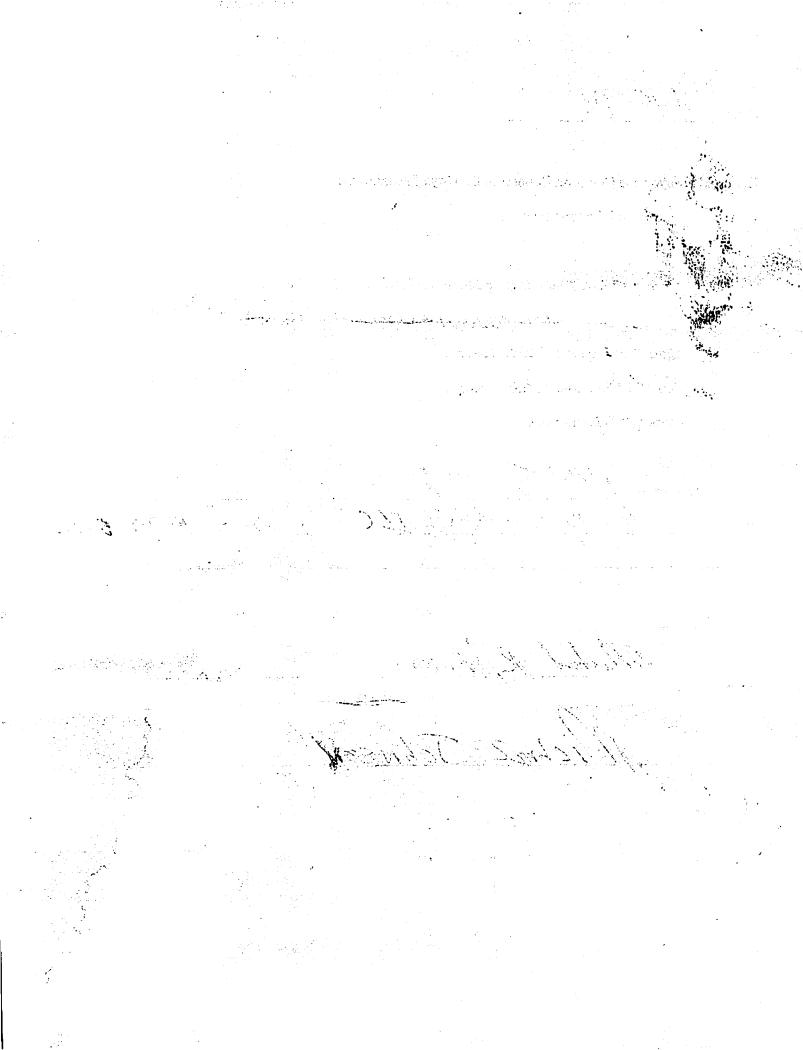
Original Alcohol Beverage Retail License Application	Applicant's Wisconsin Seller's Perr	6932-02
(Submit to municipal clerk.)	FEIN Number 5-6727	120
For the license period beginning: ending: ending: (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the: Village of City of Aldermanic Dist. No.	☐ Class A beer☐ Class B beer	\$ 60000
County of MPN, fow oc Aldermanic Dist. No	Class C wine	\$
County of MAN, fow OC Aldermanic Dist. No	Class A liquor Class A liquor (cider only)	\$ N/A
(if required by ordinance)	Class B liquor	\$
	Reserve Class B liquor	\$
Check one: Individual Limited Liability Company	Class B (wine only) winery	
☐ Partnership ☐ Corporation/Nonprofit Organization	Publication fee TOTAL FEE	\$ 1,25.00
	TOTALTEL	
Name (individual / partners give last name, first, middle; corporations,/ limited liability companies give register	ed name)	1. DRA
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MOS VINNY	's BBQ
DURCHINO HATLORY SM	.,,,,,,	
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to t	his application by each indi	vidual applicant,
by each member of a partnership and by each officer, director and agent of a co	orporation or nonprofit orga	anization, and by
each member/manager and agent of a limited liability company. List the full name	City or Post Office, & Zip Code)	Terr person.
Freducity member and trains	City of Host Office, a zip Code)	11
Burghino Totary - 4240	City or Post Office, & Zip Cotie)	//
Vice President / Member Last Name (First) (Middle Name) Home/Address (Street,	City or Post Office, a Zip Code)	
Secretary / Member Last Name (First) (Middle Name) Home Address (Street,	City or Post Office, & Zip Code)	
	0'	
Treasurer / Member Last Name (First) (Middle Name) Home Address (Street,	City or Post Office, & Zip Code)	
Acent Last Name (First) (Middle Name) Home Address (Street,	City or Post Office, & Zip Code)	
100000000000000000000000000000000000000	1 11 11 11	NITUE
Directors / Managers Last Name (First) (Middle Name) Home Address (Street,	City or Post Office, & Zip Code)	. 111
Directors / Majuagers East Harrie		
1. Trade Name Top 15 Pizzt Business Pho	one Number <u>920 - 3</u>	3-1364
	Zip Code 34220	
3 Premises description: Describe building or buildings where alcohol beverages at	e to be sold and stored. The	
applicant must include all rooms including living quarters, if used, for the sales, storage of alcohol beverages and records. (Alcohol beverages may be sold and	service, consumption, and/or stored only on the premises	
described.)		
A She in DASOMON + of	DUILDING	<u> </u>
111th 2 PATIB'S - ONE ON SOM	the end of	
building & mon month and of	buildeda	
building + one on mount and of	March	
	0	The state of the s
(12 - CA)-(1)	No. of the last section	-
Company of the Street of the S		1. 1.
Legal description (omit if street address is given above):		
5. (a) Was this premises licensed for the sale of liquor or beer during the past licens	e year?	. Yes □ No
. /	Lan	
(b) If yes, under what name was license issued?	0011	-
The	Basemany L	LC
AT-106 (R. 3-19)	Wiscon	sin Department of Revenue

6.	Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain	. 🗆 Yes 🗶 No
7.	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?	. □ Yes 🞾 No
8.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain	Yes No
9.	(a) Corporate/limited liability company applicants only: Insert state WIS and date 2016 of registration. (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain	
	(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? If yes, explain.	
	Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]	
	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	Yes No
the than assi Con	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been to best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required in \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), signed to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/managemeanies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspenies demeanor and grounds for revocation of this license.	red to forfeit not more if granted, will not be ger of Limited Liability
	Title/Member Date Phone Number	3-20 Britageon Foods
	1/10 313-1349 1 184964	COM
16	BE COMPLETED BY CLERK	
Dat	te received and filed with municipal clerk Date reported to council / board Date provisional license issued Signature of Clerk / Deputy Clerk	
Dat	te license granted Date license issued License number issued	

Date: 415-20	
Honorable Mayor and Common Council of the City of Manitowoc:	
I hereby surrender the following license:	
Class A" Retail Intoxicating Liquor and Fermented Malt Beverage	
"Class B" Retail Intoxicating Liquor and Fermented Malt Beverage	
Class "A" Fermented Malt Beverage	
Class "B" Fermented Malt Beverage	
Class "C" Wine License	
for the premises at 1/4/5 21 in favor of VINNY'S BBQ 11C effective 5-18420	5-1-20
Very truly yours Mushaf Rfoilingson Signature	
Print Signature John Son	•

Print Signature



PRESENT LICENSE FEES		1	4 J J J J - 4 - F - 5
License	Fee	Advertising Fee	Add'l Late Fee
"Comb Class A" Fermented Malt Bev. and			
Intox. Liquor	\$650.00	\$25.00	\$50.00
Liquor = \$500; late filing fee \$25		\$15.00 (4/15)	
Beer = \$150; late filing fee \$25			
"Class "A" Fermented Malt Beverage	\$150.00	\$25.00 \$15.00 (4/15)	\$25.00
Class "A" Retail Cider	\$0.00	\$25.00 \$15.00 (4/15)	N/A
"Class B" Fermented Malt Beverage	\$100.00	\$25.00	\$25.00
(This fee is included in Tavern Fee)		\$15.00 (4/15)	
"Class B" Tavern:	\$600.00	\$25.00	\$50.00
Liquor = \$500; late filing fee \$25		\$15.00 (4/15)	
Beer = \$100; late filing fee \$25			
"Class C" Wine License	\$100.00	\$25.00	\$25.00
·		\$15.00 (4/15)	
Change of Agent	\$10.00		
Cigarette	\$100.00		
Adult Entertainment Tavern	\$1,000.00		
Temporary Adult Entertainment Tavern	\$150.00		
(not to exceed 7 days)			
Bowling Alley	\$5/Alley		
Two-Year Operator's License	\$60.00		
One-Year Operator's License	\$45.00		

- Complete application to be on file 15 days before Council can grant
- Class A, B and C license fees will be pro-rated if license is not for 12 month period

SUPPLEMENT TO LICENSING APPLICATION

1.	Do you understand that a license may not be issued to any applicant with indebtedness for fermented malt beverages or intoxicating liquor pursuant to the timelines in Wisconsin	¥ Yes law?	□ No
2.	Do you understand that State Statutes do not provide for refunds of unused license fees?	√ Yes	□ No
3.	Were you open for the minimum number of days throughout the licensing year? ("Class B" only)*	☐ Yes	□ No
	er penalty provided by law, the applicant states that each of the truthfully answered to the best of his/her knowledge.	ne above que	stions has
	ViaNV50	330	
	Print Name of Corporation/P	artnership/I	ndividual
	1/44521	Manitowo	c, WI
	Address of Licensed Premise	S	
	,		
	Signature of Corporate Agent	t, Partner or	Individual

^{*} Reference Manitowoc Municipal Code section 11.010(12) for additional information

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

*	1		(middle nom	
Individual's Full Name (please print) (last name)	(first name)		(middle nam	-
SURGAZINO	Myron)	/ State 2	Tip Code
Home Address (street/route)	Post Office	MICO	C IIIT	E4270
4240 SpriNGhill		11/10	Place of Birt	3/200
Home Phone Number	- 10 / Age	Date of Birth	-/-A Place of Birt	, ,)
47632	3/3/1911	7/5/	60 10	W.
7200		(
The above named individual provides the following		on who is (check one)	•	
Applying for an alcohol beverage licens		"		
A member of a partnership which is ma	aking application for an alcoho	of beverage license.		
(Officer / Director / Member / Manager / Age	of (Nat	ne of Corporation, Limited L	ability Company or Nonprofit (Organization)
which is making application for an alcoh				
The above named individual provides the fo	ollowing information to the lice	nsing authority:	nilm	
1. How long have you continuously resided	d in Wisconsin prior to this dat	e?	0 yestos	
2. Have you ever been convicted of any of	ffenses (other than traffic unre	lated to alcohol bev	erages) for	
violation of any federal laws, any Wiscon	nsin laws, any laws of any oth	er states of ordinari	ces of any county	Yes No
or municipality?	ial court trial date and penalty	imposed, and/or da	ite, description and	
status of charges pending. (If more room	n is needed, continue on reverse :	side of this form.)		
3. Are charges for any offenses presently	pending against you (other that	an traffic unrelated t	o alcohol beverages)	
for violation of any federal laws, any Wis	sconsin laws, any laws of other	er states or ordinand	ces of any county or	
municipality?				Tres Thing
If yes, describe status of charges pendi	ing.	ster or agent of a co	progration/popprofit	
Do you hold, are you making application organization or member/manager/agent	n for or are you an officer, dire	bolding or applying	for any other alcohol	
beverage license or permit?	t of a littlifted flability company			Yes No
If yes, identify.				
300 € 0000 \$20.00 € 400	17.1150000000000000000000000000000000000	and Type of License/Permit		
5. Do you hold and/or are you an officer, d	director, stockholder, agent or	employe of any per	son or corporation or	
member/manager/agent of a limited liab	bility company holding or appl	ying for a wholesale	beer permit,	Yes No
brewery/winery permit or wholesale liqu	uor, manufacturer or rectifier p	ermit in the State of	WISCONSIII	les XINO
If yes, identify.	olesale Licensee or Permittee)		(Address By City and	County)
Named individual must list in chronolog	[1] 경기 (1) 12 12 12 12 12 12 12 12 12 12 12 12 12		promise by only and	County
	rnployer's Address		Employed From	To 7
RATTAGLINIAM	25005 ASLIANDS		9-20/6	Thus alt
Employer's Name	mployer's Address		Employed From	To
TONY STICKA	2204 WHShir	16-4,	9-1772	4-12017
READ CAREFULLY BEFORE SIGNING:	Under penalty provided by la	w, the undersigned	states that each of the	ne above questions has
been truthfully answered to the best of the	knowledge of the signer. The	signer agrees that	he/she is the person	named in the foregoing
application; that the applicant has read and	i made a complete answer to e	each question, and to	nat the answers in ear	ch instance are true and
correct. The undersigned further understar under penalty of state law, the applicant m	nds that any license issued col	ng false statements	and affidavits in conn	ection with this applica
tion. Any person who knowingly provides r	materially false information on	this application may	be required to forfei	t npt more than \$1,000
uoni, rung paraem mer mer mga p		/		`
		// /	7	
		7/ /	(Signature of Named I	ndividual)
		///		
*				*

License	Number:	
LICCIISC	I TUILING CIT	

"CLASS B" INTOXICATING LIQUOR LICENSE BUSINESS PLAN

- Business Plan must be submitted to the Clerk's Office with any Original Application
- The Finance Committee will review the application and make a recommendation
- Council will act on the application

APPLICANT INFORMATION
Applicant (Name of Corporation, LLC, Partnership, etc.):
Trade Name: 10 Ny : 712212 Phone Number: 920 - 323 - 1364
$\frac{1}{2}$
Address of Establishment:
Agent or Owner of Establishment: Hathany J Burghaino
BUSINESS DESCRIPTION ()
Predicted Open Date: OZONA WAIN FNOS FULLE, 2020
Predicted Date the Business will be ready for Inspection: 5-1-20
Predicted bate the business will be ready for hispection.
Brief Description of the Business: TZZA J BAR
ALK GIZZA LIMITED DINT IN SERVICE
Attach an additional sheet or use the back of this form if more space is needed
Any additional information you wish to include:
SIGNATURE OF AGENT OR REPRESENTATIVE
11 15 76
4-15-20
Signature of Agent or Owner of Establishment Date
Office Use Only
Date Received by Clerk's Office: Approved
Common Council Date: Denied

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

	ORGANIZATION OR LIMITED
submit to municipal clerk.	liannes to sell fermented malt beverages and/or intoxicating
liquor must appoint an agont of the corporation/organization	or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating. The following questions must be answered by the agent. The appointment must be signed by the officer(s) or members/managers of a limited liability company and the recommendation made by the proper
local official.	Town On Lawre County of May toward
To the governing body of:	Village of ////
The undersigned duly author	(registered name of corporation/organization or limited liability company) Limited liability company making application for an alcohol beverage license for a premises known as
a corporation/organization or	Limited liability company making application to an arministration and application to a second and application and application and arministration arministration and arministration and arministration and arministration arministration and arministration and arministration arministration and arministration arministration arministration arministration and arministration ar
	Jonys 1122 (trade name)
1/4/	4521
located at	To Bincipla
appoints	Thory (name of appointed agent) N6H11/ DRIVE
	(home address of appointed agent)
to alcohol beverages condu- organization/limited liability	ganization/limited liability company with full authority and control of the premises and of all business relative acted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation company having or applying for a beer and/or liquor license for any other location in Wisconsin? so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
ls applicant agent subject to	o completion of the responsible beverage server training course? Yes X No
100 PT 100	to making this application has the applicant agent resided continuously in Wisconsin?
now long infinediately prior	1 -
Place of residence last year	ar 4240 Sprinchill MANHOWOL
F	Vanily's FRD 110
For	(name of corporation/organization/limited liability company)
Ву	
	(signature of Officer/Member/Manager)
And	(signature of Officer/Member/Manager)
-/	(a.g. a.t.a. a.
1. Antony	ACCEPTANCE BY AGENT ACCEPTANCE BY AGENT ACCEPTANCE BY AGENT
/	(print/type agent's name) , hereby accept this appointment as agent for the
corporation/organization/lin beverages conducted on th	pited liability company and assume full responsibility for the conduct of all business relative to alcohole premises for the corporation/organization/limited liability company.
//2	5152
A Join	Agent's age (date) Agent's age
	(home address of agent) Date of birth 7-31-60
	APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
I hereby certify that I have c the character, record and re	checked municipal and state criminal records. To the best of my knowledge, with the available information eputation are satisfactory and I have no objection to the agent appointed.
Approved on	by
(odio)	(signature of proper local official)

(signature of proper local official)

AT-104 (R. 4-09)

(town chair, village president, police chief)

State of Wisconsin Department of Revenue

Alcohol Seller/Server

While the following Responsible Beverage Server training courses have been approved for certification in the state, the Wisconsin Department of Revenue does not endorse nor administer any of these programs. Any issues you have concerning registration, student certification, fees, certificates, etc., must be directed to the individual vendor for resolution.

Classroom instruction providers:

- Wisconsin Technical Colleges
- RBSLearn.com
- · Serving Alcohol Inc. Wisconsin Alcohol Seller/Server Course
- ServSafe Alcohol (WRAEF/NRAEF)
- TIPS

Online instruction providers:

- Affordable Alcohol Training dba LIQUORexam.com
- <u>CARE</u> (American Hotel & Lodging Education Institute)
- Learn2Serve
- <u>Rserving.com</u> (Professional Server Certification Corporation)
- Seller/Server.com
- ServerLicense.com
- Serving Alcohol Inc. Wisconsin Alcohol Seller/Server Course
- ServSafe Alcohol (WRAEF/NRAEF)
- TIPS

September 23, 2019

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