

TAV-2542A

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ 25- pd 1/30
Total Fees	\$ _____

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Trattoria Tennie (Mark Tennie)		
2. Business Trade Name or DBA Trattoria Tennie		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number 456-1032239423-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 12/07/2025	8. Wisconsin DFI Registration Number T117790
9. Premises Address 2204 Washington Street		
10. City Manitowoc	11. State WI	12. Zip Code 54220
13. County Manitowoc	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Manitowoc	15. Aldermanic District
16. Premises Phone	17. Premises Email [REDACTED]	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Sold and consumed on premise in a restaurant atmosphere. Extra Liquor will be stored in the basement.		
20. Mailing Address (if different from premises address) 2011 Menasha Avenue		
21. City Manitowoc	22. State WI	23. Zip Code 54220

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

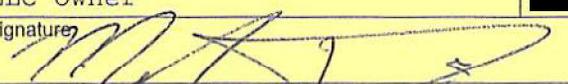
Last Name	First Name	Title	Phone
Tennie	Mark	Owner	920-905-1910

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Tennie	First Name Mark	M.I. R
Title LLC Owner	Email [REDACTED]	Phone (920) 905-1910
Signature 		Date 1/29/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 01/30/26	License Number TAV-2542A	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



License Number: TAV-2542A

"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.): Trattoria Tennie

Trade Name: _____ Phone Number: 920-905-1910

Address of Establishment: 2204 Washinton street Manitowoc WI

Agent or Owner of Establishment: Mark Tennie

BUSINESS DESCRIPTION

Predicted Open Date: 4/15/26

Predicted Date the Business will be ready for Inspection: 2/1/26

Brief Description of the Business: Restaurant, Italian

****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


Signature of Agent or Owner of Establishment

1/29/26
Date

<u>Office Use Only</u>	
Date Received by Clerk's Office: <u>01/30/26</u>	<input type="radio"/> Approved
Common Council Date: _____	<input type="radio"/> Denied

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 law? Yes No

- 2. Do you understand that State Statutes do not provide for refunds of unused license fees? Yes No

- ~~3.~~ "Class B" only: Were you open for the minimum number of days throughout the licensing year? Yes No

Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of his/her knowledge.

Trattoria Jennie (Mark Jennie)
Print Name of Corporation/Partnership/Individual

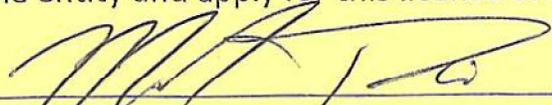
2204 Washinton Street Manitowoc, WI
Address of Licensed Premises


Signature of Corporate Agent, Partner or Individual

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

SIGNATURE AUTHORITY (required)

The undersigned hereby represents and warrants that it has the authority to apply for this license. If the party applying for this license is not an individual, the person(s) signing on behalf of the entity represents and warrants that they have been duly authorized to bind the entity and apply for this license on the entity's behalf.


Signature

1/29/25
Date

Alcohol Beverage Appointment of Agent

Date: 1/29/25

Agent Type <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Trattoria Tennie	
2. Business Trade Name or DBA	
3. Entity Type <i>(check one)</i> <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name Tennie	2. First Name Mark	3. M.I. R	
4. Email [REDACTED]		5. Phone 920-905-1910	
6. Home Address 2011 Menasha Avenue			
7. City Manitowoc	8. State WI	9. Zip Code 54220	10. Date of Birth [REDACTED]
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Tennie	First Name Mark	M.I. R
Title Owner	Email [REDACTED]	Phone (920) 905-1910
Signature 	Date 1/29/2026	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Tennie	First Name Mark	M.I. R
Signature 	Date 01/29/26	



A 360 TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

Mark Tennie

is awarded this certificate for

TIPS Wisconsin On-Premise Alcohol Server Training



Hours
4.00



Completion Date
01/28/2026



Expiration Date
01/28/2028



Certificate #
000040668261

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | GetTIPS.com

(CUT HERE)

(CUT HERE)

FOLD



Mark Tennie
2011 Menasha Avenue, Manitowoc, WI, USA
Manitowoc WI 54220

ISSUED 01/28/2026
CERTIFICATE # 000040668261

EXPIRES 01/28/2028

This card is non-transferable and represents successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats

Questions? Visit GetTIPS.com/FAQs

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | GetTIPS.com

Alcohol Beverage Individual Questionnaire

Date: 1/29/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Trattoria Tennie	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Tennie	2. First Name Mark	3. M.I. R	
4. Relationship to Business (Title) Owner	5. Email [REDACTED]	6. Phone (920) 905-1910	
7. Home Address 2011 Menasha Avenue			
8. City Manitowoc	9. State WI	10. Zip Code 54220	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 10/2011				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
715 Barstow Street	Eau Claire	WI	54701				
Previous Address 2	City	State	Zip Code				
1644 Green Bay Street	La Crosse	WI	54601				
Previous Address 3	City	State	Zip Code				
1220 16th Street South	La Crosse	WI	54601				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Manitowoc	WI	La Crosse	WI	Eau Claire	WI	Sheboygan
SC	Charleston	MT	Powell	PA	Bucks	CA	Riverside

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

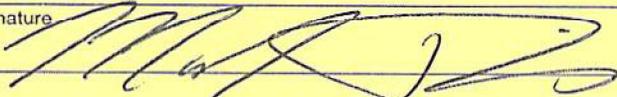
Law/Ordinance Violated Reckless Endangerment	Location Deer Lodge Montana	Conviction Date 01/08/2008
Penalty Imposed Fine/ 2days Jail		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 01/29/2026
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