLC, 5256 Verona Road – DBA Knights of Columbus Council 4527 – Daniel William Kelly, Agent

Fitchburg Flying Hound, LLC, 6317 McKee Road Suite 300 – DBA The Flying Hound Alehouse – Timothy Gilbert Thompson., Agent

Hy-Vee, Inc., 2920 Fitchrona Road – DBA Hy-Vee – Lucas Glasgon, Agent

Laredos Mexican Restaurant, Inc., 2935 S. Fish Hatchery Road – DBA Laredos Mexican Restaurant – Jose J. Onate, Agent

Pancake Café Fitchburg, LLC, 6220 Nesbitt Road – DBA Pancake Café Fitchburg, LLC – Gary L. Tierman, Agent

Pounders, LLC, 6285 Nesbitt Road – DBA Ten Pin Alley – William E. Pounders Jr., Agent

Two Dollars, LLC, 2685 Research Park Drive #200 – DBA Atomic Koi Cocktail Lounge – Hawk Sullivan, Agent

CLASS “B” FERMENTED MALT BEVERAGE

Break Away Sports Center, Inc., 5964 Executive Drive - DBA Break Away Sports Center Inc.- Mathew John Lombardino, Agent

Candle Tray, LLC, 2685 Research Park Drive #100 – DBA The Roman Candle Pizzeria – James Ember, Agent

Choke Dee, LLC, 3050 Cahill Main #4 - DBA Curry In The Box – Saengrawee Pratoomtong, Agent

Haveli Restaurant, Inc., 5957 McKee Road, #108 – DBA Haveli Restaurant – Sital Singh, Agent

Nine Springs G.C. LLC, 2201 Traceway Drive - DBA Nine Springs Golf Course – Daniel J. Larsen, Agent

Raw Green, LLC, 6250 Nesbitt Road – DBA True Coffee Roasters – Britton Wiedemann, Agent

The Noodle Shop Company-Wisconsin, Inc., 2981 Triverton Pike Drive - DBA Noodles & Company – Larissa Mathes, Agent

CLASS “A”/“CLASS A” FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR

Aldi, Inc., 6261 McKee Road – DBA Aldi #04 – Matthew J. Hosch, Agent

DSPC Inc., 3064 Fish Hatchery Road – DBA Neil's Liquor – Bill O'Connell, Agent

Francois Oil Company Inc., 2770 S. Syene Road – DBA Syene Depot/The Station #119 – Steve J. Merry, Agent

Kelley Williamson Co., 2956 Fish Hatchery Road – DBA Mobil Mart – Suzanne Dorsey-Sterling, Agent

PDQ Food Stores, Inc., 6133 McKee Road - DBA PDQ Store #128 – Phillip J. Troia, Agent

CLASS “A” FERMENTED MALT BEVERAGE

La Hispana, LLC, 3060 Fish Hatchery Road – DBA La Hispana, LLC. – Lid H. Tejada, Agent

PDQ Food Stores, Inc., 5280 Williamsburg Way - DBA PDQ Store #111 - Phillip J. Troia, Agent

PDQ Food Stores, Inc., 6208 McKee Road - DBA PDQ Store #131 – Phillip J. Troia, Agent

Stop-N-Go of Madison, Inc., 2932 Fish Hatchery Road - DBA Stop-N-Go #285 – Andrew J. Bowman, Agent

“CLASS C” RETAILERS’ LICENSE FOR THE SALE OF WINE

Candle Tray, LLC, 2685 Research Park Drive #100 – DBA The Roman Candle Pizzeria – James Ember, Agent

Choke Dee, LLC, 3050 Cahill Main #4 - DBA Curry In The Box – Saengrawee Pratoomtong, Agent

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8. Consideration of the Following Applications for Cigarette License:

- a. Hy-Vee
- b. La Hispana
- c. Mobil Mart
- d. Monkeyshines
- e. Neil’s Liquor
- f. PDQ Store #128
- g. PDQ Store #111
- h. PDQ Store #131
- i. Stop-N-Go #285
- j. Syene Depot/The Station #119
- k. Walgreens #05087

9. Ordinance 2015-O-13 To Amend Chapter 70, Sec. 70-309 – Forfeitures Schedule

10. Announcements

- a. Next meeting date is June 9, 2015

11. Adjournment

Note: It is possible that members of and possibly a quorum of members of other government bodies of the municipality may be in attendance at the above stated meeting to gather information. No action will be taken by any governmental body at the above stated meeting other than the governmental body specifically referred to above in this notice. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Fitchburg City Hall, 5520 Lacy Road, Fitchburg WI 53711, (608) 270-4200.



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6:00 P.M.
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(Note: Full coverage of this meeting is available through FACTv and Streaming Video, accessible on the city web site at <http://factv.fitchburgwi.gov/Cablecast/Public/Main.aspx?ChannelID=3>

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- 6. Operator Licenses needing special attention (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg – Notes: N = New, All Others = Renewal)**
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Administrative
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www.fitchburgwi.gov

**MINUTES
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE
TUESDAY, MAY 12, 2015
6:00 P.M.
FITCHBURG CITY HALL**

1. **Call to Order-** Chairperson Poole called the meeting to order at 6:05 p.m.
2. **Approval of Minutes** – April 28, 2015. Motion by Gonzalez to **approve** minutes
Motion carried.

3. **Public Appearances – Non-Agenda Items**

Poole noted that the applicant for the Reach a Child event has withdrawn their applications.

4. **Motion by Gonzalez to approve the Temporary Operator Licenses: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg)** Fitchburg Days - Jay Allen, Amy Gordon, and Valerie Wyss.

Withdrawn by applicant: Reach-A-Child - Rachael Dauman, Alissa Kochaver, Courtney Mielke, and Eric Salzwedel.
Motion carried.

5. **Consideration of the Following Application for Street Use Permit**

- a. Wisconsin Soap Box Derby, Inc., 5284 E. Lacy Road, Fitchburg, WI to hold a Soap Box Derby, Saturday, June 13, 2015 with a rain date of Sunday, June 14, 2015 from 6:00 a.m. to 9:00 p.m. using Research Park Drive, Sparkle Stone Crescent, Castle Rock Drive, Quarry Hill Drive and Gallagher Drive, Fitchburg, WI 53711.

Paul Ganshert spoke regarding the Soap Box Derby event.

- b. Girls on the Run of Dane County, Inc., 901 Deming Way, Madison, WI for a 5K Race to be held on Saturday, June 6, 2015 from 9:00 a.m. to 10:15 a.m. at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI using various city streets.

Kris Simon spoke regarding the Girls on the Run event.

- c. Stoughton Chamber of Commerce, 532 E. Main St, to hold its annual Syttende Mai Run/Walk on Saturday, May 16, 2015 from 8:00 a.m. to 9:00 a.m. using part of Rimrock Rd, Hwy MM, E Clayton Rd, Larson Rd and Goodland Park Rd.

Jim McNulty spoke regarding the Syttende Mai event.

Motion by Hartmann to **approve** all Street Use permits. **Motion carried.**

6. Motion by Gonzalez to **approve the Application for Temporary Class “B”/“Class B” Retailers License “Picnic License” (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg) – For Sale of Fermented Malt Beverages and Wine**

- a. Fitchburg Days, 2881 Commerce Park Drive #E, Fitchburg, WI to hold “Fitchburg Days” from Friday, May 15, 6:00 p.m. to Midnight, Saturday, May 16, 6:00 p.m. to Midnight and Sunday, May 17, 2015, Noon to 7:00 p.m. at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI 53711

Jay Allen spoke regarding temporary picnic license and the security and wristband system they will be using for their event.

- b. **Withdrawn by applicant:** Reach-A-Child, 8030 Excelsior Drive #307, Madison, WI to hold a Charity Softball Tournament from Saturday, May 16, 9:00 a.m. to 9:00 p.m. and Sunday, May 17, 2015, 11:00 a.m. to 4:00 p.m. at McGaw Park, 5236 Lacy Road, Fitchburg, WI 53711.

Motion carried.

7. Chairperson Poole opened the **Public Hearing** to consider the Following Applications for a Sound Amplification Permit at 6:40 p.m.

- a. City of Fitchburg, 5520 Lacy Road, Fitchburg, WI for a Memorial Day Observance to be held on Monday, May 25, 2015 from 12:30 p.m. to 2:30 p.m. at the Fitchburg Senior Center, 5510 Lacy Road, Fitchburg, WI with Speaker System.
- b. Fitchburg Days, 2881 Commerce Park Drive #E, Fitchburg, WI for a Community Festival held Friday, May 15, and Saturday, May 16, 2015 from 6:00 p.m. to Midnight, Sunday, May 17, 2015 from Noon to 5:00 p.m. at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Live Music.

Jay Allen spoke regarding the event.

Mark & Pam Vander Woude, 61 Wood Brook Way registered in opposition to the sound permit for Fitchburg Days. They stated their concerns with the level of base being used at these events during the 11:00 to midnight hours.

Jay Allen stated that he would work with the property owner and will be diligent about maintaining acceptable decibel levels.

- c. **Withdrawn by applicant:** Reach-A-Child, 8030 Excelsior Drive #307, Madison, WI for a Charity Softball Tournament to be held, Saturday, May 16 and Sunday, May 17, 2015 from 8:00 a.m. to 9:00 p.m. at McGaw Park, 5236 Lacy Road, Fitchburg, WI with Speaker System and Amplified Music.
- d. Wisconsin Soap Box Derby, Inc., 5284 E. Lacy Road, Fitchburg, WI for a Soap Box Derby Race to be held Saturday, June 13, 2015 from 9:00 a.m. to 6:00 p.m. at the 2600 block of Research Park Drive, Fitchburg, WI with Speaker System.

Paul Ganshert spoke regarding the event, noting the speaker system is mainly for announcements and starting the race.

- e. Girls on the Run of Dane County, Inc., 901 Deming Way, Madison, WI for a 5K Race to be held on Saturday, June 6, 2015 from 7:30 a.m. to 11:00 a.m. at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Speaker System and Amplified Music.

Kris Simon spoke regarding the event, noting that the sound permit will cover announcements and music.

Public Hearing closed at 6:56 p.m. Motion by Hartmann to **approve** all sound permits.
Motion carried.

8. Staff Report- Operator license update

Anderson reported that since the last meeting, the clerk's office has issued 38 operator license. (30 renewals, 8 new)

9. Announcements

a. Next meeting date is May 26, 2015

10. Motion by Gonzalez to adjourn. Motion carried.
Time 6:59 p.m.

Note: It is possible that members of and possibly a quorum of members of other government bodies of the municipality may be in attendance at the above stated meeting to gather information. No action will be taken by any governmental body at the above stated meeting other than the governmental body specifically referred to above in this notice. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Fitchburg City Hall, 5520 Lacy Road, Fitchburg WI 53711, (608) 270-4200.

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the City of Fitchburg Public Safety & Human Services Committee will hold a Public Hearing on Tuesday, May 26, 2015 at 6:00 p.m. In the Conference Room at the Fitchburg City Hall, 5520 Lacy Road, Fitchburg, WI for the purpose of receiving comments on the following application for a Sound Amplification Permit:

Erin Dischler, 902 Red Tail Ridge, Oregon, WI for a Retirement Party to be held on Saturday, June 13, 2015 from 11:00 a.m. to 9:00 p.m. at Greenfield Park, 5187 Greenfield Park Road, Fitchburg, WI with Amplified Music.

Madison4Kids, 2009 West Beltline Hwy, Suite 100, Madison, WI for a Breakfast Fundraiser to be held on Sunday, June 21, 2015 from 10:00 a.m. to 1:00 p.m. at 5927 Adams Road, Fitchburg, WI with Amplified Music.

Mark Gross, 5845 DeVoro Rd, Fitchburg WI for a Graduation Party to be held on Friday, June 12, 2015 from 8:00 a.m. to 10:00 p.m. at 5845 DeVoro Rd, Fitchburg WI Amplified Live Music.

Patti Anderson
City Clerk

Published: May 15, 2015



FITCHBURG OUTDOOR SOUND
AMPLIFICATION APPLICATION
City of Fitchburg Clerk's Office
5520 Lacy Road
Fitchburg, WI 53711

PART I TO BE COMPLETED BY APPLICANT - PLEASE PRINT

DATE April 16, 2015

NAME (INDIVIDUAL OR ORGANIZATION) Erin Dischler

ADDRESS 902 Red Tail Ridge

CITY Oregon STATE WI ZIP 53575 PHONE # 608-279-0847

E-MAIL ADDRESS edlschler@gmail.com

DATE OF EVENT Saturday, 6/13 HOURS FOR SOUND: FROM 11 am TO 9 pm

TYPE OF EVENT Retirement Party

LOCATION W/ADDRESS Greenfield Park: 5167 Greenfield Park Road, Fitchburg, WI

Please note: If you are using a City of Fitchburg Park, you must attach a copy of your Park Reservation Confirmation to this Application. If you are serving/selling beer and/or wine, you must also apply for a Class "B" Picnic Beer/Wine License - \$10

ESTIMATED ATTENDANCE 49 or less

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED Speaker, mic and amplifier.

I, Erin Dischler (APPLICANT OR AGENT) DECLARE UNDER PENALTIES OF LAW THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE 

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Clerk's Dept DATE 4-20-15 FEE \$50.00
CASH CHECK # 5313

DATE PUBLISHED May 15, 2015 HEARING DATE May 26, 2015

ACTION: APPROVED DENIED DATE _____

IF DENIED, REASON(S) FOR DENIAL: _____
CC: Parks/Recreation Department



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

May 15, 2015

Erin Dischler
902 Red Tail Ridge
Oregon, WI 53575

Dear Erin,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, May 26, 2015 at 6:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you, or someone representing your organization to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your event. Please arrive no later than 6:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

Tracy Oldenburg
Deputy City Clerk
City of Fitchburg



FITCHBURG OUTDOOR SOUND AMPLIFICATION APPLICATION

City of Fitchburg Clerk's Office
5520 Lacy Road
Fitchburg, WI 53711

PART I TO BE COMPLETED BY APPLICANT - PLEASE PRINT

DATE 4-10-15
NAME (INDIVIDUAL OR ORGANIZATION) MADISON4KIDS
ADDRESS 2009 WEST BELTLINE HWY, STE 100
CITY MADISON STATE WI ZIP 53713 PHONE# 608-395-6851
E-MAIL ADDRESS JUDY.MIYAGAWA@AMPF.COM
DATE OF EVENT 6-21-15 HOURS FOR SOUND: FROM 10 AM TO 1 PM
TYPE OF EVENT BREAKFAST FUNDRAISER
LOCATION W/ADDRESS 5927 ADAMS RD, FITCHBURG WI

Please note: If you are using a City of Fitchburg Park, you must attach a copy of your Park Reservation Confirmation to this Application. If you are serving/selling beer and/or wine, you must also apply for a Class "B" Picnic Beer/Wine License - \$10

ESTIMATED ATTENDANCE 200
PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED STAGE, AMPS, SPEAKERS

I, BEN SHORTELL (APPLICANT OR AGENT) DECLARE UNDER PENALTIES OF LAW THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE [Signature]

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Clerk's Depart. DATE 4-16-15 FEE \$50.00 CHECK # 10420
CASH
DATE PUBLISHED May 15, 2015 HEARING DATE May 26, 2015
ACTION: APPROVED DENIED DATE

Rec # 1-9571

IF DENIED, REASON(S) FOR DENIAL:
CC: Parks/Recreation Department



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Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

May 15, 2015

Madison4Kids
Attn: Ben S.
2009 W. Beltline Hwy – Suite 100
Madison, WI 53713

Dear Ben,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, May 26, 2015 at 6:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you, or someone representing your organization to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your event. Please arrive no later than 6:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

Tracy Oldenburg
Deputy City Clerk
City of Fitchburg

R# 1.009592



FITCHBURG OUTDOOR SOUND AMPLIFICATION APPLICATION
City of Fitchburg Clerk's Office
5520 Lacy Road
Fitchburg, WI 53711

PART I TO BE COMPLETED BY APPLICANT - PLEASE PRINT A APPLICATION MUST BE FILED AT LEAST 30 DAYS PRIOR TO THE EVENT

DATE 4/29/15

NAME (INDIVIDUAL OR ORGANIZATION) MARK A. GROSS

ADDRESS 5845 DEVORO RD

CITY FITCHBURG STATE WI ZIP 53711 PHONE # 608 219-9313

E-MAIL ADDRESS M.GROSSMAIL@YAHOO.COM

DATE OF EVENT 6/12/15 HOURS FOR SOUND: FROM 8:00 AM TO 10:00 PM

TYPE OF EVENT GRADUATION PARTY

LOCATION W/ADDRESS 5845 DEVORO ROAD, FITCHBURG, WI 53711

Please note: If you are using a City of Fitchburg Park, you must attach a copy of your Park Reservation Confirmation to this Application. If you are serving/selling beer and/or wine, you must also apply for a Class "B" Picnic Beer/Wine License - \$10

ESTIMATED ATTENDANCE 60

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED MICROPHONES,

SPEAKERS, FLUTE, DRUMS, GUITAR, PIANO

I, MARK GROSS (APPLICANT OR AGENT) DECLARE UNDER PENALTIES OF LAW THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY
DATE 4/30/15 FEE \$50.00 Credit Card
CASH CHECK #

DATE PUBLISHED May 15, 2015 HEARING DATE May 26, 2015

ACTION: APPROVED DENIED DATE

IF DENIED, REASON(S) FOR DENIAL:



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

May 15, 2015

Mark Gross
5845 DeVoro Rd
Fitchburg, WI 53711

Dear Mark,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, May 26, 2015 at 6:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you, or someone representing your organization to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your event. Please arrive no later than 6:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

Tracy Oldenburg
Deputy City Clerk
City of Fitchburg



CITY OF FITCHBURG
Operator License Application
 (2 Year License) - Expires June 30 of every odd year

\$85.⁰⁰

<input checked="" type="checkbox"/> New	\$70	Date Rec'd: 5/6/15	Cash <input checked="" type="checkbox"/>	Check # _____
<input type="checkbox"/> Renewal	\$70	Receipt # 1.009425		
<input checked="" type="checkbox"/> Provisional	\$15	Applicant Rec'd City Policy Guidelines: <input checked="" type="checkbox"/>		

Note: Application fee will **NOT** be refunded if denied or withdrawn. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. **APPLICANT CANNOT REAPPLY FOR A 6 MONTH PERIOD FROM DATE OF DENIAL**

1. Legal Name: Annette Maria White Sex M (F)
First Middle Last

Address: 1906 Greenway Cross #6 Phone: (608) 665-3928
 City: Madison WI State: 53713 Zip: _____ Date of Birth: _____

How long have you lived at above address? 5 In WI 23 Driver's Lic. # _____

Former Names: _____ Place of Employment: Stop N Go

Prior Street Address if Above Address is Less Than 5 Years	City	State	Zip	From	To

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or paid a fine for any of the following?

a) Any underage alcohol violation?	YES	<input checked="" type="radio"/> NO
b) Operating a motor vehicle while intoxicated?	YES	<input checked="" type="radio"/> NO
c) Selling or furnishing alcoholic beverages to underage person?	YES	<input checked="" type="radio"/> NO
d) Permitting underage person on licensed premises?	YES	<input checked="" type="radio"/> NO
e) Allowing persons on licensed premises after closing?	YES	<input checked="" type="radio"/> NO
f) Any alcohol related violation other than a, b, c, d, and e?	YES	<input checked="" type="radio"/> NO
g) Sale or possession of drugs of any kind?	YES	<input checked="" type="radio"/> NO
h) Fighting, disorderly conduct, assault, or battery?	YES	<input checked="" type="radio"/> NO
i) Resisting arrest or obstructing an officer?	YES	<input checked="" type="radio"/> NO

4. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. For OWI charge in the last 2 years, proof of alcohol assessment program required.

Type of Arrest, Summons, Violation or Charge	Month/Year	City	State

5. Within the last two (2) years, did you have or complete one of the following:

<input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> Completion of alcohol assessment program - attached
<input type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> An alcohol agent for a retail alcohol license
	<input type="checkbox"/> The sole proprietor of retail alcohol license

6. **CERTIFICATION:** I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local - affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Annette White
 Printed Name: ANNETTE Date: 5/5/15

INVESTIGATION: APPROVED / DENIED (DENIED)
 Case # 15-2940 Date: 5-14-15
 Police Department Signature: Darin White Denied based on guideline # 1+6



CITY OF FITCHBURG

Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

May 19, 2015

ANNETTE WHITE
1906 GREENWAY CROSS #6
MADISON WI 53713

This letter is to inform you that your recent Application for Operators License was denied by the Police Department based on Guideline #1 & Guideline #2. It will be put on the **Tuesday, May 26, 2015** Agenda for Public Safety & Human Services. If you wish to address this denial, the meeting will be held at the Fitchburg City Hall, 5520 Lacy Road, Fitchburg, WI Tuesday, May 26, 2015 at 6:00 p.m.

Guideline 1. Provided the offense is **substantially related to the circumstances of the licensed activity**, any person who has been convicted of any felony, unless duly pardoned, does not qualify for an alcohol beverage license. (To the extent the other guidelines reference a specific offense, this guideline shall apply if the offense constitutes a felony.)

Guideline 2. Provided the offense is **substantially related to the circumstances of the licensed activity**, any person who has been convicted of, released from incarceration in a State or Federal Prison System, or a county jail for, or released from parole or probation status, or has a current charge pending, for two (2) or more offenses, **arising out of separate incidents**, within the last ten (10) years in the following subcategories, does not qualify for an alcohol beverage license:

- (a) Violent crimes against the person of another, including but not limited to homicide, aggravated battery, sexual assault, injury by negligent use of a weapon, injury by negligent use of a vehicle, or injury by intoxicated use of a vehicle.
- (b) Crimes involving cooperation (or lack thereof) with law enforcement officials, including but not limited to, obstructing a police officer, resisting arrest, bribery of public officers or employees, misconduct in public office, bomb scares, or acts or threats of terrorism.
- (c) Manufacturing, distributing, delivering a controlled substance or a controlled substance analog; possessing with intent to manufacture, distribute or deliver, a controlled substance or a controlled substance analog.

Please contact our office at 270-4200 if you have any questions.

Sincerely,
Clerk's Office
City of Fitchburg

cc: Stop-N-Go

**CITY OF FITCHBURG
LIQUOR LICENSE APPLICATIONS
May 26, 2015
6:00 P.M.**

NOTICE IS HEREBY GIVEN that the following applications have been filed in the Office of the City Clerk of Fitchburg for the sale of beer and/or liquor in said City for such premises as indicated. The applications will be considered by the Public Safety and Human Services Committee at 6:00 p.m. on Tuesday, May 26, 2015 at the Fitchburg City Hall, 5520 Lacy Road, Fitchburg, WI The Common Council will take action on these applications the same night at 7:30 p.m.

CLASS "B"/"CLASS B" FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR

Monkeyshines, Inc, 6209 McKee Road - DBA Monkeyshines - William G McMahan, Agent

Quivey's Grove, Inc, 6261 Nesbitt Road – DBA Quivey's Grove, Inc. – James C. Kuenning – Agent

**CLASS "B" FERMENTED MALT BEVERAGE RETAIL LICENSE AND
RESERVE "CLASS B" INTOXICATING LIQUOR RETAIL LICENSE**

Artful Escapes, LLC, 3000 Cahill Main #214 – DBA Artful Escapes – Arlene K. Welcher, Agent

Badger Columbus Club, LLC, 5256 Verona Road – DBA Knights of Columbus Council 4527 – Daniel William Kelly, Agent

Fitchburg Flying Hound, LLC, 6317 McKee Road Suite 300 – DBA The Flying Hound Alehouse – Timothy Gilbert Thompson., Agent

Hy-Vee, Inc, 2920 Fitchrona Road – DBA Hy-Vee – Lucas Glasgon, Agent

Laredos Mexican Restaurant, Inc, 2935 S. Fish Hatchery Road – DBA Laredos Mexican Restaurant – Jose J. Onate, Agent

Pancake Café Fitchburg, LLC, 6220 Nesbitt Road – DBA Pancake Café Fitchburg, LLC. – Gary L. Tierman, Agent

Pounders, LLC, 6285 Nesbitt Road – DBA Ten Pin Alley – William E. Pounders Jr., Agent

Two Dollars, LLC, 2685 Research Park Drive #200 – DBA Atomic Koi Cocktail Lounge – Hawk Sullivan, Agent

CLASS "B" FERMENTED MALT BEVERAGE

Break Away Sports Center, Inc, 5964 Executive Drive - DBA Break Away Sports Center Inc.- Mathew John Lombardino, Agent

Candle Tray, LLC, 2685 Research Park Drive #100 – DBA The Roman Candle Pizzeria – James Ember, Agent

Choke Dee, LLC, 3050 Cahill Main #4 - DBA Curry In The Box – Saengrawee Pratoomtong, Agent

Haveli Restaurant, Inc., 5957 McKee Road, #108 – DBA Haveli Restaurant – Sital Singh, Agent

Nine Springs G.C. LLC, 2201 Traceway Drive - DBA Nine Springs Golf Course – Daniel J. Larsen, Agent

Raw Green, LLC, 6250 Nesbitt Road – DBA True Coffee Roasters – Britton Wiedemann, Agent

The Noodle Shop Company-Wisconsin, Inc, 2981 Triverton Pike Drive - DBA Noodles & Company – Larissa Mathes, Agent

CLASS “A”/“CLASS A” FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR

Aldi, Inc., 6261 McKee Road – DBA Aldi #04 – Matthew J. Hosch, Agent

DSPC Inc., 3064 Fish Hatchery Road – DBA Neil’s Liquor – Bill O’Connell, Agent

Francois Oil Company Inc., 2770 S. Syene Road – DBA Syene Depot/The Station #119 – Steve J. Merry, Agent

Kelley Williamson Co., 2956 Fish Hatchery Road – DBA Mobil Mart – Suzanne Dorsey-Sterling, Agent

PDQ Food Stores, Inc., 6133 McKee Road - DBA PDQ Store #128 – Phillip J. Troia, Agent

CLASS “A” FERMENTED MALT BEVERAGE

La Hispana, LLC, 3060 Fish Hatchery Road – DBA La Hispana, LLC – Lid H. Tejada, Agent

PDQ Food Stores, Inc., 5280 Williamsburg Way - DBA PDQ Store #111 - Phillip J. Troia, Agent

PDQ Food Stores, Inc., 6208 McKee Road - DBA PDQ Store #131 – Phillip J. Troia, Agent

Stop-N-Go of Madison, Inc., 2932 Fish Hatchery Road - DBA Stop-N-Go #285 – Andrew J. Bowman, Agent

“CLASS C” RETAILERS’ LICENSE FOR THE SALE OF WINE

Candle Tray, LLC, 2685 Research Park Drive #100 – DBA The Roman Candle Pizzeria – James Ember, Agent

Choke Dee, LLC, 3050 Cahill Main #4 - DBA Curry In The Box – Saengrawee Pratoomtong, Agent

Haveli Restaurant, Inc., 5957 McKee Road, #108 – DBA Haveli Restaurant – Sital Singh, Agent

Raw Green, LLC, 6250 Nesbitt Road – DBA True Coffee Roasters – Britton Wiedemann, Agent

The Noodle Shop Company-Wisconsin, Inc., 2981 Triverton Pike Drive - DBA Noodles & Company – Larissa Mathes, Agent

Patti Anderson
City Clerk

Memorandum

To: Public Safety & Human Services Committee

From: Thomas Blatter, Chief of Police *TB*

Date: 4/3/2015

Re: Alcohol Beverage License Applications

- 4-13-15

*Tom - Please Initial
Each application for approval*

Thx, Tracy

I have reviewed the Alcohol Beverage License Applications submitted by the following and find no reason why these licenses should not be granted.

<u>Business</u>	<u>Location</u>	<u>Agent</u>
✓ Neil's Liquor	3064 Fish Hatchery Road	William W. O'Connell
✓ Haveli Restaurant	5957 McKee Road #108	Sital Singh
✓ Pancake Café	6220 Nesbitt Road	Gary L. Tierman
✓ Stop n Go #285	2932 Fish Hatchery Road	Andrew J. Bowman
✓ Ten Pin Alley	6285 Nesbitt Road	Williams E. Ponders
✓ PDQ Store #131	6208 McKee Road	Philip J. Troia
✓ PDQ Store #111	5280 Williamsburg Way	Philip J. Troia
✓ PDQ Store #128	6133 McKee Road	Philip J. Troia
✓ Syene Depot	2770 S. Syene Road	Steven J. Merry
✓ Kelly Williamson Mobil	2956 Fish Hatchery Road	Suzanne Dorsey-Sterling

Memorandum

To: Public Safety & Human Services Committee
From: Thomas Blatter, Chief of Police *TB*
Date: 4/17/2015
Re: Alcohol Beverage License Applications

I have reviewed the Alcohol Beverage License Applications submitted by the following and find no reason why these licenses should not be granted.

<u>Business</u>	<u>Location</u>	<u>Agent</u>
✓ Hy-Vee	2920 Fitchrona Road	Lucas Glasgow
✓ Aldi #04	6261 McKee Road	Matthew J. Hosch
✓ The Roman Candle Pizzeria	2685 Research Park Dr #100	James S. Ember
✓ Nine Springs Golf Course	2201 Traceway Drive	Daniel J. Larsen
✓ Curry in the Box	3050 Cahill Main #4	Saengrawee Pratoomtong
✓ Knights of Columbus Council	5256 Verona Road	Daniel W. Kelly
✓ La Hispana LLC	3060 Fish Hatchery Road	Lid H Tejada
✓ The Atomic Koi	2685 Research Park Drive #200	Hawk Sullivan
✓ Noodles & Company	2981 Triverton Pike Drive	Larissa Mathes
✓ Thai Noodles	5957 McKee Road #103	Ryan C Farrell
✓ Casa del Sol	3040 Cahill Main	David A. Schutz
✓ Candlewood Suites	5421 Caddis Bend	David A Schutz
✓ Tuscany Mediterrean Grill LLC	2969 Cahill Main	David A. Schutz
✓ Wyndham Garden	2969 Cahill Main	David A. Schutz
✓ Artful Escapes, LLC	3000 Cahill Main Suite #214	Arlene K. Welcher
✓ True Coffee Roasters	6250 Nesbitt Road	Britton Wiedemann
✓ Quivey's Grove, Inc	6162 Nesbitt Road	James C. Kuenning
✓ Break Away Sports Center, Inc	5964 Executive Drive	Mathew J. Lombardino
✓ Laredos Mexican Restaurant	2935 S. Fish Hatchery Road	Jose J. Onate
✓ The Flying Hound Alehouse	6317 McKee Road #300	Timothy G. Thompson
✓ Monkeyshines	6209 McKee Road	William G. McMahan

Part of non-renewal proceedings

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }
 County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Monkeyshines Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>William G McMahon</u>	<u>N 8860 Hwy D Belleville WI</u>	<u>53508</u>
Vice President/Member	<u>David E McMahon</u>	<u>3070 Alfordale Casper WI</u>	<u>82604</u>
Secretary/Member	"	"	"
Treasurer/Member			
Agent	<u>William G McMahon</u>	<u>N 8860 Hwy D Belleville WI</u>	<u>53508</u>
Directors/Managers			

C. 1. Trade Name Monkeyshines Business Phone Number 608 274-5339

2. Address of Premises 4209 Hwy McKee Rd Post Office & Zip Code Fitchburg, WI 53719

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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 and records. (Alcohol beverages may be sold and stored only on the premises described.) Block & wood building

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

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 reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

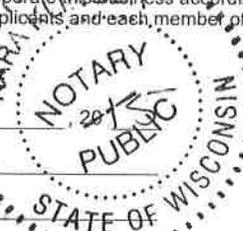
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 5th day of April

Karen Johnson
(Clerk/Notary Public)

My commission expires 11/27/16



William & McMahon
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

David E. McMahon PDA
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk: <u>4-8-15 Rec #1-9431</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

O.K. PDA
4-24-15

Applicant's WI Seller's Permit No.: <u>456000094039-08</u>	FFM Number: _____
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>160.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>55.00</u>
TOTAL FEE	\$ <u>655.00</u>

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
McMahan		William		G	
Home Address (street/route)		Post Office	City	State	Zip Code
N 8860 Hwy D		Belleville	W F, Belleville	WI	53508
Home Phone Number / E-Mail Address		Age	Date of Birth	Place of Birth	
608 424-6909				Dodgewill, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 - A member of a partnership which is making application for an alcohol beverage license.
 - William G McMahan of Monkeyshines Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 68 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

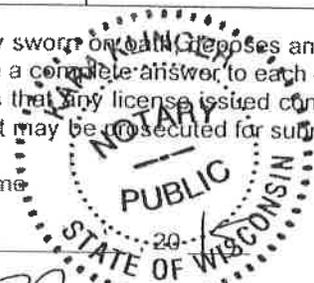
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Self employed 41 yrs			
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 8th day of April 2016
[Signature]
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 11/27/16



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) McMahon		(first name) David		(middle name) Eugene	
Home Address (street/route) 3070 Allendale		Post Office Casper	City Casper	State WY	Zip Code 82604
Home Phone Number / E-Mail Address 307 472-4703		Age [redacted]	Date of Birth [redacted]	Place of Birth Dodgeville, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.

David E. McMahon of Monkushines Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 20 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

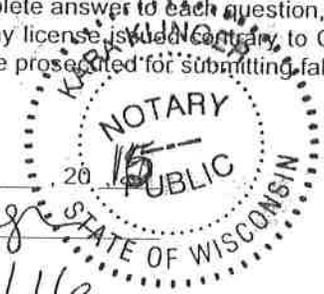
6. Named individual must list in chronological order last two employers.

Employer's Name <u>Self employed 25 yrs.</u>	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 8th day of April
Kara Koenig
(Clerk/Notary Public)



David E. McMahon POA
(Signature of Named Individual)

My commission expires 11/27/16



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of }
 Village of } F
 City of }

County of D Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Quivey's Grove, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) 6261 Nesbitt Rd, Madison, WI 53
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Deirdre Garton, 350 S. Hamilton St	Madison, WI	53713
Vice President/Member			
Secretary/Member	James C. Kuenning, 22 Glenside Cir,	Madison, WI	53717
Treasurer/Member			
Agent	James C. Kuenning		
Directors/Managers	Deirdre Garton, James C. Kuenning		

- C.1. Trade Name Quivey's Grove, Inc. Business Phone Number 608-273-4900
 2. Address of Premises 6261 Nesbitt Road Post Office & Zip Code Madison, WI 53719
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Stone house, Stable Tap, all grounds
 5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 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 reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 286-2776] Yes No
 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? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 13 day of Apr, 20 15
May Lush
(Clerk/Notary Public)
 My commission expires 4-3-16

James C. Kuenning
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
James C. Kuenning
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>45200008926503</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ 1.00
<input type="checkbox"/> Class C wine	\$ _____
<input type="checkbox"/> Class A liquor	\$ _____
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ 55
TOTAL FEE	\$ 655

D.K.P.D.
4-2-15

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
GARTON		DEIRDRE		WILSON	
Home Address (street/route)		Post Office	City	State	Zip Code
350 S. HAMILTON ST #306			MADISON	WI	53713
Home Phone Number		Age	Date of Birth	Place of Birth	
608-345-8059				New York	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Officer of Quivey's Grove, Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 39
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Quivey's Grove	6261 Nesbitt Road, Madison, WI	08/01/2003	PRESENT
Garton Consulting LLC	350 S. Hamilton St, Madison, WI	01/01/2009	03/31/2013

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 13 day of Apr, 2015
My Lopez
(Clerk/Notary Public)

De Garton
(Signature of Named Individual)

My commission expires 4.3.16



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
KUENNING		JAMES	CRAIG	
Home Address (street/route)		Post Office	City	State Zip Code
22 GLENSIDE CIR			MADISON	WI 53717
Home Phone Number		Age	Date of Birth	Place of Birth
608-831-1341				GEORGIA

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- OFFICER of Quivey's Grove, Inc.

(Officer/Director/Member/Manager/Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 1976
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
FANNY'S RESTAURNAT	131 WWILSON ST. MADISON, WI	1978	1978
QUIVEY'S GROVE	6261 NESBITT ROAD. MADISON WI	1979	Present

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 13 day of Apr, 2015
May Lopez
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 4.3.16



Printed on Recycled Paper

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-01-2015 ending: 6-30-2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Welcher, Arlene Kay Home Address 1718 W. Main, Unit 1, Stoughton, WZ 53589 Post Office & Zip Code 53589

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Artful Escapes, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 3000 Cahill Main, Ste 214, Fitchburg
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Arlene K. Welcher</u>	<u>1718 W. Main, Unit 1</u>	<u>Stoughton, WZ 53589</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Arlene K. Welcher</u>		
Directors/Managers			

C. 1. Trade Name Artful Escapes, LLC Business Phone Number 608-492-2092
 2. Address of Premises 3000 Cahill Main, Ste 214 Post Office & Zip Code Fitchburg 53711

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar near store entrance - Storage Rm is in rear of Rm & is locked

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

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 reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

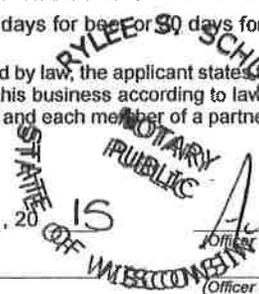
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 10 day of April
He S. Schuchardt
(Clerk/Notary Public)
 My commission expires 10/21/15



Arlene K. Welcher
Officer of Corporation/Member/Manager of Limited Liability Company (Partner/Individual)
Arlene K. Welcher
Officer of Corporation/Member/Manager of Limited Liability Company (Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company # Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>456-1028098902-02</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>500.00</u>
Publication fee	\$ <u>55.00</u>
TOTAL FEE	\$ <u>655.00</u>

O.K. P.D. 4/21/15

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) ANOAT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME Arlene K. Welcher STATUTE NO./LOCAL ORDINANCE _____
 CHARGE Speeding WHERE CONVICTED Town of Rutland
 DATE 4-24-2014 PENALTY Guilty - Fined - MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Welcher		Arlene		Kay	
Home Address (street/route)		Post Office	City	State	Zip Code
1718 W. Main, Unit 1		Stoughton	Stoughton	WV	53589
Home Phone Number		Age	Date of Birth	Place of Birth	
608-333-6412				Kalispell, MT	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Member of Artful Escapes, LLC of Artful Escapes, LLC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 37 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Ind Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
School District McFarland	5103 Farwell St. McFarland	Sept 2006	June 2014
School District Bangor WI	700 10th Ave. Bangor WI	Sept 9 2005	August 2006

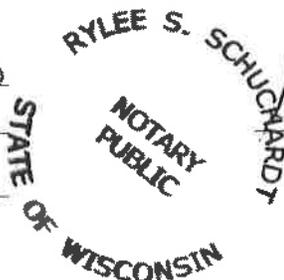
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 10 day of April, 2015

Rylee S. Schuchardt
(Notary Public)

My commission expires 10/21/18



Arlene K Welch
(Signature of Named Individual)



Printed on Recycled Paper

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } FITCHBURG

County of DANE Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BADGER COLUMBUS CLUB, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 5256 VERONA RD FITCHBURG, WI
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Paul Eugene Steinmetz 5105 Black Oak Dr Madison, WI 53711
 Vice President/Member Raphael George Shunk 2105 Iris Lane Madison, WI 53711
 Secretary/Member Melvin Joseph Griffith 652 Maple Road Verona, WI 53593
 Treasurer/Member Donald Wayne Wersal 5792 Tall Oaks Road Fitchburg, WI 53711
 Agent Daniel William Kelly 6110 Raymond Road Madison, WI 53711-4104
 Directors/Managers

- C. 1. Trade Name KNIGHTS OF COLUMBUS COUNCIL # 4527 Business Phone Number 608 288 9503
 2. Address of Premises 5256 VERONA ROAD Post Office & Zip Code FITCHBURG, WI 53711
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar in large hall, Liquor stored locked closet
 5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 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 reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A of B above? [phone (608) 266-2776] Yes No
 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? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 9th day of April, 2015

Tang Leca Hang
(Clerk/Notary Public)

My commission expires 8-6-2018

TANG LECA HANG
NOTARY PUBLIC
STATE OF WISCONSIN
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Donald W. Kelly
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-9-15 Rec # 1-985</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AK PD
4-21-15

Applicant's Wisconsin Seller's Permit Number: <u>456-1020006254-03</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ 500
Publication fee	\$ 55
TOTAL FEE	\$ 655

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
STEINMETZ		PAUL		EUGENE	
Home Address (street/route)		Post Office	City	State	Zip Code
5105 BLACK OAK DR			MADISON	WI	53711
Home Phone Number		Age	Date of Birth	Place of Birth	
608 271-5138				MADISON, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- DIRECTOR of BADGER CLUMBUS CLUB, LLC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 51 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
ENGELHART INC	1589 GREENWAY CROSS MADISO	12/07/1996	09/15/2005
Employer's Name	Employer's Address	Employed From	To
US OREST PROD LAB	WALNUT ST MADISON, WI	05/15/1964	09/18/1990

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 9th day of April, 2015
Jay Leica
(Notary Public)

Paul E. Steinmetz
(Signature of Named Individual)

My commission expires 8-6-2018

**TANG LECA HANG
NOTARY PUBLIC
STATE OF WISCONSIN**


 Printed on
 Recycled Paper
 Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SHUNK		RAPHAEL		GEORGE	
Home Address (street/route)		Post Office	City	State	Zip Code
2105 IRIS LANE			MADISON	WI	53711
Home Phone Number		Age	Date of Birth	Place of Birth	
608271-1545				MADISON, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- DIRECTOR** of **BADGER CLUMBUS CLUB, LLC**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 78 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
WPS INSURANCE	BROADWAY MADISON, WI	30 yrs	1968 - 1998
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 8th day of April, 20 15

[Signature]
(Clerk/Notary Public)

STEPHEN R. REDMANN
NOTARY PUBLIC
STATE OF WISCONSIN

[Signature]
(Signature of Named Individual)

My commission expires 9/22/18



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
GRIFFITH		MELVIN		JOSEPH	
Home Address (street/route)		Post Office	City	State	Zip Code
652 MAPLE ROAD			VERONA	WI	53593
Home Phone Number		Age	Date of Birth	Place of Birth	
608-845-8880				BARABOO, WI	

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an individual.

A member of a partnership which is making application for an alcohol beverage license.

DIRECTOR of **BADGER CLUMBUS CLUB, LLC**

(Officer/Director/Member/Manager/Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 68 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name RETIRED	Employer's Address	Employed From	To 06/01/2005
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 9th day of April, 2015

Tang Leca Hang
(Notary/Notary Public)

Melvin Griffith
(Signature of Named Individual)

My commission expires 8-6-2018

**TANG LECA HANG
NOTARY PUBLIC
STATE OF WISCONSIN**



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
WERSAL		DONALD		WAYNE	
Home Address (street/route)		Post Office	City	State	Zip Code
5795 TALL OAKS ROAD			FITCHBURG	WI	53711
Home Phone Number		Age	Date of Birth	Place of Birth	
608-274-7352				REEDBURG, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- DIRECTOR** of **BADGER CLUMBUS CLUB, LLC**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 68 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
US POST OFFICE	1402 MILW ST MADISON, WI	11/05/1965	12/31/2000
Employer's Name	Employer's Address	Employed From	To
USMC		03/01/1966	03/01/1969

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 9th day of April, 2015
Tang Leca Hang
(Clerk/Notary Public)

Donald W. Wersal
(Signature of Named Individual)

My commission expires 8-10-2018

**TANG LECA HANG
NOTARY PUBLIC
STATE OF WISCONSIN**



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KELLY		DANIEL		WILLIA	
Home Address (street/route)		Post Office		City	
6110 RAYMOND ROAD				MADISON	
Home Phone Number		Age		Date of Birth	
608 274 6009		[REDACTED]		[REDACTED]	
				State	
				WI	
				Zip Code	
				53711-4104	
				Place of Birth	
				RED WING, MN	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 - A member of a partnership which is making application for an alcohol beverage license.
 - AGENT** of **BADGER CLUMBUS CLUB, LLC**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 70 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
US GOVERNMENT	WASHINGTON, DC	02/17/1969	03/24/2000
Employer's Name	Employer's Address	Employed From	To
RETIRED			

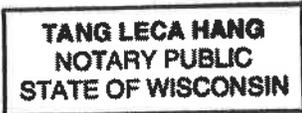
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 9th day of April, 2015
Tang Leca Hang
(Clerk/Notary Public)

Daniel Wm Kelly
(Signature of Named Individual)

My commission expires 8-6-2018



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }
 County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-1078221857-02</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>500</u>
Publication fee	\$ <u>65</u>
TOTAL FEE	\$ <u>655</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Fitchburg Flying Hound, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 5279 Scenic Ridge Tr. Middleton, WI 53562
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Timothy Gilbert Thompson</u>	<u>5279 Scenic Ridge Tr.</u>	<u>Middleton, WI 53562</u>
Vice President/Member	<u>Alexander Scott Kammmer</u>	<u>7205 Elmwood Pr.</u>	<u>Middleton, WI 53562</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Timothy Gilbert Thompson</u>	<u>See above</u>	_____
Directors/Managers	<u>Timothy Gilbert Thompson</u>	<u>See above</u>	_____

C. 1. Trade Name ▶ The Flying Hound Alehouse Business Phone Number 608-310-4422
 2. Address of Premises ▶ 6317 Mckee Rd #300 Post Office & Zip Code ▶ Fitchburg, WI 53719

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) first floor, basement, patio of unit #300
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 2nd day of April, 20 15

(Clerk/Notary Public)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires is permanent

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-9-15</u> <u>REC 1-9375</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Kammer</u>		(first name) <u>Alexander</u>		(middle name) <u>Scott</u>	
Home Address (street/route) <u>9205 Elmwood Dr.</u>		Post Office <u>Middleton</u>	City <u>Middleton</u>	State <u>WI</u>	Zip Code <u>53562</u>
Home Phone Number <u>608-831-3674</u>		Age <u> </u>	Date of Birth <u> </u>	Place of Birth <u>Madison, WI</u>	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Member of Fitchburg Flying Board, LLC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 17 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. Parmenter Free House, LLC 1902 Parmenter St. Middleton, WI 53562 Class B beer/liquor
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Atherbury, Kammer & Haag</u>	Employer's Address <u>8500 Greenway Blvd Middleton 53562</u>	Employed From <u>4/1/98</u>	To <u>present</u>
Employer's Name <u>Kammer Law Office</u>	Employer's Address <u>Portage, WI</u>	Employed From <u>5/1/96</u>	To <u>9/1/96</u>

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 2nd day of April, 2015

[Signature]
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires is permanent



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Thompson		(first name) Timothy		(middle name) Gilbert	
Home Address (street/route) 5274 scenic ridge Tr.		Post Office	City Middleton	State WI	Zip Code 53562
Home Phone Number 608-332-4306		Age [REDACTED]	Date of Birth [REDACTED]	Place of Birth Madison, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Member** of **Hitchhiker Flying Hound, LLC**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **8 years**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. **DWER** (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

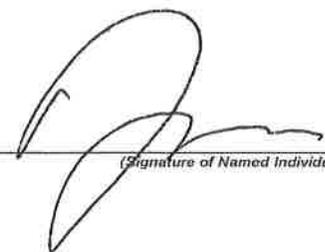
Employer's Name	Employer's Address	Employed From	To
Thompson Cafe, LLC	320 N. Randall Madison 53715	08/07	present
Partner Beer House, LLC	1902 Parkview Middleton 53562	07/12	present

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this **2nd** day of **April**, 20 **15**

My commission expires **is permanent**


(Signature of Named Individual)



Printed on Recycled Paper

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg

County of Dane Aldermanic Dist. No. _____ (If required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Hy-Vee, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) 5820 Westown Pkwy, Wau, IA 50266
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member Randall B. Edeker 2815 s 100th st Urbandale, IA 50322
 Vice President/Member Jeffrey Pierce 215 St Tullin Dr. Waukesha, IA 50263
 Secretary/Member Michael R Jurgens 4819 Harwood Dr. Des Moines, IA 50312
 Treasurer/Member Michael D. Skokan 35115 Burgundy Circle Waukesha, IA 50263
 Agent Robert Budd 793 Eddington Dr., Sun Prairie, WI 53590 Lucas Glasgow, 4033 Cosgrave Dr.
 Directors/Managers _____

C. 1. Trade Name Hy-Vee Business Phone Number 608-273-5120

2. Address of Premises 2920 Fitchrona Rd Post Office & Zip Code Fitchburg, WI 53719

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) See Attached

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

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 reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

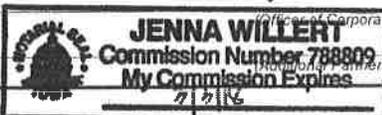
SUBSCRIBED AND SWORN TO BEFORE ME

this 15th day of March, 20 15

Jenna Willert
(Clerk/Notary Public)

Jeff Pierce
JEFF PIERCE
ASST. TREASURER, FINANCIAL REPORTING
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires 3/31/18



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>B-30-15 REC#</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

O.K. P.D
 4-21-15

Applicant's Wisconsin Seller's Permit Number: <u>456-1026377528-03</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUIRED BY	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u> 500
<input type="checkbox"/> Class C wine	\$ _____
<input type="checkbox"/> Class A liquor	\$ _____
<input type="checkbox"/> Class B liquor	\$ _____
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>500</u>
Publication fee	\$ <u>55</u>
TOTAL FEE	\$ <u>655.00</u> 1000

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
EDEKER		RANDALL		B	
Home Address (street/route)		Post Office		City	
2815 100TH ST		BOX 385		URBANDALE	
Home Phone Number		Age		Date of Birth	
515-267-2800		[REDACTED]		[REDACTED]	
Place of Birth					
Worthington, MN					

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Randall Edeker** of **Hy-Vee, Inc.**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? Lives in Iowa
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. Currently have 3 stores in the state of Wisconsin
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Hy-Vee, Inc.	5820 Westown Parkway	04/25/1981	Present
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 24th day of March, 20 15

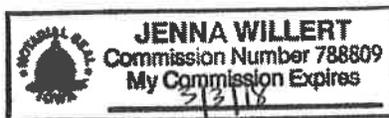
Jenna Willert
(Clerk/Notary Public)

Randall Edeker
(Signature of Named Individual)

My commission expires 3/3/18



Printed on Recycled Paper



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
PIERCE		JEFFREY		LINN	
Home Address (street/route)		Post Office		City	
215 SE TRILLIUM DR				WAUKEE	
Home Phone Number		Age		Date of Birth	
515-267-2800					
				Place of Birth	
				Chariton, IA	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Jeff Pierce** of **Hy-Vee, Inc.**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? Lives in Iowa
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. Currently have 3 stores in the state of Wisconsin
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Hy-Vee, Inc.	5820 Westown Parkway	01/15/1999	Present
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

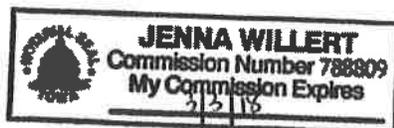
this 16th day of March, 20 15
Jenna Willert
(Clerk/Notary Public)

My commission expires 3/3/18

[Signature]
(Signature of Named Individual)



Printed on Recycled Paper



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
SKOKAN		MICHAEL	DANIEL	
Home Address (street/route)	Post Office	City	State	Zip Code
35115 BURGUNDY CIRCLE		WAUKEE	IA	50263
Home Phone Number	Age	Date of Birth	Place of Birth	
515-267-2800			Ames, IA	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **Individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Michael Skokan** of **Hy-Vee, Inc.**

(Officer/Director/Member/Manager/Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? Lives in Iowa
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. Currently have 3 stores in the state of Wisconsin
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Hy-Vee, Inc.	5820 Westown Parkway	11/09/1992	Present
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

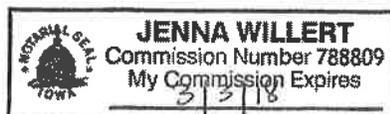
Subscribed and sworn to before me

this 17th day of March, 2015

Jenna Willert
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 3/3/18



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
JURGENS		MICHAEL	PAUL	
Home Address (street/route)	Post Office	City	State	Zip Code
4819 HARWOOD DRIVE		DES MOINES	IA	50312
Home Phone Number	Age	Date of Birth	Place of Birth	
515-267-2800			Muscatine, IA	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Michael Jurgens** of **Hy-Vee, Inc.**

(Officer/Director/Member/Manager/Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? Lives in Iowa
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. Currently have 3 stores in the state of Wisconsin
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Hy-Vee, Inc.	5820 Westown Parkway	01/05/2004	Present
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 20th day of March, 20 15

Julie Jensen
(Clerk/Notary Public)

My commission expires 5/8/16

[Signature]
(Signature of Named Individual)



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Wisconsin Department of Revenue



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Hlusgow		LUCAS		ALLEN	
Home Address (Street/route)		Post Office		City	
4033 Cusgrove Dr.				Madison	
Home Phone Number		E-Mail Address		Age	
(319) 750-2457		1184director@hy-vee.com		[Redacted]	
		Date of Birth		Place of Birth	
		[Redacted]		Burlington, IA	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Lucas Hlusgow of Hy-Vee, Inc. (Official Director/Member/Manager/Agent) of (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 15 months
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. Hy-Vee Madison #1 & #2, Liquor & Business
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Hy-Vee, Inc.	5820 Lovestram Pkwy West Des Moines, IA	Nov. 1997	Current
Employer's Name	Employer's Address	Employed From	To

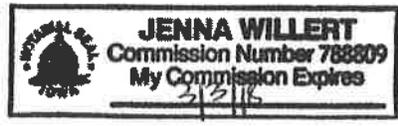
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 17 day of March, 20 15
Jenna Willert
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 3/3/18



Appointment of Department of Financial Institutions
for Service of Process
by Nonresident or Foreign Corporation

Section 139.34(9), Wis. Stats.

Hy-Vee, Inc., an applicant for a Wisconsin cigarette and/or
(Legal Name of Nonresident Individual, Partnership, Limited Liability Company, or Corporation)

tobacco products permit and a nonresident individual, partnership, limited liability company, or corporation
formed under the laws of the State of Iowa appoints the Wisconsin Department of
Financial Institutions for the service of all summons, notices, pleadings, and processes in any actions brought
in the State of Wisconsin and agrees that such service on the Department of Financial Institutions shall have
the same effect as if served on the applicant personally. The appointment shall continue as long as any liability
remains against the applicant in the State of Wisconsin.

Indicate below the address to which any papers served under this appointment should be mailed:

2920 Fitchrona Rd, Fitchburg, WI 53719

ATTESTING SIGNATURES:

Dated this 16th of March, 2015
Day Month Year

[Signature]
Individual, Partner, Member, or Corporate Officer

JEFF PIERCE
ASST. TREASURER, FINANCIAL REPORTING

Title

Kevin Reeve
Individual, Partner, Member, or Corporate Officer

KEVIN REEVE
Vice President, Controller

Title

This appointment must be signed by the individual, two members of a partnership or limited liability company
(unless there is only one member of the limited liability company), or two officers of the corporation.

Send the completed form (in **duplicate**) to: Excise Tax Section 6-107
Wisconsin Department of Revenue
PO Box 8900
Madison WI 53708-8900

APPOINTMENT OF LIQUOR/BEER AGENT

Date: March 19, 2015

State of Wisconsin

County of Dane

I, LUCAS ELUSGOW, appointed liquor/beer agent, for Hy-vee, Inc., being first duly sworn say that I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation, and I am involved in the actual conduct of the business (employee) or have a direct financial interest in the business of the licensee therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is: Store Director

[Signature]
Signature of Agent

Identify the registered agent for purposes of service of process pursuant to §180.0504, Wis. Stats. for Corporations and 101.0105(8) Wis. Stats. as it pertains to Limited Liability Companies.

Lucas Elusgow
Name

4033 Cosgrove Dr.
Mailing Address

Madison WI 53719
City State Zip

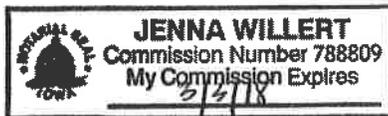
Subscribed and sworn to before me this

23rd day of March 2015

Jenna Willert
Notary Public, Dane County, Wisconsin
My commission expires: 3/3/18

Polk County, Iowa → Resigned at our corporate office.

PUBLIC SAFETY & HUMANS SERVICES COMMITTEE AND COUNCIL APPROVAL REQUIRED FOR ALL AGENT CHANGES.



SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of Fitchburg County of Dane
 City

The undersigned duly authorized officer(s)/members/managers of Hy-vee, Inc.
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Hy-vee

located at 2920 Fitchrona Rd. Fitchburg, WI 53719
(trade name)

appoints Lucas Glasgow
(name of appointed agent)

4033 Cosgrove Dr, Madison, WI 53719
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Hy-vee, Inc. DBA Hy-vee Madison #1 & #2

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 15 months

Place of residence last year Madison, WI

For: Hy-vee, Inc.
(name of corporation/organization/limited liability company)

By: [Signature]
(signature of Officer/Member/Manager)

JEFF PIERCE
ASS'T TREASURER FINANCIAL REPORTING

And: [Signature]
(signature of Officer/Member/Manager)

KEVIN REEVE
Vice President, Controller

ACCEPTANCE BY AGENT

I, Lucas Glasgow, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 3/19/2015 Agent's age
(signature of agent) (date)
4033 Cosgrove Dr. Madison, WI 53719 Date of birth
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
 (Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)

AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. RANDALL B. EDEKER			2. Social Security Number ██████████	3. Date of Birth ██████████
4. Home Address and Phone Number 2815 100TH STREET BOX 385			5. Legal Name RANDALL B. EDEKER	
6. City URBANDALE	State IA	Zip Code 50322	7. Position With Applicant CEO/PRESIDENT	8. Percent of Stock Held 7097%

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ 	Date 3/23/15
--	-----------------

Wisconsin Department of Revenue

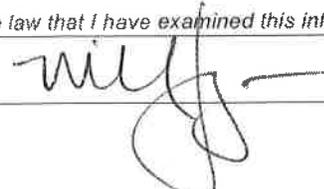
AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. MICHAEL JURGENS			2. Social Security Number ██████████	3. Date of Birth ██████████
4. Home Address and Phone Number 4819 HARWOOD DRIVE			5. Legal Name MICHAEL JURGENS	
6. City DES MOINES	State IA	Zip Code 50312	7. Position With Applicant	8. Percent of Stock Held 0636%

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ 	Date 3/13/15
---	-----------------

Wisconsin Department of Revenue

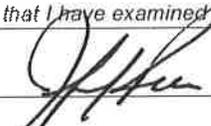
AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. JEFFREY PIERCE			2. Social Security Number ██████████	3. Date of Birth ██████████
4. Home Address and Phone Number 215 SE TRILLIUM DR			5. Legal Name JEFFREY L. PIERCE	
6. City WAUKEE	State IA	Zip Code 50263	7. Position With Applicant CEO/PRESIDENT	8. Percent of Stock Held .0224%

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ 	Date 3/12/15
--	-----------------

Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. MICHAEL D. SKOKAN			2. Social Security Number ██████████	3. Date of Birth ██████████
4. Home Address and Phone Number 35115 BURGUNDY CR.			5. Legal Name MICHAEL D. SKOKAN	
6. City WAUKEE	State IA	Zip Code 50263	7. Position With Applicant	8. Percent of Stock Held .2754%

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ 	Date 3/13/15
---	-----------------

Wisconsin Department of Revenue

AGENT AUTHORIZATION LETTER

Date: 3/16/15

I, Jeff Pierce, officer for

Hy-vee, Inc. (Corporation or LLC Name), Hy-vee (D/B/A)

authorize and appoint Lucas Glasgow as liquor/beer agent for (Agent Name)

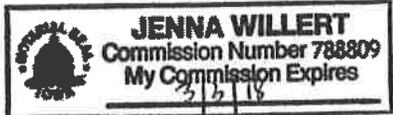
the premise located at 2920 Fitchrona Rd, Fitchburg, WI 53719 (Address of Licensed Premise)

[Signature] Officer of Corporation or LLC

JEFF PIERCE 4887 TRESASER FINANCIAL REPORTING

Subscribed and sworn to before me this 16th day of March

[Signature] Jenna Willert Notary Public State of Iowa, County of Polk My Commission Expires: 3/3/18



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-01-15 ending: 06-30-16
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of Fitchburg
 County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-1026539046-04</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55.00</u>
TOTAL FEE	\$ <u>655.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Laredos Mexican Restaurant Inc
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Rafael Escamilla</u>	<u>1016 N Gammon Rd</u>	<u>Madison WI 53717</u>
Vice President/Member	<u>Jessica Escamilla</u>	<u>1309 Starr Grass Dr</u>	<u>Madison WI 53714</u>
Secretary/Member	<u>José J Onate</u>	<u>608 Pleasant Valley Pkwy</u>	<u>Wauwatosa WI 53597</u>
Treasurer/Member	<u>José J Onate</u>	<u>608 Pleasant Valley Pkwy</u>	<u>Wauwatosa WI 53597</u>
Agent ▶	<u>José J Onate</u>	<u>608 Pleasant Valley Pkwy</u>	<u>Wauwatosa WI 53597</u>
Directors/Managers	<u>Ricardo Munoz</u>	<u>2635 Ames Rd Apt</u>	<u>Middleton WI 53562</u>

C. 1. Trade Name ▶ Laredos Mexican Restaurant Business Phone Number 608-274-7376
 2. Address of Premises ▶ 2935 S fish hatchery Rd Post Office & Zip Code ▶ 53711

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Dinning Room, Bar, Storage area and office
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 7th day of April, 2015
Basia Rompa (Clerk/Notary Public)
 My commission expires August 14, 2016

[Signature] (Officer / Corporation / Member / Manager of Limited Liability Company / Partner / Individual)
[Signature] (Officer / Corporation / Member / Manager of Limited Liability Company / Partner)
[Signature] (Officer / Corporation / Member / Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK	
Date received and filed with municipal clerk <u>4-13-15</u>	Date reported to council/board
License number issued	Date license issued
	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Escamilla		Rafael			
Home Address (street/route)		Post Office	City	State	Zip Code
1016 N Gammon			Madison	WI	53717
Home Phone Number		Age	Date of Birth	Place of Birth	
608 6588970				Mexico	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 - A member of a partnership which is making application for an alcohol beverage license.
 - Rafael Escamilla of Harados Mex Restaurant Inc
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 15 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. Centinela Inc
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. RIC 1016 N Gammon Rd, Madison, WI
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Harados Mex	694 Whitney Way	2000	present
Harados Mex	694 Whitney Way	2000	present

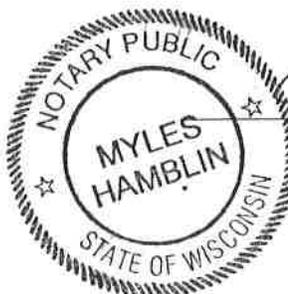
Dane County

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 9th day of April, 2015
Myles Hamblin
(Clerk/Notary Public)

My commission expires 6/2/2018



[Signature]
(Signature of Named Individual)



Printed on Recycled Paper

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Escamilla		(first name) Jessica	(middle name) Ann	
Home Address (street/route) 1309 Starr Grass Dr.		Post Office	City Madison	State WI Zip Code 53719
Home Phone Number 608-230-5552		Age —	Date of Birth —	Place of Birth WI

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 - A member of a partnership which is making application for an alcohol beverage license.
 - Member** of **Laredo's Mexican Restaurant Inc.**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **37 yrs**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

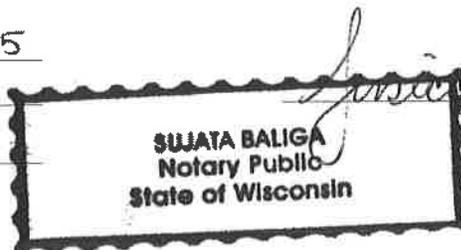
Employer's Name Laredos	Employer's Address 2935 S Fish Hatchery Rd	Employed From 2007	To present
Employer's Name Laredos	Employer's Address 4001 Lien Rd Madison WI	Employed From 2001	To present

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this **9th** day of **April**, 20 **15**
Sujata Baliga
(Clerk/Notary Public)

My commission expires **05/22/2015**



Jessica Escamilla
Signature of Named Individual



Printed on
Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Onate		Jose		Juan	
Home Address (street/route)		Post Office	City	State	Zip Code
608 Pleasant Valley Pkwy			Wauwakee	WI.	53597
Home Phone Number		Age	Date of Birth	Place of Birth	
608-213-7601				Mexico	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- agent of Laredos Mexican Restaurant INC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 16 Years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. Centinela Inc Laredos Mexican Restaurant
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Laredos Mex Rest	694 S Whitney way	1998	2015
Laredos Mex Rest	2935 S fish hatchery Rd	2008	2015

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 7th day of April, 2015
Basia Rompa
(Clerk/Notary Public)
 My commission expires August 14, 2016



[Signature]
(Signature of Named Individual)



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
MUNOZ		RICARDO		N.	
Home Address (street/route)		Post Office	City	State	Zip Code
2635 AMHERS RD APT 2			MIDDLETON	WI	53562
Home Phone Number		Age	Date of Birth	Place of Birth	
608 628 73 17				MEXICO	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- MANAGER of LAREDO'S MEXICAN INC.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 11
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

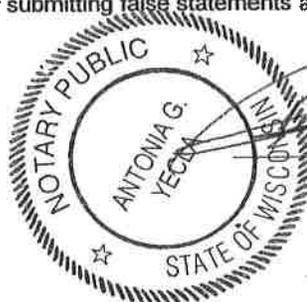
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 13th day of APRIL, 2015
Galena C. Yelch
(Clerk/Notary Public)

My commission expires 6/21/2015



[Signature]
(Signature of Named Individual)



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg

County of Dane Aldermanic Dist. No. _____ (If required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>004-000141072</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 55
TOTAL FEE	\$ 655

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
 ▶ Peterson William Dennis 60 Pond View 53719

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Pancake Cafe Fitchburg LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	William Dennis Peterson	60 Pond View	53719
Vice President/Member	Charlene Peterson	60 Pond View	53719
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	▶ Gary L Tierman	_____	_____
Directors/Managers	_____	_____	_____

C.1. Trade Name ▶ Pancake Cafe Business Phone Number 608-204-7040
 2. Address of Premises ▶ 6220 Nesbitt Rd Post Office & Zip Code ▶ 53719

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 14,500 Sq Feet Restaurant
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 16th day of March
Patricia A Anderson
(Clerk/Notary Public)
 My commission expires 10-4-2015

William Dennis Peterson
(Owner of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Charlene Peterson
(Owner of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3/16/15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. WILLIAM D PETERSON			2. Social Security Number [REDACTED]	3. Date of Birth [REDACTED]
4. Home Address and Phone Number 60 POND VIEW			5. Legal Name WILLIAM D PETERSON	
6. City MADISON	State WI	Zip Code 53719	7. Position With Applicant Owner	8. Percent of Stock Held 50%

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶		Date 3-15-15
-------------------------	--	------------------------

Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. CHARLENE PETERSON			2. Social Security Number [REDACTED]	3. Date of Birth [REDACTED]
4. Home Address and Phone Number 60 POND VIEW			5. Legal Name CHARLENE A. PETERSON	
6. City MADISON	State WI	Zip Code 53719	7. Position With Applicant Owner	8. Percent of Stock Held 50%

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶		Date 3/13/15
-------------------------	--	------------------------

Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE

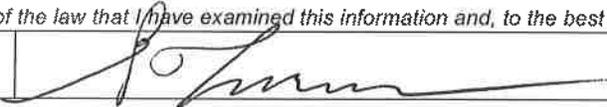
To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. GARY L TIERMAN		2. Social Security Number [REDACTED]	3. Date of Birth [REDACTED]
4. Home Address and Phone Number 511108 WYN SONG DR		5. Legal Name	
6. City BAAENABOO	State WI	Zip Code 53913	7. Position With Applicant General Manager
			8. Percent of Stock Held

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ►



Date **3.19.15**

Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/15 ending: 06/30/16
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } FITCHBURG

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number: <u>450-1028228304-02</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100⁰⁰</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500⁰⁰</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55⁰⁰</u>
TOTAL FEE	\$ <u>655⁰⁰</u>

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) POUNDERS William ERNEST JR Home Address 2805 SNOWMIST TR Post Office & Zip Code MOONSON WI 53719

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company POUNDERS LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member William ERNEST POUNDERS JR 2805 SNOWMIST TR MOONSON WI 53719
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent William E. POUNDERS JR. " " "
 Directors/Managers _____

C. 1. Trade Name TEN IN AUG Business Phone Number 608-845-1010
 2. Address of Premises 6285 NEWBURN RD Post Office & Zip Code FITCHBURG WI 53719

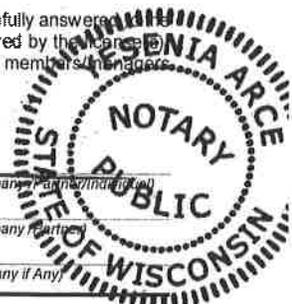
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____
5. Legal description (omit if street address is given above): SEE ATTACHMENT
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 11 day of March, 20 15
Geosmia Auce
(Clerk/Notary Public)
 My commission expires 12/29/2018

William Ernest POUNDERS JR
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
William E. POUNDERS JR
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3/11/15</u> Receipt # <u>1-9230</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

OK
 P.D.
 4/15

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
POUNDERS JR William		ERNEST			
Home Address (street/route)	Post Office	City	State	Zip Code	
2805 SNOWMIST TR	MADISON	MADISON	WI	53719	
Home Phone Number	Age	Date of Birth	Place of Birth		
608-497-0281			MADISON WI		

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an **individual**.

A member of a **partnership** which is making application for an alcohol beverage license.

_____ of **POUNDERS LLC DBA TEN PIN ALCY**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 58 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. POUNDERS LLC DBA TEN PIN ALCY
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
DON BUSSAN	2121 EAST SPRINGS DR	1985	2003
DON BUSSAN	6285 NARBERT RD FT MENARD WI 53719	2003	2013

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me
 this _____ day of _____, 20____

(Clerk/Notary Public) _____
(Signature of Named Individual)

My commission expires _____



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 4-1-15 ending: 26-30-16
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-1028524942</u>	
Federal Employer Number (FEIN): _____	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$ _____
<input type="checkbox"/> Class A liquor	\$ _____
<input type="checkbox"/> Class B liquor	\$ _____
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ <u>55.00</u>
TOTAL FEE	\$ <u>155.00.</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Larsen Daniel Jerome 2325 Traceway Dr #103 Fitchburg WI, 53713

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Nine Springs Golf Course LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2201 Traceway Dr

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member Member Daniel Jerome Larsen 2325 Traceway Dr #103 Fitchburg WI 53713

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent ▶ Daniel J Larsen 2325 Traceway Dr #103 Fitchburg WI 53713

Directors/Managers _____

C. 1. Trade Name ▶ Nine Springs Golf Course Business Phone Number 608-271-5877

2. Address of Premises ▶ 2201 Traceway Dr Post Office & Zip Code ▶ Fitchburg, WI 53713

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Pro Shop & Golf Course

5. Legal description (omit if street address is given above): Nine Spring Golf Course

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

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 reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 6 day of April, 20 15

Yvesenia Arce
(Clerk/Notary Public)

My commission expires 12-29-18



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk: <u>4-2-15 Rec #1-9407</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

O.K. P.D.
 4-21-15

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-1027027346-02</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>500.00</u>
Publication fee	\$ <u>55.00</u>
TOTAL FEE	\$ <u>655.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Two Dollars LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 2685 Research Park Dr Suite 200
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Hawk Sullivan</u>	<u>4613 Parker Ave</u>	<u>Mad WI 53716</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Hawk Sullivan</u>	<u>4612 Inchee Ave</u>	<u>Madison, WI 53716</u>
Directors/Managers			

C. 1. Trade Name The Atomic Koi Business Phone Number 608-441-5077
 2. Address of Premises 2685 Research Park Dr 200 Post Office & Zip Code 53711

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) In bar, in lounge, on patio, locked in storage room
- Legal description (omit if street address is given above): Town 2300 sq ft
- 6a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 6b. 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 reverse side Yes No
- Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 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. Yes No
- Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
- 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? Yes No
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 9th day of April
Tracy L. O'Donoghue
(Clerk/Notary Public)
 My commission expires Dec. 18, 2016

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-9-15</u> <u>Rec# 1-9440</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Sullivan</u>		(first name) <u>Haute</u>		(middle name)	
Home Address (street/route) <u>4613 Maher Ave</u>		Post Office	City <u>Madison</u>	State <u>WI</u>	Zip Code <u>53716</u>
Home Phone Number <u>(608) 347-4295</u>		Age <u>hau@madisonwi.com</u>	Date of Birth	Place of Birth <u>Eugene, OR</u>	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? Since 1979
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
Disorderly Conduct 2081
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. Madison Beer Co, The Woodlands, LLC, Star Bar, LLC
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name <u>Self</u>	Employer's Address <u>425 Gate 4</u>	Employed From <u>2002</u>	To <u>present</u>
Employer's Name <u>Self</u>	Employer's Address <u>109 Cottage Grove Rd</u>	Employed From <u>2007</u>	To <u>Present</u>

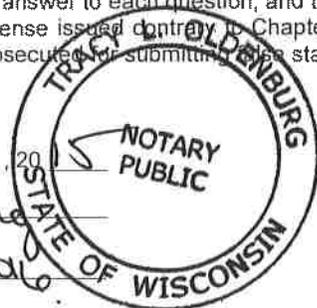
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 9th day of April

Tracey L. Aldenburg
(Clerk/Notary Public)

My commission expires Dec. 18, 2016



[Signature]
(Signature of Named Individual)



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg WI

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Break Away Sports Center, Inc
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Mathew John Lombardino</u>	<u>34 Haverhill Cir Madison WI</u>	<u>53717</u>
Vice President/Member	<u>Mark J Landraf</u>	<u>2130 West Lawn Av Madison WI</u>	<u>53711</u>
Secretary/Member	<u>Jeffrey Dean Annen</u>	<u>819 Minakwa Dr Madison WI</u>	<u>53711</u>
Treasurer/Member	<u>Jeffrey Dean Annen</u>	<u>819 Minakwa Dr Madison WI</u>	<u>53711</u>
Agent	<u>Mathew J John Lombardino</u>		

 Directors/Managers _____

C. 1. Trade Name Break Away Sports Center, Inc Business Phone Number 608 288-9600
 2. Address of Premises 5964 Executive Drive Post Office & Zip Code Fitchburg WI 53719

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Area adjacent to concession Counter
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (808) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officers, directors, managers or Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 6 day of April, 20 16
Yesenia Arce
(Clerk/Notary Public)
 My commission expires 12-29-18

Mathew J Lombardino
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Yesenia Arce
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company /Agent)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-6-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Receipt #19399

O.K. PA
 4-21-15

Applicant's Wisconsin Seller's Permit Number: <u>456-0000608462-03</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 55
TOTAL FEE	\$ 155

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
ANNEN		JEFFREY	DEAN	
Home Address (street/route)	Post Office	City	State	Zip Code
819 MINAKWA DR		MADISON	WI	53711
Home Phone Number	Age	Date of Birth	Place of Birth	
608 231-1273			Madison	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Jeffrey Annen - Officer** of **Break Away Sports Center, Inc**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 54 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
City of Madison Fire Depart	325 West Johnson	01/01/1982	1/1/2015 04/10/2014
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 6 day of April, 2015
Yesenia Arce
(Clerk/Notary Public)
 My commission expires 12-29-18



[Signature]
(Signature of Named Individual)



Receipt # 19399

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
LOMBARDINO		MATHEW	JOHN	
Home Address (street/route)		Post Office	City	State
34 HAVERHILL CIR			MADISON	WI
Home Phone Number		Age	Date of Birth	Zip Code
608 836-1510				53717
				Place of Birth
				Madison

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Manager** of **Break Away Sports Center, Inc**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 54 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Goal Post Restaurant	Branch St Middleton WI	01/01/1972	01/01/1984
Employer's Name	Employer's Address	Employed From	To
Capital Sports Center Inc	2930 Verona Rd	01/01/1985	01/01/1996

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 6 day of April, 2016
Yesenia Arce
(Clerk/Notary Public)

My commission expires 12-29-18

Receipt #19399



[Signature]
(Signature of Named Individual)



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
LANDGRAF		MARK	JAMES	
Home Address (street/route)		Post Office	City	State
2130 WEST LAWN AV			MADISON	WI
Home Phone Number		Age	Date of Birth	Place of Birth
608 250-1993				Madison WI

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Mark Landgraf - Officer** of **Break Away Sports Center, Inc**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

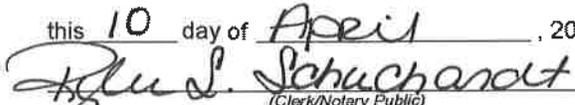
- How long have you continuously resided in Wisconsin prior to this date? 53 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

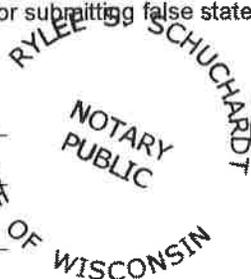
6. Named individual must list in chronological order last two employers.

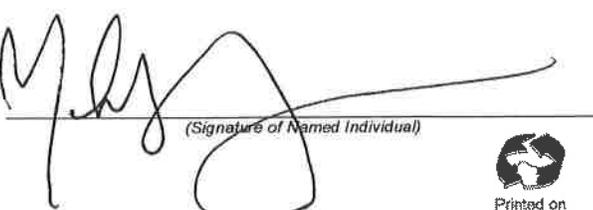
Employer's Name	Employer's Address	Employed From	To
Landgraf Construction	5964 Executive Dr	01/01/2003	04/10/2014
McGann Construction	3622 Lexington Av	01/01/1989	01/01/2002

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 10 day of April, 2018

(Clerk/Notary Public)
 My commission expires 10/21/18




(Signature of Named Individual)



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-1-0270/3608-05</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55</u>
TOTAL FEE	\$ <u>255.00</u>

Complete A or B. All must complete C.

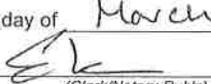
A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Stoffer, Brewer William Home Address 309 Potter St. Post Office & Zip Code Madison, WI 53715

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Candle Tray, LLC Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Brewer William Stoffer 309 Potter St. Madison, WI 53715
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent Jamel Embler 270 Waubesa St. Madison, WI 53704
 Directors/Managers _____

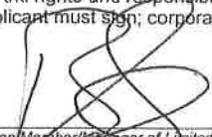
C. 1. Trade Name The Ramen candle Pizzeria Business Phone Number 608-278-1111
 2. Address of Premises 2685 Research Park Dr. #100 Post Office & Zip Code 53711

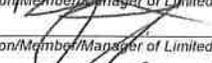
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Rechin Coolers, Walk in coolers, Locked close!
5. Legal description (omit if street address is given above): 9700 sq ft.
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

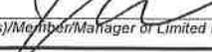
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 20th day of March, 2015


(Clerk/Notary Public)
 My commission expires 2/16/2018



(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)


(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)


(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>4-1-15</u> <u>Rec#1-9610</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE

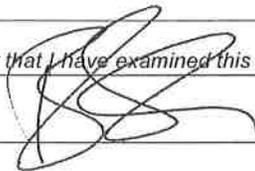
To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. <u>Brewer Stouffer</u>		2. Social Security Number [REDACTED]	3. Date of Birth [REDACTED]
4. Home Address and Phone Number <u>309 Potter St.</u>		5. Legal Name	
6. City <u>Madison</u>	State <u>WI</u>	Zip Code <u>53715</u>	7. Position With Applicant <u>Owner</u>
			8. Percent of Stock Held <u>95%</u>

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ►



Date
3/20/15
Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE

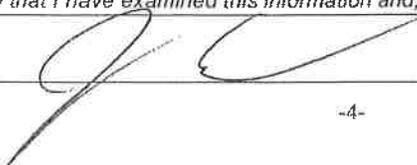
To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. <u>James Ember</u>		2. Social Security Number [REDACTED]	3. Date of Birth [REDACTED]
4. Home Address and Phone Number <u>270 Waubesa St. 608-772-5522</u>		5. Legal Name <u>James Steven Ember</u>	
6. City <u>Madison</u>	State <u>WI</u>	Zip Code <u>53704</u>	7. Position With Applicant <u>Agent</u>
			8. Percent of Stock Held <u>—</u>

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ►



Date
3/19/15
Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07012014 ending: 06302015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg
 County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number: <u>004000224510701</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$ _____
<input type="checkbox"/> Class B liquor	\$ _____
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ <u>55</u>
TOTAL FEE	\$ <u>255</u>

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Choke Dee LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 3050 Cahill Main #4, WI 53711
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Apichart Santipiromkul</u>	<u>4338 Odana Rd Madison WI</u>	<u>53711</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Saengrawee Pratoomtong</u>	<u>4338 Odana Rd Madison WI</u>	<u>53711</u>
Directors/Managers	_____	_____	_____

C.1. Trade Name Curry in the Box Business Phone Number 608-273-9100
 2. Address of Premises 3050 Cahill Main #4 Post Office & Zip Code 53711

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Alcohol is store behind the service
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), member(s) managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 30 day of March, 2015

(Clerk/Notary Public)
 My commission expires 8/30/2015

Apichart Santipiromkul
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Apichart Santipiromkul
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Additional Partner(s)/Member/Manager of Limited Liability Company)



Date received and filed with municipal clerk <u>4-3-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
PRATOOMTONG		SAENGRAWEE			
Home Address (street/route)		Post Office	City	State	Zip Code
4338 ODANA RD		WEST SIDE STATIC	MADISON	WI	53711
Home Phone Number		Age	Date of Birth	Place of Birth	
608-238-1997				THAILAND	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 16 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
University of Wisconsin Madi:	1415 Engineering Dr Madison WI	2003	2006
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 20 day of March, 2015
Michelle Theris
(Clerk/Notary Public)

Saugman
(Signature of Named Individual)

My commission expires 11/10/18



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Santipromkul		Apichart		-	
Home Address (street/route)		Post Office	City	State	Zip Code
4338 Odana Road		West Side Station	Madison	WI	53711
Home Phone Number			Age	Date of Birth	Place of Birth
608-238-1997			█	█	Thailand

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 16 Years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
UW - Extension	3817 Mineral Pt Rd.	1999	2012
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 30 day of March, 2015

[Signature]
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 8/30/2015



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg.

County of Dane Aldermanic Dist. No. _____ (If required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-102818285002</u>	
Federal Employer Identifier Number (FEIN): _____	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55</u>
TOTAL FEE	\$ <u>255</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Haveli Restaurant, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 5957 McKee Rd. #108, Fitchburg
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

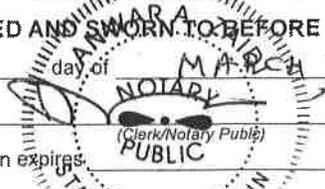
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Devinder S. Badwal</u>	<u>2977 Dunmore St., Fitchburg, WI</u>	<u>53711</u>
Vice President/Member	<u>Sital Singh</u>	<u>1306 Starr Grass Dr., Madison WI</u>	<u>53719</u>
Secretary/Member	<u>Gurdeep Singh</u>	<u>2508 Red Arrow Trail, Fitchburg, WI</u>	<u>53711</u>
Treasurer/Member	<u>Amandeep S. Badwal</u>	<u>2977 Dunmore St. Fitchburg, WI</u>	<u>53711</u>
Agent ▶	<u>Sital Singh</u>		

 Directors/Managers _____

C. 1. Trade Name ▶ Haveli Restaurant Business Phone Number 608-218-9200
 2. Address of Premises ▶ 5957 McKee Rd, #108 Post Office & Zip Code ▶ Fitchburg WI 53719

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Entire Restaurant floor
- Legal description (omit if street address is given above): _____
- a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
- Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 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. Yes No
- Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
- 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? Yes No
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Company must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 13 day of MARCH, 2015

 My commission expires _____

Devinder Badwal
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>3-17-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#1.9260

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BADWAL		DEVINDER		SINGH	
Home Address (street/route)		Post Office	City	State	Zip Code
2977 DUNMORE STREET		FITCHBURG	FITCHBURG	WI	53711
Home Phone Number		Age	Date of Birth	Place of Birth	
262-391-7666				India.	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- President of Haveli Restaurant, Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 21 years.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

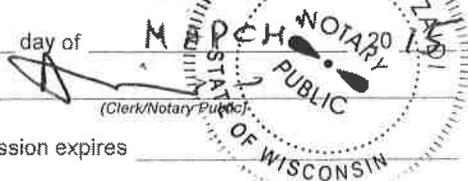
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Shiwalek, LLC	2623 Monroe St, Madison	04/01/2008	
Employer's Name	Employer's Address	Employed From	To
	WI 53711		

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 13 day of MARCH



(Clerk/Notary Public)

Devinder Badwal
(Signature of Named Individual)

My commission expires _____



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**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SINGH		SITAL			
Home Address (street/route)		Post Office	City	State	Zip Code
1306 Starr Grass Dr.		Madison	Madison	WI	53719
Home Phone Number		Age	Date of Birth	Place of Birth	
608-886-2501				India	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 - A member of a partnership which is making application for an alcohol beverage license.
 - Vice President of Haveli Restaurant, Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 19 years.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

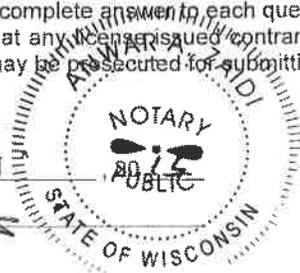
Employer's Name	Employer's Address	Employed From	To
Shiwalek, LLC	2623 Monroe St., Madison	04/01/2008	
Employer's Name	Employer's Address	Employed From	To
	WI 53711		

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 13 day of MARCH

[Signature]
(Clerk/Notary Public)



Sital Singh
(Signature of Named Individual)

My commission expires _____



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AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) SINGH		(first name) GURDEEP		(middle name)	
Home Address (street/route) 2508 RED ARROW TRL		Post Office	City FITCHBURG	State WI	Zip Code 53711
Home Phone Number 608-218-9200		Age	Date of Birth	Place of Birth INDIA	

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an individual.

A member of a partnership which is making application for an alcohol beverage license.

SECRETARY of **HAVELI RESTAURANT INC**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? **6 years**

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name SHIWALEK LLC	Employer's Address 2623 MONROVIE ST MADISON WI 537	Employed From 01/01/2008	To
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me
 this **16th** day of **March** 20**15**

(Clerk/Notary Public)


(Signature of Named Individual)

My commission expires _____



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BADWAL		AMANDEEP		S.	
Home Address (street/route)		Post Office	City	State	Zip Code
2977 DUNMORE ST			PITCHBURG	WI	53771
Home Phone Number		Age	Date of Birth	Place of Birth	
608-305-1191				INDIA	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 - A member of a partnership which is making application for an alcohol beverage license.
 - MANAGER of HAVELI RESTAURANT INC.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

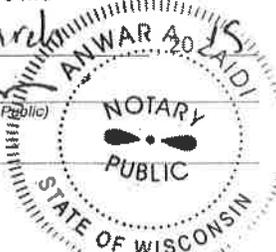
- How long have you continuously resided in Wisconsin prior to this date? 20 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
SHIWALEK LLC.	2623 MONROIE ST MADISON	04/01/2006	
Employer's Name	Employer's Address	Employed From	To
	WI 53711		

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 16 day of March 2015

 My commission expires _____

Amandeep Bahal
 (Signature of Named Individual)

Renewal

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01 20 15 ; ending 06/30 20 16

TO THE GOVERNING BODY of the: [] Town of [] Village of [x] City of FITCHBURG

County of DANE Aldermanic Dist. No. (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: 456-1026549071-03 Federal Employer Identification Number (FEIN):

Table with columns: LICENSE REQUESTED, TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, and Publication fee. Total Fee: \$ 255

- 1. The named [] INDIVIDUAL [] PARTNERSHIP [x] LIMITED LIABILITY COMPANY [] CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

- 2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Raw Beer, LLC BRITTON E WIEDEMANN; THOMAS F WEIGAND

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows for President/Member, Vice President/Member, Secretary/Member, Treasurer/Member, Agent, and Directors/Managers.

- 3. Trade Name TRUE COFFEE ROASTERS Business Phone Number 608-663-9390
4. Address of Premises 6250 Nesbitt Road Post Office & Zip Code Fitchburg, 53719

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? [] Yes [x] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [] Yes [x] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [] Yes [x] No
8. (a) Corporate/limited liability company applicants only: Insert state wisconsin and date 01/14/08 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [] Yes [x] No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? [] Yes [x] No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) restaurant

- 10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [x] Yes [] No
(b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] [x] Yes [] No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]. [x] Yes [] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [] No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 6 day of April, 20 15
Brenda [Signature]
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
B. Wiedemann
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 6-23-18

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Includes handwritten date 4-10-15 and license number REC # 1-9459.

O.K. 4-2-15 P.O.

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
WEIGAND		THOMAS		F	
Home Address (street/route)		Post Office	City	State	Zip Code
2601 FITCHRONA RD		VERONA	VERONA	WI	53595
Home Phone Number		Age	Date of Birth	Place of Birth	
608-345-8988				Moline, IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- PARTNER, MEMBER #1** of **RAW GREEN, LLC dba TRUE COFFEE ROASTERS**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 27 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. IWI Ventures LLC, Eau Claire Stevens Point Wausau WI, Normal Bloomington IL, davpt IA
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Noodles & Co	520 Zang St, Ste D, Bloomfield CO	01/01/1997	01/01/2004
Employer's Name	Employer's Address	Employed From	To
Urban Discovery	147 S Butler St, Madison WI	01/01/1993	01/01/1997

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 6 day of April, 2015
Benedict
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 6-23-18



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AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
WIEDEMANN		BRITTON		E	
Home Address (street/route)		Post Office		City	
1329 HOBBY HORSE RD		OREGON		OREGON	
Home Phone Number		Age		Date of Birth	
608-354-1645		[REDACTED]		[REDACTED]	
				Place of Birth	
				Georgetown, KY	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **Individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- PARTNER, MEMBER #2/AGENT** of **RAW GREEN, LLC (Fitchburg) & IWI VENTURES LLC (Stev**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 9.50
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. IWI Ventures LLC, Eau Claire Stevens Point Wausau WI, Normal Bloomington IL, davpt IA
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Noodles & Co	520 Zang St, Ste D, Bloomfield CO	01/01/2001	01/01/2005
IWI Ventures LLC	5352 King James Way, Fitchburg WI	01/01/2005	12/01/2013

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 6 day of April, 2015
Bunga Tre
(Clerk/Notary Public)
 My commission expires 6-23-18

B.W. Wellman
(Signature of Named Individual)



Printed on Recycled Paper

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town
 Village of FITCHBURG County of DANE
 City

The undersigned duly authorized officer(s)/members/managers of RAW GREEN LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
TRUE COFFEE ROASTERS
(trade name)

located at 6250 NESBITT RD, FITCHBURG WI 53719

appoints BRITTON WIEDEMANN
(name of appointed agent)

1329 HOBBY HORSE RD, OREGON WI 53575
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
RAW GREEN, LLC (Fitchburg) & IWI VENTURES LLC (Stevens Point, Wausau, Eau Claire)

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 9.5 years

Place of residence last year 1329 Hobby Horse Rd, Oregon WI 53575

For: RAW GREEN LLC
(name of corporation/organization/limited liability company)

By: B.W. Wiedemann
(signature of Officer/Member/Manager)

And: [Signature]
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, BRITTON WIEDEMANN, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

B.W. Wiedemann 9/6/15
(signature of agent) (date) Agent's age

1329 HOBBY HORSE RD, OREGON WI 53575 Date of birth
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on by Title
(date) (signature of proper local official) (town chair, village president, police chief)

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 10/30/15 ending: 7/1/16
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg
 County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company The Needle Shop, Co - Wisconsin, Inc
 Address of Corporation/Limited Liability Company (if different from licensed premises) 620 Zang St, Ste D, Broomfield, CO 8002
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Keith Joseph Kinsey</u>	<u>1395F Lexington Pl, Westminster CO 80023</u>	<u>80023</u>
Vice President/Member	<u>Paul Allen Strasen</u>	<u>16 White Alder, Utrleton CO 80127</u>	<u>80127</u>
Secretary/Member	<u>Keith Joseph Kinsey - same as above</u>		
Treasurer/Member	<u>None</u>		
Agent	<u>Carissa Mathes</u>	<u>25 Summernew Ct, Apt C, Madison WI 53704</u>	
Directors/Managers	<u>Keith Joseph Kinsey - same as above</u>		

C. 1. Trade Name Needles & Company Business Phone Number 608-276-7600
 2. Address of Premises 2981 Triverton Pike Dr Post Office & Zip Code Fitchburg, WI 53711

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2900 SQ FT bldg w/ 2nd Addition to highlands of
5. Legal description (omit if street address is given above): Seminole w/ concrete patio fenced by mutual railing 36" tall
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Carissa Mathes is replacing Cassie Vang as Agent. ppnc attached 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of March

Jennifer McVay
 Notary Public P. A. S.
 State of Colorado

[Signature]
 (Clerk/Notary Public)

Notary ID 20064024472
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 6/23/18

My Commission Expires June 23, 2018

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-9-15</u> <u>Rec # 1-944</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name) Kinscy Keith Joseph			Social Security Number [REDACTED]		
Home Address (street/route) 13457 Lexington Place		Post Office Westminster	City Westminster	State CO	Zip Code 80020
Home Phone Number 303-284-4405		Age [REDACTED]	Date of Birth [REDACTED]	Place of Birth Molene, IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- OFFICER + DIRECTOR** of **The Noodle Shop, CO - WISCONSIN, INC**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? WIA - CO Resident
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. please see attached locations list
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name Noodles + Company	Employer's Address 5202 ang ST, SE D, Broomfield, CO	Employed From 7/2/05	To present
Employer's Name Chuyote Mexican Grill	Employer's Address 1543 WAZEE ST, DENVER, CO 80202	Employed From 7/1/00	To 7/1/05

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me
this 29th day of March, 2015
Jennifer McVay
(Clerk/Notary Public)

Keith Kinscy
(Signature of Named Individual)

My commission expires 6/23/18

Jennifer McVay
Notary Public
State of Colorado
Notary ID 20064024472
My Commission Expires June 23, 2018



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name) Strasen Paul Allen			Social Security Number [REDACTED]		
Home Address (street/route) 6 White Alder		Post Office Littleton	City Littleton	State CO	Zip Code 80127
Home Phone Number 303-971-0576		Age [REDACTED]	Date of Birth [REDACTED]	Place of Birth Hammond, IN	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Vice-President of The Noodle Shop, CO - Wisconsin, INC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? n/a - CO Resident
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. please see attached locations list
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Noodles + Company</u>	Employer's Address <u>520 Zangst, Ste D, Broomfield CO 80021</u>	Employed From <u>1/08</u>	To <u>present</u>
Employer's Name <u>Houlihan's Restaurants, Inc</u>	Employer's Address <u>8700 StateLine Rd Ste 100 Leawood, KS 66206</u>	Employed From <u>10/01</u>	To <u>6/07</u>

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 26th day of March, 2015

[Signature]
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 6/23/18

Jennifer McVay
Notary Public
State of Colorado
Notary ID 20064024472
My Commission Expires June 23, 2018



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Mathes		LARISSA		A	
Home Address (street/route)		Post Office	City	State	Zip Code
25 Summer view ct apt C			Madison	W.I.	53704
Home Phone Number		Age	Date of Birth	Place of Birth	
(608) 575-0514				C.A.	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Agent of The Needle Shop, Co - Wisconsin, Inc
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 11+
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Noodles & Co	520 Zang St Broomfield CO 80001	11-18-02	11-17-09
Capitol Market	111 N. Broom St Madison WI	8-06-07	09-15-09

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 28 day of March, 2015
[Signature]
(City/Notary Public)

My commission expires 8-16-2015

[Signature]
(Signature of Named Individual)

JOSEPH KAFURA
 Notary Public
 State of Wisconsin



Printed on Recycled Paper
 Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Aldi Inc. (Wisconsin)

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Charles E. Youngstrom</u>	<u>4000 Winberie Ave. Naperville, IL</u>	<u>60569</u>
Vice President/Member	<u>N/A</u>		
Secretary/Member	<u>Terry E. Pfortmiller</u>	<u>40 W657 Prairie Crossing, Elgin, IL</u>	<u>60124</u>
Treasurer/Member	<u>Terry E. Pfortmiller</u>	<u>40 W657 Prairie Crossing, Elgin, IL</u>	<u>60124</u>
Agent	<u>Matthew J. Hosch</u>	<u>104 Victoria Lane Barneveld, WI</u>	<u>53507</u>
Directors/Managers	<u>Matthew J. Hosch</u>	<u>104 Victoria Lane Barneveld, WI</u>	<u>53507</u>

C. 1. Trade Name ▶ Aldi #04

Business Phone Number 608-274-7052

2. Address of Premises ▶ 6261 McKee Road Post Office & Zip Code ▶ Fitchburg 53719

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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 and records. (Alcohol beverages may be sold and stored only on the premises described.) 17,163 S.F. Sales floor, backroom storage

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

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 reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No



READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of March, 2015
Debbie Ferguson
(Clerk/Notary Public)

My commission expires 9-24-17

Charles Youngstrom
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Terry E. Pfortmiller
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-2-15 Rec# 1-9376</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

O.V. P.D.
4-21-15

Applicant's WI Seller's Permit No.: <u>45600008901401</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 250
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 55
TOTAL FEE	\$ 805

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Hosch</u>		(first name) <u>Matthew</u>		(middle name) <u>James</u>	
Home Address (street/route) <u>104 Victoria Lane</u>		Post Office <u>—</u>	City <u>Barneveld</u>	State <u>WI</u>	Zip Code <u>53507</u>
Home Phone Number <u>5103-513-8634</u>		Age <u>—</u>	Date of Birth <u>—</u>	Place of Birth <u>Dubuque, IA</u>	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Agent of Aldi # 04
(Official Director/Member/Manager/Agent) of (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 21 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licenses or Permittees) (Address by City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Kohl's</u>	Employer's Address <u>2595NW Central Drg PA</u>	Employed From <u>11/2006</u>	To <u>8/2010</u>
Employer's Name <u>Timmerman Dairy</u>	Employer's Address <u>1034 Kirlwood Rd WI</u>	Employed From <u>3/2005</u>	To <u>8/2009</u>

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 14th day of February, 2015
Nicole P. Shelton
(Clerk/Notary Public)
 My commission expires 9/21/17



[Signature]
(Signature of Named Individual)



04

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) YOUNGSTROM		(first name) CHARLES	(middle name) ERNEST	
Home Address (street/route) 4000 WINBERIE AVENUE		Post Office	City NAPERVILLE	State IL
Home Phone Number (630) 978-4681		Age ¹	Date of Birth	Zip Code 60564
				Place of Birth BURLINGTON, IA

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.

OFFICER of **ALDI INC. (WISCONSIN)**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **NEVER**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.

- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)

- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name ALDI INC.	Employer's Address 1200 N. KIRK RD. BATAVIA, IL	Employed From 08/83	To PRESENT
Employer's Name N/A	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me
 this 23rd day of March, 2015
Debbie Ferguson
(Clerk/Notary Public)
 My commission expires 9.24.17

Charles Ernest Youngstrom
(Signature of Named Individual)



04

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
PFORTMILLER		TERRY		E.	
Home Address (street/route)		Post Office	City	State	Zip Code
40W657 PRAIRIE CROSSING			ELGIN	IL	60124
Home Phone Number		Age	Date of Birth	Place of Birth	
847-464-1506				ELGIN, IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- OFFICER of ALDI INC. (WISCONSIN)

(Officer/Director/Member/Manager/Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? _____
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) _____
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending. _____
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

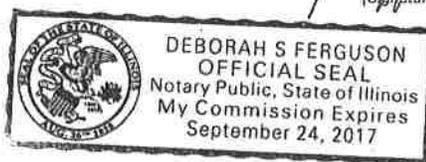
Employer's Name	Employer's Address	Employed From	To
BORHART, SPELLMEYER	2295 VALLEY CREEK RD. ELGIN, IL	01/01/1995	05/01/1995
Employer's Name	Employer's Address	Employed From	To
COOPERS & LYBRAND	203 W. LASALLE CHICAGO, IL	07/01/1982	12/31/1994

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me
this 23rd day of March, 2015
Debra Ferguson
(Clerk/Notary Public)

Debra Ferguson
(Signature of Named Individual)

My commission expires 9.24.17



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-1027217197-02</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>250⁰⁰</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500⁰⁰</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55⁰⁰</u>
TOTAL FEE	\$ <u>805⁰⁰</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company DSPC Inc
 Address of Corporation/Limited Liability Company (If different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Bill O'Connell</u>	<u>704 Raymond Rd Wausau</u>	<u>5359</u>
Vice President/Member	<u>Mary O'Connell</u>	"	"
Secretary/Member	<u>Bill O'Connell</u>	"	"
Treasurer/Member	<u>Mary O'Connell</u>	"	"
Agent	<u>Bill O'Connell</u>	"	"

 Directors/Managers _____

C. 1. Trade Name Neils Liquor Business Phone Number 608 442-0606
 2. Address of Premises 3064 Fish Hatchery Rd Post Office & Zip Code Fitchburg 53713

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 4000 sq ft, shelves, counters etc
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and Issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 20 day of March, 2015
Yvonne Deuce
 (Clerk/Notary Public)
 My commission expires 12-29-2018

Mary O'Connell
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Shareholder)
Mary O'Connell
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Shareholder)
 (Additional Partner(s)/Member/Manager of Limited Liability Company, if any)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3-20-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. <i>Bill O'Connell</i>		2. Social Security Number [REDACTED]	3. Date of Birth [REDACTED]
4. Home Address and Phone Number <i>704 Raymond Rd</i>		5. Legal Name <i>DSPC Inc</i>	
6. City <i>Waunakee</i>	State <i>WI</i>	Zip Code <i>53597</i>	7. Position With Applicant <i>owner</i>
		8. Percent of Stock Held <i>100%</i>	

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ <i>Bill O'Connell</i>	Date <i>3-23-15</i>
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Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. <i>Mary O'Connell</i>		2. Social Security Number [REDACTED]	3. Date of Birth [REDACTED]
4. Home Address and Phone Number <i>704 Raymond Rd</i>		5. Legal Name <i>DSPC Inc</i>	
6. City <i>Waunakee</i>	State <i>WI</i>	Zip Code <i>53597</i>	7. Position With Applicant <i>owner</i>
		8. Percent of Stock Held <i>100%</i>	

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ <i>Mary O'Connell</i>	Date <i>3-23-15</i>
---	------------------------

Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg

County of Dane Aldermanic Dist. No. _____ (If required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Francois Oil Company Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 128 W. Main St. Belleville WI
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Richard C. Francois</u>	<u>126 W. Church St.</u>	<u>Belleville 53508</u>
Vice President/Member	<u>Edward J. Francois</u>	<u>434 W. Main St.</u>	<u>Belleville 53508</u>
Secretary/Member	<u>Julian C. Francois</u>	<u>N8662 Schlit Rd.</u>	<u>Belleville 53508</u>
Treasurer/Member	<u>Edward J. Francois</u>	<u>434 W. Main St.</u>	<u>Belleville 53508</u>
Agent	<u>Steven J. Merry</u>	<u>5427 Glemway Circle</u>	<u>Oregon 53575</u>
Directors/Managers	<u>Richard, Edward & Julian Francois</u>		

C. 1. Trade Name ▶ Syene Depot/The Station #119 Business Phone Number 608-274-9662
 2. Address of Premises ▶ 2770 S. Syene Rd. Post Office & Zip Code ▶ Fitchburg 53711

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) C-Store, walk-in cooler/freezer, off
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes No
- 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 reverse side** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign, corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 31 day of March, 20 15

Mary K. Butts
(Clerk/Notary Public)

My commission expires 2-12-2017

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-31-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 1.9354

O.L.
P.R.
4/3/15

Applicant's Wisconsin Seller's Permit Number: <u>456-0000004789-04</u>
Federal Employer Identification Number (FEIN): _____
LICENSE REQUESTED ▶
<input checked="" type="checkbox"/> Class A beer \$ <u>250</u>
<input type="checkbox"/> Class B beer \$
<input type="checkbox"/> Class C wine \$
<input checked="" type="checkbox"/> Class A liquor \$ <u>500</u>
<input type="checkbox"/> Class B liquor \$
<input type="checkbox"/> Reserve Class B liquor \$
Publication fee \$ <u>55</u>
TOTAL FEE \$ <u>805</u>

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
FRANCOIS		RICHARD		C	
Home Address (street/route)	Post Office	City	State	Zip Code	
126 W. CHURCH ST.	BELLEVILLE	BELLEVILLE	WI	53508	
Home Phone Number	Age	Date of Birth	Place of Birth		
608-424-3865			Madison		

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- President** of Francois Oil Co. Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? since birth
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. City of Madison, Verona, Monticello, Evansville, Belleville and Dodgeville
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
NA			
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 31 day of March, 20 15
Mary K. Butts
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 2-12-2017



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
FRANCOIS		EDWARD		J	
Home Address (street/route)	Post Office	City	State	Zip Code	
434 W. MAIN ST	BELLEVILLE	BELLEVILLE	WI	53508	
Home Phone Number	Age	Date of Birth	Place of Birth		
608-444-0778			Madison		

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Officer of Francois Oil Co. Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? since birth
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. City of Madison, Verona, Monticello, Evansville, Belleville and Dodgeville
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
NA			
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 31 day of March, 20 15
Mary K. Butts
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 2-12-2017



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
FRANCOIS		JULIAN		C	
Home Address (street/route)		Post Office	City	State	Zip Code
N8662 SCHILT RD		BELLEVILLE	BELLEVILLE	WI	53508
Home Phone Number		Age	Date of Birth	Place of Birth	
608-513-3842				Madison	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Owner** _____ of **Francois Oil Co. Inc.**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? since birth
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify: City of Madison, Verona, Monticello, Evansville, Belleville and Dodgeville
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
NA			
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 31 day of March, 2015
Mary K. Butler
(Clerk/Notary Public)

Jay Smith
(Signature of Named Individual)

My commission expires 2-12-2017



Printed on Recycled Paper

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
MERRY		STEVEN		J	
Home Address (street/route)		Post Office	City	State	Zip Code
5427 GLENWAY CIRCLE		OREGON	OREGON	WI	53575
Home Phone Number		Age	Date of Birth	Place of Birth	
608-835-2393				Madison	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 - A member of a partnership which is making application for an alcohol beverage license.
 - Agent of Francois Oil Co. Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? since birth
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. City of Madison, Verona, Monticello, Evansville, Belleville and Dodgeville
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>NA</u>	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me
this 31 day of March, 2015
Mary K. Beets
(Clark/Notary Public)

My commission expires 2-12-2017

[Signature]
(Signature of Named Individual)

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>490-0000322069-03</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>250.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55.00</u>
TOTAL FEE	\$ <u>805.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Kelley Williamson Company
 Address of Corporation/Limited Liability Company (if different from licensed premises) 1132 Harrison Ave Rockford IL 61104
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title _____ Name (Inc. Middle Name) _____ Home Address _____ Post Office & Zip Code _____
 President/Member See Attached
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent Suzanne Dorsey - Sterling
 Directors/Managers _____

C. 1. Trade Name Mobile Mart Business Phone Number 608-274-7228
 2. Address of Premises 2920 Fish Hatchery Rd Post Office & Zip Code Fitchburg WI 53713

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Convenience Store

5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 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 reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
 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? Yes No
 11. Is the applicant indebted to any individual beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty of perjury, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signatory. Under penalty of perjury, the applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual applicant. Each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME
 this 12 day of March, 2015
Deana M. Watts
(Clerk/Notary Public)
 My commission expires 7-2-18

John C. Stiff President
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Cherry J. Pitts Secretary
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3-20-15</u> <u>Rec # 1-938</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
Beto Cherry G				[REDACTED]	
HOME ADDRESS (Street/Route)			POST OFFICE	STATE	ZIP CODE
1239 National Ave			Rockford	IL	61103
HOME PHONE NUMBER		AGE	DATE OF BIRTH	PLACE OF BIRTH	
(815) 962-5193			[REDACTED]	Rockford IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Director/Secretary of Kelley Williamson Co
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 0
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? . Yes No
(If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? Yes No
(If yes, describe status of charges pending.)
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? See Attached Yes No
(If yes, identify.) (NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? Yes No
(If yes, identify.) (NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)
- Named individual must list in chronological order last two employers.

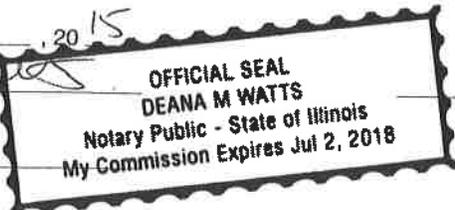
Employer's Name	Employer's Address	Employed From	Employed To
<u>None</u>			

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 12 day of March, 2015

Deana M Watts
(CLERK/NOTARY PUBLIC)



Cherry G Beto
(SIGNATURE OF NAMED INDIVIDUAL)

My commission expires 7-2-18

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

PLEASE ATTACH A COPY OF THIS INDIVIDUAL'S DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION CARD

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name) (First Name) (Middle Name)		SOCIAL SECURITY NUMBER	
Griffin Kimberly (Schmidt)		[REDACTED]	
HOME ADDRESS (Street/Route)		POST OFFICE	STATE ZIP CODE
9145 Meadowsweet Dr.		Belvidere	IL 61008
HOME PHONE NUMBER	AGE	DATE OF BIRTH	PLACE OF BIRTH
(815) 332-9397		[REDACTED]	Grand Rapids, MI

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Asst. Secretary of Kelley Williamson Company
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

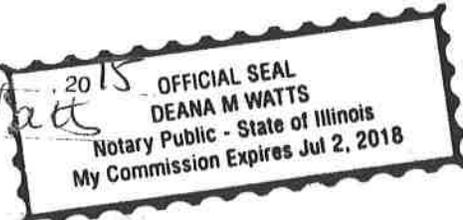
1. How long have you continuously resided in Wisconsin prior to this date? 0
2. Have you ever been convicted of any offense (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? . Yes No
 (If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? Yes No
 (If yes, describe status of charges pending.)
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? See Attached Yes No
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? Yes No
(NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)

6. Named individual must list in chronological order last two employers.
- | | | | |
|-----------------------------|-----------------------------------|---------------|-------------------|
| Employer's Name | Employer's Address | Employed From | Employed To |
| <u>Kelley Williamson Co</u> | <u>1132 Harrison Ave Rockford</u> | <u>11/93</u> | <u>to Present</u> |
| <u>RL Beck Industries</u> | <u>1924 23rd Ave Rockford</u> | <u>1/90</u> | <u>to 11/93</u> |

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 12 day of March
Deana M. Watts
(CLERK/NOTARY PUBLIC)



Kim Griffin

My commission expires

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
Griffin John C				[REDACTED]	
HOME ADDRESS (Street/Route)			POST OFFICE	STATE	ZIP CODE
9145 Meadowsweet Dr			Belvidere	IL	61008
HOME PHONE NUMBER	AGE	DATE OF BIRTH		PLACE OF BIRTH	
(815) 332-9397		[REDACTED]		Rockford IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- President/treasurer of Kelley Williamson Co.
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 0
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? Yes No
 (If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? Yes No
 (If yes, describe status of charges pending.)
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? See Attached Yes No
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? Yes No
(NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	From	Employed To
<u>Kelley Williamson Co</u>	<u>1132 Harrison Ave Rockford</u>	<u>1974</u>	<u>present</u>

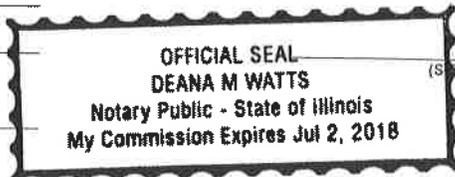
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 12 day of March, 2015

Deana M Watts
(CLERK/NOTARY PUBLIC)

My commission expires 7-2-18



John C Griffin
(SIGNATURE OF NAMED INDIVIDUAL)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
Furst Thomas C.				[REDACTED]	
HOME ADDRESS (Street/Route)		POST OFFICE		STATE	ZIP CODE
9050 High Gate Way		Belvidere		IL	61008
HOME PHONE NUMBER	AGE	DATE OF BIRTH		PLACE OF BIRTH	
(815) 332-9527		[REDACTED]		Freeport IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an Individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Director of Kelley Williamson Co.
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 0
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? . Yes No
 (If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? Yes No
 (If yes, describe status of charges pending.)
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? See Attached Yes No
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? Yes No
(NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
The Furst Group	6870 Kate Rd Rockford	1971	Present
Ned Dickey + Assoc	State St Rockford	1968	1971

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 17 day of March, 2015
Deana M Watts
(CLERK/NOTARY PUBLIC)

[Signature]
(SIGNATURE OF NAMED INDIVIDUAL)

My commission expires 7-2-18



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name) Dorsey Suzanne A			Social Security Number [REDACTED]		
Home Address (street/route) 406 W Water St.		Poast Office	City Cambridge	State WI	Zip Code 53523
Home Phone Number 608-423-2182		Age	Date of Birth [REDACTED]	Place of Birth Chicago IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
 - A member of a **partnership** which is making application for an alcohol beverage license.
 - Agent** of Kelley-Williamson Company
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? _____
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. See Attached
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

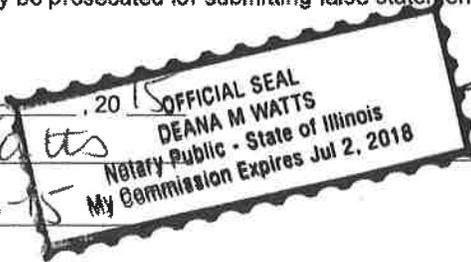
6. Named individual must list in chronological order last two employers.

Employer's Name Clark Retail Entp.	Employer's Address out of Bus.	Employed From 12 years	To
Employer's Name Porti Enterprise	Employer's Address OF OF BUS	Employed From 6 years	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of stata law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 12 day of March, 2015
Deana M. Watts
(Clerk/Notary Public)



[Signature]
(Sign) (Individual)

My commission expires 7-2-15

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>VOGT</u>		(first name) <u>Tina</u>		(middle name) <u>M</u>	
Home Address (street/route) <u>105 East Ave</u>		Post Office	City <u>Belleville</u>	State <u>WI</u>	Zip Code <u>53508</u>
Home Phone Number <u>608-424-1786</u>		Age	Date of Birth	Place of Birth <u>Hazel Green, WI</u>	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Manager of Kelley Williamson Company
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 19 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

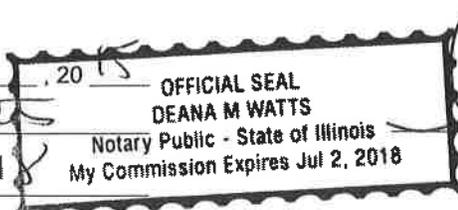
6. Named individual must list in chronological order last two employers.

Employer's Name <u>Francois Oil</u>	Employer's Address <u>128 W. Main Belleville WI</u>	Employed From <u>2000</u>	To <u>2012</u>
Employer's Name <u>Mt. Horeb Coop</u>	Employer's Address <u>501 W Main St. Mt. Horeb</u>	Employed From <u>1995</u>	To <u>2000</u>

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 12 day of March 2015
Deana M. Watts
(Clerk/Notary Public)



Tina M. VOGT
(Signature of Named Individual)

My commission expires 7-2-18



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
Beville, Wally		Wally		[REDACTED]	
HOME ADDRESS (Street/Route)			POST OFFICE	STATE	ZIP CODE
2445 Snook Tr.			Palm Beach Gardens FL	FL	33410
HOME PHONE NUMBER	AGE	DATE OF BIRTH		PLACE OF BIRTH	
(561) 625-8827		[REDACTED]		Rockford IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Director of Kelley Williamson Co. which is making application for an alcohol beverage license.
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 0
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? Yes No
(If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (if more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? Yes No
(if yes, describe status of charges pending.)
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? See Attached Yes No
(If yes, identify.) (NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? Yes No
(If yes, identify.) (NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Mr. Latts (No longer there)	Leys	1987	

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 12 day of March, 20 15
Deana M. Watts
(CLERK/NOTARY PUBLIC)

My commission expires 7-2-18



Wally J. Beville
(SIGNATURE OF NAMED INDIVIDUAL)

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No.: 456000022780204		FEIN Number: [REDACTED]	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/>	Class A beer	\$	250
<input type="checkbox"/>	Class B beer	\$	
<input type="checkbox"/>	Class C wine	\$	
<input checked="" type="checkbox"/>	Class A liquor	\$	500
<input type="checkbox"/>	Class B liquor	\$	
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	55
TOTAL FEE		\$	805

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } FITCHBURG
 Village of }
 City of }

County of DANE Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ PDQ FOOD STORES, INC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. BOX 620997, MIDDLETON, WI
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MICHAEL S. ARNOLD, 11.30.1958,</u>	<u>7755 BITTERSWEET CT, MIDDLETON</u>	
Vice President/Member	<u>PHILIP J. TROIA, 7.30.1956,</u>	<u>1846 QUAIL CT, SUN PRAIRIE, WI</u>	<u>53590</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>PHILIP J. TROIA,</u>	<u>1846 QUAIL COURT, SUN PRAIRIE, WI</u>	<u>53590</u>

 Directors/Managers _____

C. 1. Trade Name ▶ PDQ STORE #128 Business Phone Number 278.8166
 2. Address of Premises ▶ 6133 MCKEE ROAD Post Office & Zip Code ▶ FITCHBURG, WI

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
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 and records. (Alcohol beverages may be sold and stored only on the premises described.) SALES FLOOR & COOLER
5. Legal description (omit if street address is given above): 2800 SQ. FT. ONE STORY STUCCO & GLASS BUILDING
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent of either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of MARCH
 My commission expires 3.16.18

RACHEL LAREAU
 NOTARY PUBLIC
 STATE OF WISCONSIN
 [Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-23-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

1.9295

OK P.D. 4/3/15

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg
 County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-1025350226-03</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

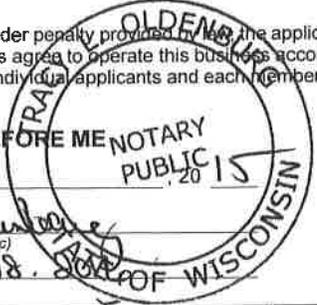
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company La Hispana LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 3060 Fish Hatchery Rd Fitchburg WI 53713
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Lid H Teseda 3625 Heatherstone Rd Sun Prairie WI 53590
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent LID H TESEDA " " "
 Directors/Managers _____

C. 1. Trade Name La Hispana LLC Business Phone Number 608-277-1750
 2. Address of Premises 3060 Fish Hatchery Rd Fitchburg WI Post Office & Zip Code 53713

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Four doors cooler 2800 SF
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided in law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 8th day of April
Tracy L. Oldenburg
(Clerk/Notary Public)
 My commission expires Dec. 18, 2015



[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-8-15 Rec # 1-9428</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

O.K. P.D.
4-21-15

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)		(last name)	(first name)	(middle name)	
3625 Heatherstone Rgd.			Lid	H	
Home Address (street/route)	Post Office	City	State	Zip Code	
608-8259019		Sun Prairie	WI	53540	
Home Phone Number	Age	Date of Birth	Place of Birth		
			Honduras		

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Lid Teseda of La Hispana LLC (Officer/Director/Member/Manager/Agent) of La Hispana LLC (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 19 Years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. La Hispana LLC 4512 East Washington Madison WI 53704
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

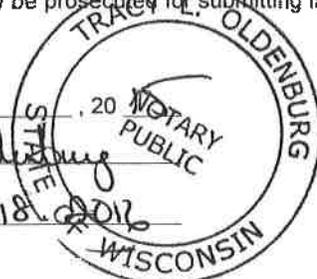
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 8th day of April, 2012
Tracy J. Oldenburg
 (Clerk/Notary Public)
 My commission expires Dec. 18, 2013



[Signature]
 (Signature of Named Individual)



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } FITCHBURG

County of DANE Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

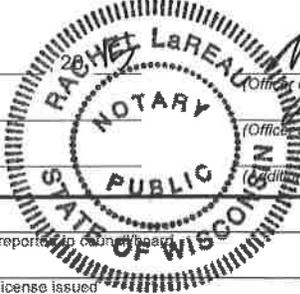
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company PDQ FOOD STORES, INC
 Address of Corporation/Limited Liability Company (if different from licensed premises) P.O. BOX 620997, MIDDLETON, WI
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member MICHAEL S. ARNOLD, 11.30.1958, 7755 BITTERSWEET CT, MIDDLETON
 Vice President/Member PHILIP J. TROIA, 7.30.1956, 1846 QUAIL CT, SUN PRAIRIE, WI 53590
 Secretary/Member _____
 Treasurer/Member _____
 Agent PHILIP J. TROIA, 1846 QUAIL COURT, SUN PRAIRIE, WI 53590
 Directors/Managers _____

C. 1. Trade Name PDQ STORE #111 Business Phone Number 271.2200
 2. Address of Premises 5280 WILLIAMSBURG WAY Post Office & Zip Code FITCHBURG, WI

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
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 and records. (Alcohol beverages may be sold and stored only on the premises described.) SALES FLOOR & COOLER
5. Legal description (omit if street address is given above): 2400 SQ. FT. ONE STORY BRICK & GLASS BUILDING
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- 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 reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 20th day of MAY
[Signature]
 (Clerk/Notary Public) 3.16.18
 My commission expires _____
[Signature]
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3-23-15</u>	Date reported to Commission _____	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

Applicant's WI Seller's Permit No.: <u>456000022780204</u>		FEIN Number: _____	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer	\$	250	
<input type="checkbox"/> Class B beer	\$		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee		\$	55
TOTAL FEE		\$	405

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } FITCHBURG

County of DANE Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>45600022780204</u>		FEIN Number: <u>[REDACTED]</u>
LICENSE REQUESTED ▶		
TYPE	FEE	
<input checked="" type="checkbox"/> Class A beer	\$	250
<input type="checkbox"/> Class B beer	\$	
<input type="checkbox"/> Class C wine	\$	
<input type="checkbox"/> Class A liquor	\$	
<input type="checkbox"/> Class B liquor	\$	
<input type="checkbox"/> Reserve Class B liquor	\$	
<input type="checkbox"/> Class B (wine only) winery	\$	
Publication fee	\$	55
TOTAL FEE	\$	405

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ PDQ FOOD STORES, INC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. BOX 620997, MIDDLETON, WI
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MICHAEL S. ARNOLD, 11.30.1958,</u>	<u>7755 BITTERSWEET CT, MIDDLETON</u>	
Vice President/Member	<u>PHILIP J. TROIA, 7.30.1956,</u>	<u>1846 QUAIL CT, SUN PRAIRIE, WI</u>	<u>53590</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>PHILIP J. TROIA, 1846 QUAIL COURT,</u>	<u>SUN PRAIRIE, WI</u>	<u>53590</u>

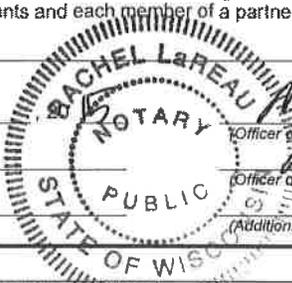
 Directors/Managers _____

- C.1. Trade Name ▶ PDQ STORE #131 Business Phone Number 268.1171
 2. Address of Premises ▶ 6208 MCKEE ROAD Post Office & Zip Code ▶ FITCHBURG, WI
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 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 and records. (Alcohol beverages may be sold and stored only on the premises described.) SALES FLOOR & COOLER
 5. Legal description (omit if street address is given above): 2800 SQ. FT. ONE STORY STUCCO & GLASS BUILDING
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 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 reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
 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? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of MARCH
[Signature]
 (Clerk/Notary Public)



[Signature]
 Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual
[Signature]
 Officer of Corporation/Member/Manager of Limited Liability Company /Partner
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 3.16.18

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-23-15</u>	Date reported to county board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#1.9296

OK PD 4-8-15

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
ARNOLD		MICHAEL	S	
Home Address (street/route)		Post Office	City	State Zip Code
7755 BITTERSWEET COURT			MIDDLETON	WI 53562
Home Phone Number		Age	Date of Birth	Place of Birth
608.836.3335				WISC. RAPIDS, WI

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- PRESIDENT, CEO of PDQ FOOD STORES, INC.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. (a) How long have you continuously resided in Wisconsin prior to this date? 56 YEARS
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
- (b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) (Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 20th day of MARCH, 2015

Rachel Lareau
(Clerk/Notary Public)



Michael Arn
(Signature of Named Individual)

My commission expires 3.16.18

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
TROIA		PHILIP		J	
Home Address (street/route)		Post Office	City	State	Zip Code
1846 QUAIL COURT			SUN PRAIRIE	WI	53590
Home Phone Number		Age	Date of Birth	Place of Birth	
608.836.3335				MADISON, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- VICE PRESIDENT of PDQ FOOD STORES, INC.

(Officer/Director/Member/Manager/Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- (a) How long have you continuously resided in Wisconsin prior to this date? 58 YEARS
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
- (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
- (b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
(If yes, identify.) _____
(Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 20th day of MARCH, 2015

[Signature]
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 3.16.18

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-0000156861-03</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 250
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 55
TOTAL FEE	\$ 305

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) _____ **Home Address** _____ **Post Office & Zip Code** _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Stop-N-Go of Madison, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2934 Fish Hatchery Rd, Madison
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Andrew J. Bowman</u>	<u>4213 Somerset Ln</u>	<u>Madison, WI 53711</u>
Vice President/Member	_____	_____	_____
Secretary/Member	<u>Kevin O'Brien</u>	<u>405 W Haven Dr</u>	<u>Arlington Hts, IL 60005</u>
Treasurer/Member	<u>Andrew J. Bowman</u>	<u>4213 Somerset Ln</u>	<u>Madison, WI 53711</u>
Agent	<u>Andrew J. Bowman</u>	<u>4213 Somerset Ln</u>	<u>Madison, WI 53711</u>
Directors/Managers	<u>Andrew J. Bowman</u>	<u>4213 Somerset Ln</u>	<u>Madison, WI 53711</u>

- C. 1. Trade Name ▶ Stop-N-Go #285 Business Phone Number 274-7510
 2. Address of Premises ▶ 2932 Fish Hatchery Road Post Office & Zip Code ▶ Madison, WI 53713
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 40' x 60' dtored backroom, sold out of cooler
 5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 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 reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. Yes No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
 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? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 18th day of March
Megan J. Ziegler
(Clerk/Notary Public)
 My commission expires 1/21/2018

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-23-15</u>	Date reported to county board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
O'BRIEN		KEVIN	R	
Home Address (street/route)	Post Office	City	State	Zip Code
405 W HAVEN DRIVE	ARLINGTON HTS	ARLINGTON HTS	IL	60005
Home Phone Number	Age	Date of Birth	Place of Birth	
847-922-1444			Chicago, IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Secretary** of **Stop-N-Go of Madison, Inc.**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? N/A
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify: see attachment
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Ft Dearborn Partners Inc	101 Wacker Dr #1150 Chicago, IL	09/15/2006	09/17/2010
Employer's Name	Employer's Address	Employed From	To
KOB Consulting	405 West Haven, Arlington Heights, IL	06/30/2002	09/14/2006

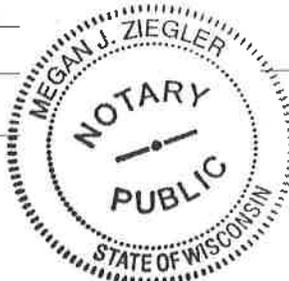
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 18th day of March, 2015

Megan J. Ziegler
(Notary/Notary Public)

My commission expires 1/21/2018



RA

(Signature of Named Individual)



Printed on Recycled Paper

Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
BOWMAN		ANDREW	J	
Home Address (street/route)	Post Office	City	State	Zip Code
4213 SOMERSET LANE	MADISON	MADISON	WI	53711
Home Phone Number	Age	Date of Birth	Place of Birth	
608-231-6796	██████	██████████	Madison, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- President, Treas, Agent** of **Stop-N-Go of Madison, Inc.**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? Life
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
Underage drinking
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. see attached
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Stop-N-Go of Madison	2934 Fish Hatchery Rd Madison, WI	03/01/1990	
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me
 this 18th day of March, 2015
Megan J. Ziegler
(Clerk/Notary Public)
 My commission expires 1/21/2018



[Signature]
(Signature of Named Individual)



Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000227802-01

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) PDQ FOOD STORES, INC.			Telephone Number (608) 268.1171	
Trade or Business Name (if different than Legal Name) PDQ STORE #131			Business Telephone ()	
Business Address (License Location) 6208 MCKEE ROAD		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		County DANE
City FITCHBURG	State WI	ZIP Code 53711	of: FITCHBURG	
Mailing Address (if different than Business Address) P.O. BOX 620997		City MIDDLETON	State WI	ZIP Code 53562

Organization (check one)

- Sole Proprietor Wisconsin Corporation -- Enter date incorporated: 01/01/1949
- Partnership Out-of-State Corporation -- Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the Invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

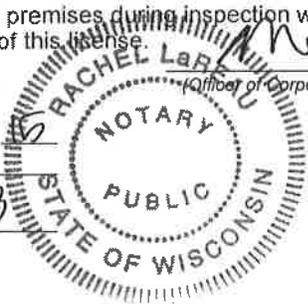
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of MARCH, 2015

[Signature]
Clerk / Notary Public



[Signature]

Rec #1-9296

My commission expires 3.16.18

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000227802-01

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) PDQ FOOD STORES, INC.			[REDACTED]		
Trade or Business Name (if different than Legal Name) PDQ STORE #111			Telephone Number (608) 271.2200		
Business Address (License Location) 5280 WILLIAMSBURG WAY		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()	
City FITCHBURG	State WI	ZIP Code 53711	of: FITCHBURG		County DANE
Mailing Address (if different than Business Address) P.O. BOX 620997			City MIDDLETON	State WI	ZIP Code 53562

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 01/01/1949
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

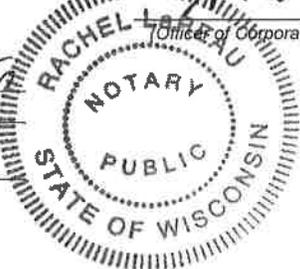
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of MAR, 20 15

[Signature]
Notary Public

My commission expires 2.16.18



Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000227802-01

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) PDQ FOOD STORES, INC.			Federal Employer Identification No. (FEIN) ██████████	
Trade or Business Name (if different than Legal Name) PDQ STORE #128			Telephone Number (608) 278.8166	
Business Address (License Location) 6133 MCKEE ROAD		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()
City FITCHBURG	State WI	ZIP Code 53711	of FITCHBURG County DANE	
Mailing Address (if different than Business Address) P.O. BOX 620997		City MIDDLETON	State WI	ZIP Code 53562

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 01/01/1949

Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO

Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of MARCH, 2015

[Signature]
(Clerk/Notary Public)

My commission expires 3.16.18



Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-102721797-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>DSPC Inc</u>			Federal Employer Identification No. (FEIN) <u>[REDACTED]</u>		
Trade or Business Name (if different than Legal Name) <u>Neil's Liquor</u>			Telephone Number <u>(608) 442-0606</u>		
Business Address (Permit Location) <u>3064 FISH HATCHERY RD</u>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone <u>(608) 442-0606</u>	
City <u>Fitchburg</u>	State <u>WI</u>	ZIP Code <u>53713</u>	of: <u>Fitchburg</u>		County <u>Dane</u>
Mailing Address (if different than Business Address)			City	State	ZIP Code

Organization (check one)

Sole Proprietor
 Wisconsin Corporation – Enter date incorporated: 8-31-2010
 Partnership
 Out-of-State Corporation – Are you registered to do business in Wisconsin?
 YES NO
 Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-8435.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 20 day of March, 2015

Geornia Lucco
 (Clerk / Notary Public)

My commission expires 12-29-2018

Mary O'Connell
 (Officer of Corporation/Member/Manager of Limited Liability Company/Authorized Individual)

Rec# 1-9285



Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

4560000094039-03

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Monkeyshines Inc.			[REDACTED]		
Trade or Business Name (if different than Legal Name) Monkeyshines			Telephone Number ()		
Business Address (Permit Location) 6209 McKee Rd.			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City Fitchburg	State WI	ZIP Code 53719	of: Fitchburg		
Mailing Address (if different than Business Address)			Business Telephone (608) 274-5339		
			County Dane		
			State		
			ZIP Code		

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
 YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
 YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
 YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
 YES NO 6. Does the applicant understand that they may not sell single cigarettes?
 YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 8th day of April, 2015

[Signature]
(Clerk / Notary Public)

My commission expires 11/27/16



Rec # 1-9359

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
490-0000322009-03

This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>Kelley Williamson Company</u>			Federal Employer Identification No. (FEIN) <u>[REDACTED]</u>	
Trade or Business Name (if different than Legal Name) <u>Fish Hatchery Rd Mobil</u>			Telephone Number <u>(608) 274-7228</u>	
Business Address (Permit Location) <u>2950 Fish Hatchery Rd</u>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone <u>(608) 274-7228</u>
City <u>Fitchburg</u>	State <u>WI</u>	ZIP Code <u>53713</u>	of: <u>Fitchburg</u>	County <u>Dane</u>
Mailing Address (if different than Business Address) <u>1132 Harrison Ave</u>			City <u>Rockford</u>	State <u>IL</u> ZIP Code <u>61104</u>

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: _____
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

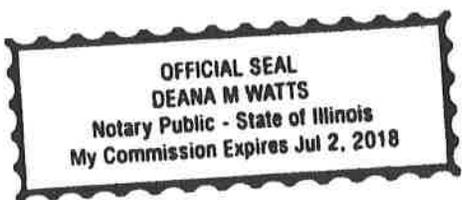
Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
 this 12 day of March, 2015
Deana M Watts
 (Clerk / Notary Public)
 My commission expires 7-2-18

John C. Huffman President
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)



Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-1025350226-03

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) La Hispana LLC			Federal Employer Identification No. (FEIN) ██████████	
Trade or Business Name (if different than Legal Name) La Hispana LLC			Telephone Number (608) 277-1950	
Business Address (Permit Location) 3060 Fish Hatchery Rd		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()
City Fitchburg	State WI	ZIP Code 53713	County Dane	
Mailing Address (if different than Business Address)		City Fitchburg	State WI	ZIP Code 53713

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) LLC

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
 YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
 YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
 YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
 YES NO 6. Does the applicant understand that they may not sell single cigarettes?
 YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

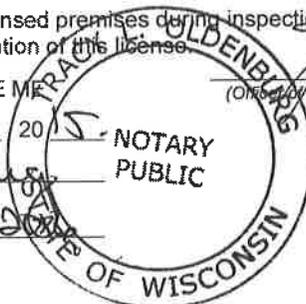
Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April 2015
Tracy J. Aldenburg
 (Clerk / Notary Public)



My commission expires Dec. 18, 2016

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456102637752803

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Hy-Vee, Inc.			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) Hy-Vee			Telephone Number () 515-267-2800		
Business Address (Permit Location) 2920 Fitchrona Rd		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone () 608-273-5120	
City Fitchburg	State WI	ZIP Code 53719	of: Fitchburg		County Dane
Mailing Address (if different than Business Address) 5820 Westown Parkway			City West Des Moines	State IA	ZIP Code 50266

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

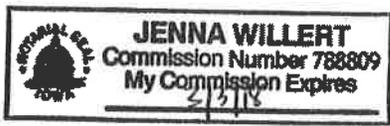
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
this 16th day of March, 20 15
Jenna Willert
(Clerk / Notary Public)
My commission expires 3/3/18

Jeff Pierce
(Officer of Corporation / Member/Manager of Limited Liability Company/Partner/Individual)

JEFF PIERCE
ASST. TREASURER, FINANCIAL REPORTING



Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000156861-03

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) STOP-N-GO OF MADISON, INC.			Federal Employer Identification No. (FEIN) [REDACTED]		
Trade or Business Name (if different than Legal Name) STOP-N-GO #285			Telephone Number (608) 271-4433		
Business Address (License Location) 2932 FISH HATCHERY RD			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 274-7510
City MADISON	State WI	ZIP Code 53713	of: FITCHBURG		County DANE
Mailing Address (if different than Business Address) 2934 FISH HATCHERY RD			City MADISON	State WI	ZIP Code 53713

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 09/14/1962
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

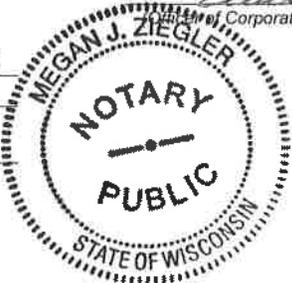
Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 18th day of March, 20 15
Megan J. Ziegler
(Clerk/Notary Public)
My commission expires 1/21/2018



Rec 1-993

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456000000478904

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Francois Oil Co. Inc.		Federal Employer Identification No. (FEIN) ██████████
Trade or Business Name (if different than Legal Name) Syene Depot/The Station #119		Telephone Number (608) 608-274-9662
Business Address (Permit Location) 2770 S. Syene Rd.	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of Fitchburg	Business Telephone () 608-274-9662
City Fitchburg	State WI	ZIP Code 53711
Mailing Address (if different than Business Address)	City	State Dane
		ZIP Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 1990
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
this 31 day of March, 20 15
Mary K. Beuth
(Clerk / Notary Public)

[Signature]
(Officer of Corporation/Member/Manager/Of Limited Liability Company/Partner/Individual)

Rec # 1-9354

My commission expires 2-12-2017

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000455404-05

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 07/01/15-06/30/16
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Walgreen Co.		Federal Employer Identification No. (FEIN) [REDACTED]	
Trade or Business Name (if different than Legal Name) Walgreens #05087		Telephone Number (847) 527-4897	
Business Address (Permit Location) 2931 S. Fish Hatchery Rd.		Business Telephone (608) 277-0087	
City Fitchburg	State WI	ZIP Code 53711	County Dane
Mailing Address (if different than Business Address) PO Box 901		City Deerfield	State IL
		ZIP Code 60015	

Organization (check one)

Sole Proprietor
 Wisconsin Corporation – Enter date incorporated: _____
 Partnership
 Out-of-State Corporation – Are you registered to do business in Wisconsin?
 YES NO
 Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

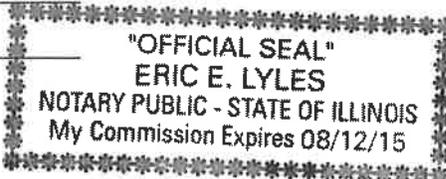
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
this 18th day of April, 2015

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires _____
(Clerk / Notary Public)



City of Fitchburg

Committee of Commission Referral

Direct Referral Initiated by:
Direct Referral Approved by:

Date Referred: **May 12, 2015** Ordinance Number: **2015-O-13**
Date to Report Back: **May 26, 2015** Resolution Number:

Sponsored by: Steve Arnold Drafted by: Clerk of Court

**TITLE: To Amend Chapter 70, SEC. 70-309 – Forfeitures
Schedule**

Background: Changes to the bond schedule are determined by the Municipal Judge, but are not effective until approved by the City Council. Handicapped parking penalty increased per Wisconsin 2013, Act 326. The minimum forfeiture for handicapped parking violation (68-2) is increased from \$50.00 to \$150.00. The Maximum remains at \$300.00. Currently, parking in handicap stall violation forfeiture is issued for \$120.00. Recommended effective date is the day after publication.

Order	Referred To	Staff Contact	Place on Agenda For	Action Taken On Referral
1	Public Safety and Human Services	Anderson	May 26, 2015	
2				
3				
4				

Amendments:

Steve Arnold
Introduced by

Clerk of Court
Drafted by

Public Safety & Human Services
Direct Referred to

May 12, 2015
Date

ORDINANCE 2015-O-13

AN ORDINANCE AMENDING CHAPTER 70, SEC. 70-309 – FORFEITURES SCHEDULE

The Common Council of the City of Fitchburg, Dane County, Wisconsin do ordain as follows:

Chapter 70, Sec. 70-309 Forfeiture Schedule is amended as follows:

68-2	Parking in Handicap Stall	\$150-\$300
------	---------------------------	-------------

Effective Date: This Ordinance shall take effect upon passage and publication.

Adopted this _____ day of May, 2015.

Approved by: _____
Steve Arnold, Mayor

Attested by: _____
Patti Anderson, City Clerk

Published: _____