License Number: TAV-2148A



# "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.): Mani towar Ludying Associates LLP
Trade Name: Baymont Itotel Phone Number: 920-482-2097
Address of Establishment: 101 Maritime Dr.
Agent or Owner of Establishment: Bharat Patel
BUSINESS DESCRIPTION Predicted Open Date: already open
Predicted Date the Business will be ready for Inspection: January 24, 2022
Brief Description of the Business: Hotel + Conference Center
**Attach an additional sheet or use the back of this form if more space is needed**  Any additional information you wish to include: Previous ly Licensed —
SIGNATURE OF AGENT OR REPRESENTATIVE  1/7/2022  Signature of Agent or Owner of Establishment  Date
Office Use Only
Date Received by Clerk's Office: Approved
Common Council Date: Denied

TAV-2148A

iginal Alcohol Beve	erage Retail	License Ap	plication	Applicant's Wisconsin Selier's Pe	rmii Number
bmit to municipal clark.)	<del></del>			PEIN Number 0 - 068 -	7622
the license period beginning:	(mm dd yyyy)	ending:	(nam did yyyy)	TYPE OF LICENSE REQUESTED	FEE
سو	T. Warrens and			Class A beer	\$
the Governing Body of the:	Jiown of W	anitowoo		Class B beer	\$
Me Governing body or mer C	City of			Class C wine	\$
ما ، ٥ .	-	Aldermanic	Diet No.	Class A liquor Class A liquor (cider only	A S N/A
unty of <u>Manita</u>	WDO		by ordinance)	Class B liquor	48
		• •	-	Reserve Class B liquor	\$
ack one: 🔲 Individual 🔝	Limited Liability	Company		Class B (wine only) wine	
BCK dite: [ ] Partnership [	Corporation/Nor	profit Organizatio	on	Publication fee	5   S
<b>—</b> • • • • • • • • • • • • • • • • • • •		•		TOTAL FEE	
		A Transaction of the ballion	nomannia diva regist	ered name)	
ame (indhidual / partners give last ne	me, first, mirole; corpor	Sticke Lauring transits		P	
Nianin	owor Lodg	ging ross	unures .		
n "Auxiliary Questionnaire,"	Form AT-103, mt	est be completed	d and attached to	this application by each in	dividual applicant,
n "Auxiliary Questionnaire," / each member of a partner	ship, and by each	officer, director	r and agent of a	corporation or nonprofit or	ganization, and by each person.
ich member/manager and a	gent of a limited i	lability company	A. Martina institution	et, City or Post Office, & Zip Code)	
resident / Member Last Neme	(First)	(Middle Name)	Home Address (Sire	newon Art. Indian	nacolis in in an
Bharat Patel	Bharat	N.	7728 J. ET	et, City or Post Office, & Zip Code)	110 4020
fine President / Member Last Name	(First)	(Middle Name)		est, city or Post Clinde, a zip Code)	
Nama Patel	(First)	(Middle Name)	Home Address (Stre	et, City or Post Office, & Zip Code)	
Secretary/Member Last Name	(First)	(Mittolia (Alsula)	2005 5 44	A And Lle Hooch	m ns mus
Harshad Pate	Harshad (First)	(Middle Name)	Home Address (Stre	A Ave, Hathesbur	1100000
reasurer / Member Lest Name	(Litter)	(miodia nome)			
Ageny Lest Name	(First)	(Middle Name)	Horne Address (Str	set, City or Post Office, & Zip Code)	
L. Rein	PATRICIA	J	1830 M	CHULAS OT MAN	MONOC 015422
Directors / Managere Last Name	(First)	(Middle Name)	Home Address (Sin	est, City or Post Office, & Zip Code)	
					165 7
+ Trada Nama Barana	ent Inn	Suites	Business I	Phone Number 920 988	1219 6821
Address of Premises //     Premises description: De	" IT PATITIFY	mar	TONGE, W	/	<u></u>
3. Premises description: De	scribe building or i	oulidings where a	ilcohol beverages	fare to be sold and stored. I e service consumption, and	ne lor
				s, service, consumption, and nd stored only on the premis	
storage of alcohol bevera described.)	Rea our receive.	te stammer and section of the		, -	
/69	Room H.	otel with	h lunge	banquet fac	CEMES
	Publi	Soaci	1		<del>parjo spino</del>
	RADIA	ATEO F	18ST FLO	ORAR OFF	
<del></del>	OF GUALET	ION HAU	LWAY		-
	ne poirve	-10 //	····	<u> </u>	
**************************************					<del></del>
			<del></del>	, , , , , , , , , , , , , , , , , , ,	<del></del> *
4. Legal description (omit If	street address is g	iven above):			
		af flactor as bac-	during the papt lin	anse vear?	Yes □No
5. (a) Was this premises lice		•			THE PARTY SALES
(b) If yes, under what na	me was license iss	wed? Dire	More T	ine uc	
forh is 3 ment materials ansattle ates				*	
,				W	Secondin Department of Revenue
AT-105 (R. 8-19)			۵		ERSE SIDE FOR

920-901-1457 - Agent

SEE REVERSE SIDE FOR CONTINUED APPLICATION

	ls individual, partners or ag beverage server training co		The property	מופומי			⊻ Yes	LJ NO
	Bier Wanteral	Manager la	Willa	KEILLY WILL	men(Z)			
•	is the applicant an employe if yes, explain.	or agent of, or acting on b					☐ Yes	II/No
•						NAME OF THE PARTY		
	Does any other alcohol be business? If yes, explain	4 * * * * * * * * * * * * * * * * * * *		*********			Yes	☑ No
	(a) Corporate/limited liab						, 500 i	4
		n/limited liability company					☐ Yes	₽Ño
	(a) Done the compretion	or any officer director stor				y, or any		
	member/manager or a if yes, expiain.	igent hold any interest in a	iny other al	cohol beverage licen	se or permit	In Wisconsin'r	∐ Yes	[ΣΝο
	member/manager or a if yes, explain.  Does the applicant unders	gent hold any interest in a	a Retail Be	verage Alcohol Deals	se or permit	deral		
	member/manager or a if yes, explain.  Does the applicant unders	stend they must register as Tobacco Tax and Trade Bur	a Retail Be	verage Alcohol Deals by filing (TTB form 50	se or permit	deral re beginning	· ZYes	□ No
•	Does the applicant unders government, Alcohol and business? [phone 1-877-6]	stand they must register as Tobacco Tax and Trade Bur 882-3277]	a Retail Be reau (TTB)	verage Alcohol Deals by filing (TTB form 56 er's Permit? [phone (	er with the fee 330.5d) before	deral re beginning	□Yes	□ No
	Does the applicant unders government, Alcohol and business? [phone 1-877-6]	stand they must register as Tobacco Tax and Trade Bur 882-3277]	a Retail Be reau (TTB) consin Selle ase alcohol by law, the app provides that it thership apoli	verage Alcohol Deals by filing (TTB form 56 er's Permit? [phone (beverages only from plicant states that each of terially false information the rights and responsibilities and must stan; one corp	er with the fee 330.5d) before with the fee 330.5d) before the same of the above que on this applications conficer or the conficer or the same or the	deral re beginning  76] wholesalers, estions has bean tion may be required by the license(s), ne member/mane	ZYes  ZYes  Indhilly er  Indicated, gar of Umit	□ No □ No □ No □ No □ swered to f not more will not be ed Liability
	member/manager or a if yes, explain.  Does the applicant unders government, Alcohol and business? [phone 1-877-6]  Does the applicant unders breweries and brewpubs?  AD CAREFULLY BEFORE SIGN best of the knowledge of the sign \$1,000. Signer agrees to open signed to another. (Individual appropriate must sign.) Any lack of inisdemeanor and grounds for revented Person's Name (Last, First, M.I.)	stand they must register as Tobacco Tax and Trade Bur 882-3277]	a Retail Be reau (TTB) consin Selle ase alcohology law, the apply provides many aw and that it therabip applies of pramises	echol beverage licent verage Alcohol Deals by fiting (TTB form 56 er's Permit? [phone (beverages only from plicent states that each of terially false information are rights and responsibilition that is the continuity of the properties of the prop	er with the fee 330.5d) before with the fee 330.5d) before the state of the above que on this applications conferred crate officer, or deemed a refu	deral re beginning 76] wholesalers, settions has been tion may be required by the license(s), ne member/mane, sal to permit inspendent	Yes Ves truthfully er ed to fortel if granted, ger of Limit action, Suci	No N
	member/manager or a if yes, explain.  Does the applicant unders government, Akohol and business? [phone 1-877-4]  Does the applicant unders breweries and brewpubs?  AD CAREFULLY BEFORE SIGN best of the knowledge of the sign \$1,000. Signer agrees to operationed to another. (Individual appmpanies must sign.) Any lack of inisdemeanor and grounds for rev	stand they must register as Tobacco Tax and Trade Bur 882-3277]	a Retail Be reau (TTB) consin Selle ase alcohol by law, the apply provides may aw and that it thership applies of pramises	everage Alcohol Deals by fiting (TTB form 56 er's Permit? [phone (beverages only from blicant states that each of terially false information are rights and responsibilities and must sign; one corp during inspection will be	er with the fee 330.5d) before with the fee 330.5d) before the state of the above que on this applications conferred crate officer, or deemed a refu	deral re beginning 76]	Yes Ves truthfully er ed to fortel if granted, ger of Limit action, Suci	No N
e al series	member/manager or a if yes, explain.  Does the applicant unders government, Alcohol and business? [phone 1-877-6]  Does the applicant unders breweries and brewpubs?  AD CAREFULLY BEFORE SIGN best of the knowledge of the sign \$1,000. Signer agrees to open signed to another. (Individual appropries must sign.) Any lack of inisdemeanor and grounds for revined Person's Name (Last, First, M.I.)	stand they must register as Tobacco Tax and Trade Bur 882-3277]	a Retail Be reau (TTB) consin Selle ase alcohol by law, the apply provides may aw and that it thership applies of pramises	everage Alcohol Deals by fiting (TTB form 56 er's Permit? [phone (beverages only from beverages only from etally false information at rights and responsibilities that must sign; one corp during inspection will be tree them bear the analyse of the	er with the fee 330.5d) before with the fee 330.5d) before the state of the above que on this applications conferred crate officer, or deemed a refu	deral re beginning 76] wholesalers, settions has been tion may be required by the license(s), ne member/mane, sal to permit inspendent	Yes Ves truthfully er ed to fortel if granted, ger of Limit action, Suci	No N
2. E e aissorm	member/manager or a if yes, explain.  Does the applicant unders government, Alcohol and business? [phone 1-877-4]  Does the applicant unders breweries and brewpubs?  AD CAREFULLY BEFORE SIGN best of the knowledge of the sign st, 1000. Signer agrees to per signed to another. (Individual approprias must sign.) Any lack of hisdemeanor and grounds for reversed Person's Name (Last, First, M.I.)	stand they must register as Tobacco Tax and Trade Bur 882-3277]	a Retail Be reau (TTB) consin Selle ase alcohol by law, the apply provides may and that it thership applies and pramises	verage Alcohol Deals by filing (TTB form 56 er's Permit? [phone (beverages only from beverages only from tendily false information one rights and responsibilities and must sign; one corp during inspection will be the fill the fi	er with the fee 330.5d) before with the fee 330.5d) before the state of the above que on this applications conferred crate officer, or deemed a refu	deral re beginning  76] wholesalers,  estions has been tion may be required by the license(s), ne member/mane, sal to permit inspection for the sal to permit i	Yes Ves truthfully er ed to fortel if granted, ger of Limit action, Suci	No N

#### SUPPLEMENT TO LICENSING APPLICATION

1.	Do you understand that a licent applicant with indebtedness for or intoxicating liquor pursuant	□ ¥es w?	□ No	
2.	Do you understand that State S refunds of unused license fees		☑ Yes	□ No
3.	Were you open for the minimuthroughout the licensing year?	Q Yes	□ No	
Und bee	er penalty provided by law, the an truthfully answered to the best	pplicant states that each of the of his/her knowledge.	above ques	tions has
	•	Manitomoc lodging	Associa+	es up
		Print Name of Corporation/Pa	irtnership/In	dividual
		101 maritime Dr.	Manitowoc	<u>, WI</u>
		Address of Licensed Premises		
		Signature of Corporate Agent	, Partner or l	ndividual

<sup>\*</sup> Reference Manitowoc Municipal Code section 11.010(12) for additional information

### Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clark.

Ividust's Full Name (please print)	(last name)		(first nam	)	. (m)	ddie name)		
	Patel	Bh	ara	t	Nati	Var		
na Address (street/route)	·	Post Office		CXY	Sta	te Zip	Code	
1938 S. Emer	son Are			Indianapi	oils /	$\mathcal{M}$	46203	:
me Phone Number			Age	Date of Birth	Ple			
3938 S. Emer. ma Phone Number 317. 4	13.682	7	63	12/4/5	3	In	dia	
above named individual p Applying for an alcohol b				son who is (check one	»):			
		and the second second		hol beverace license	<b>:.</b>			
	Garr	of M	mita	our oc Ledge pur oc Ledge pure of Corporation, Lighted	ng Assa	ci aka	s, Ut	2
(Officer / Director / Marr	iber Clanagor / Apenl	)	()	ame of Corporation, Links	lability Company or	Nonprofit On	jankatkin)	
which is making applicati	ion for an alcoho	ol beverage licens	9.					
o obeve named individual i	provides the follo	owing information	to the lic	ensing authority:				
How long have you contin	unusiv resided i	in Wisconsin prior	to this d	ate? N/A LIV	main.	Indu	ma	
House you ever been conv	ricted of any otto	inses (other than t	remo yn	alated to Riccition of Datella.	A GEST BOD SINCE		<u>, , , , , , , , , , , , , , , , , , , </u>	
violation of any federal las	ws, any Wiscons	sin laws, any laws	of any o	ther states or ordina	nces of any col	unty	<b></b>	,, <i>2</i>
or municipality?							. 🗌 Yes	
If yes, give law or ordinar	ice violated, trial	court, trial date a	nd pensi	ty imposed, and/or d	late, description	n and		
status of charges pending	g. (If more room h	s needed, continue o	n revers	side of this form.)				
Are charges for any offen for violetion of any federa municipality?	i laws, any Wisc	consin laws, any le	iws of ol	her states or ordinar	ices of any cou	nty or	🗌 Yes	
Hum donadha etatus of	charge sendla	Ħ					., ., .,	. وسيده
Do you hold, are you mai	king application	for or are you an o	officer, d	rector or agent of a	corporation/nor	profit		
organization or member/	manager/agent (	of a limited liability	compai	y holding or applying	g for any omer	alconol		_
beverage license or perm	140						Yes	
If yes, identify.	.,	picase	See	attache	A		<del></del>	
. Do you hold and/or are y						atlon or		
. Do you noid and/or are y member/manager/agent	of a limited liabi	iliv company holdi	na or se	ea the le etation is leasionw a 101 pnivio	e beer permit,			
brewery/winery permit or	wholesale liquo	or, manufacturer o	rectifie	permit in the State	of Wisconsin?		🗌 Yes	凹
If yes, identify.			<b>'</b> ;	•			_	
	(Name of Whole	rade Licenses of Permitte	e)	<del></del>	(Address B	y City and Co	ounty)	
. Named Individual must li	ist in chronologic	cal order last two e	evolqme	18.				
Employer's Neme		pioyers Address			Employed From		ío	
				<del>, , , , , , , , , , , , , , , , , , , </del>	Brahama Basa		v	
Employer's Name	Em	ployer's Address			Employed From	}	To	
	,	4			1	1		
READ CAREFULLY BEFO	re signing:	Under penalty pro	vided by	law, the undersigne	d states that ea	ach of the	above que	silons
peen truthfully answered to application; that the applicat	the best of the i	knowledge of the s	signer. T	ne signer agrees tha	IL Nevena is 1710 That the answe	n noered Pee ni an	ametance e ametance e	garon:
omect. The undersigned full	riber understand	is that any license	lesued o	contrary to Chapter 1:	25 of the Wisco	nsin Stat	utes shall be	e void,
inder neasity of state law, t	he applicant ma	v be prosecuted fr	or submi	tting false statement	s and affidavits	in conne	ction with th	ile app
ion. Any person who knowi	ingly provides m	aterially false info	rmation (	on this application m	By be required	to forfelt	not more the	an \$4

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

ndividual's Full Name (please print) (last	l name)	(first nam	(a)	(mio	de name)
Pa	Lo.Í N	Varib.	O1	$\mathcal{C}$	hampak
Home Address (street/route)	Post Office	7	City	Stat	e Zip Code
3938 S. Enerson	Ave		Indiana	polis 1	N 40203
Home Phone Number		Age	Date of Birth	Plac	e of Birth
317.514.682	7 ce11	61	7.12 3	57	India
he above named individual provid			son who is (check on	a):	
Applying for an alcohol beverage  A member of a partnership with	ge licerise as all mulvio	ua. A for on olea	shot haverage licens	<b>A</b>	
A member of a partnership with the same of	,	n na na na na M	marchiner.	Ladaina	ASSOCIALES C
(Officer / Director / Member / Me	nager / Agent)	- (1	Name of Corporation, Limited	Liability Company or A	onprolit Organization)
which is making application for	an alcohol beverage lic	ense.		V	
The above named individual provid . How long have you continuoust	es the following informa	ition to the li	censing authority: late?	'A	
Have you ever been convicted o	of any offenses (other th	ian traffic un	related to alcohol be	verages) for	
violation of any federal laws, an	iy Wisconsin laws, any k	aws of any o	other states or ordina	nces of any cou	nty
or municipality?					Li Yes Light
If yes, give law or ordinance vio	lated, trial court, trial da	ite and pena	ity imposed, and/or ( a side of this form )	ate, description	enu
status of charges pending. (If n	JOLE LOOW IZ HEEGEN, CONTR	iria ini tarata	6 Sido di Bila idilili,		
<ol> <li>Are charges for any offenses pr for violation of any federal laws</li> </ol>	, any Wisconsin laws, ai	t you (other ny laws of ol	than traffic unrelated ther states or ordinar	to alcohol bever nces of any coun	ry or
municipality?					∐ Yes LL
if yes, describe status of charge 1. Do you hold, are you making a	es pending.	an officer d	rector or agent of a	corporation/none	rofit
organization or member/manag	er/agent of a limited lial	bility compar	y holding or applying	g for any other a	Icohol
haverage license or permit?				.,,,,,,,,,,,,,,,,	🔲 Yes 🔲 I
If yes, identify. DLeas	e see attac	had	on and Type of License/Pern	<u></u>	
,		iteminat pason			നെ റെ
<ol> <li>Do you hold and/or are you an member/manager/agent of a lir</li> </ol>	onicer, director, stockto nited liability company h	nder, agent t Inidina or so	niving for a wholesal	e beer permit.	٠٠٠٠ ال٥١١
brewery/winery permit or whole	esale ilquor, manufacture	er or rectifier	permit in the State	of Wisconsin?	🗌 Yes 🛅 🛚
If yes, identify.					
(N	ame of Wholesele Licensee or Pe			(Address By	City and County)
<ol><li>Named Individual must list in cl</li></ol>		wo employe	<b>'8</b> .	Employed From	Το
Employer's Name	Employer's Address			cmpeyed Floir	
	Employer's Address			Employed From	To
Employer's Name	Eudroles a unacaso				
			tarri dia a sonala anima s	d ataton that and	h of the shove augetions
READ CAREFULLY BEFORE SK been truthfully answered to the be	et of the knowledge of t	he signer. I	he sioner aorees tha	t ne/sne is the p	erson named in the lolego
analication: that the annicant has t	read and made a comple	ele answert	a each question, and	that the answers	in each instance are true
sample The undersioned further in	nderstande that any lice!	nse issued c	ontrary to Chapter 1:	25 of the Wiscon	sin Statutes snall de void, i
under penalty of state law, the app tion. Any person who knowingly pr	niicent may be prosecute	ed for submit	iong taise statements in this application m	s and amidavits if av be required to	i connection with this appl forfeit not/more than \$1.0
tion, Any person who knowingly pr	OVIDES MAISMANY FAISE I	nacination (	м сво аруповим на	-1 me . september 50	1 A60
				1	ayna Fel
			A. C.	(Signature of	klemed Individual)

### Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name	)	me)	
Pote I Paris	Harshad		atvar	
Home Address (street/route)	Post Office	City	State	Zip Code
and a later MA		Hathrachura	ms	39402
2205 5. 401- NAE-	Age	Date of Birth	Place of B	
Home Phone Number	1	عسام الما		dia
601.434.4628	cell 63	4/29/83	771	21.0
The above named individual provides the foll		son who is (check one):		
Applying for an alcohol beverage license	as an individual.			
A member of a partnership which is ma	king application for an alco	hol beverage license.		1
(Officer / Director / Member / Manager / Agent		DUSC Ledgin erre of Carporellon, Limited Rebilly C	g ASSOC Impany or Nonprofi	iates, CP
which is making application for an alcohol				
The above named individual provides the following	lowing information to the lic	ensing authority:	11-0	
1. How long have you continuously resided	in Wisconsin prior to this di	ate?	VIA	
<ol><li>Have you ever been convicted of any offer violation of any federal laws, any Wiscons</li></ol>	enses (other than traffic unr	elated to alcohol beverage	s) for f any county	
or municipality?			,	Yes No
If yes, give law or ordinance violated, tria status of charges pending. (If more room is	i court, trial date and penal is needed, continue on reverse	ty imposed, and/or date, de side of this form.)	escoption and	
3. Are charges for any offenses presently p	ending against you (other t	nan traffic unrelated to alco	hoi beverages	3)
for violation of any federal laws, any Wise	consin laws, any laws of oth	ner states or ordinances of	any county or	,
municipality?		*************	,,,,,,,,,,,,,	Yes No
If you describe status of charges pending	a.			
4. Do you hold, are you making application	for or are you an officer, dis	rector or agent of a corpora	tion/nonprofit	
organization or member/manager/agent	of a limited liability compan	y holding or applying for ar	ry other alcoho	k
haverone license or nermit?				□Xés □ No
If yes, identify. Dease	See attachuc	×		
				-
5. Do you hold and/or are you an officer, dis	rector, stockholder, agent o	r employe of any person of	corporation of	or
member/manager/agent of a limited liabi	lity company holding or app	blying for a wholesale beer	permit,	
brewery/winery permit or wholesale liquo	or, manufacturer or rectifier	permit in the State of Wisc	onsin r	Yes UNO
If yes, identify.				
•	sale (Jeansee of Permittee)		(Address By City an	d Gounty)
6. Named individual must list in chronologic		S. Employe	d Erom	То
Employer's Name Em	ployer's Address	cupoy	ng (*tuit)	
Employer's Name Em	płoyer's Address	Employe	od From	То
READ CAREFULLY BEFORE SIGNING: It been truthfully answered to the best of the application; that the applicant has read and recorrect. The undersigned further understand under penalty of state law, the applicant matter. Arry person who knowingly provides materials.	cnowledge of the signer. The made a complete answer to its that any license issued or the prosecuted for submitter.	e signer agrees that he/sh each question, and that the ontrary to Chapter 125 of th ting false statements and a	e is the person e answers in en e Wisconsin S ffidavits in con	n named in the foregoing ach instance are true and tatutes shall be void, and nection with this applica
meter and become take to maniful breathers the	manage Programme Programme		ho-t	
•			(Signature of Named	Individual)

#### **Serving Alcohol**

is proud to present this certificate to

#### Patricia Reilly

for successful completion of the online course



#### Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- \* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- \* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats. Verify online at servingalcohol.com

Verification Code

VsN9H2MjgZ

Date Issued

Jan 28th, 2022

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license. This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working. Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course

Name: Patricia Reilly

Certification Date: Jan 28th, 2022

Certificate Code: VsN9H2MjgZ

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card