TAV-1867

|  |  | ]  | 12 11 - Fin                               | Appropriés Wil Selfer's Perma ric.:  |                                   |  |
|--|--|--|---|--|-----------------------------------|--|
| Hmended  |  |  |   | 456-1029966984-02  |                                   |  |
| ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION   |  |  |   | 11:11 Humber: 32 - 056 9797  |                                   |  |
| Submit to municipal clerk.   |  |  |   | LICENSE REQUESTED  |                                   |  |
| For the license period beginning   |  |  |   | TYPE   | FEE                               |  |
| For the license period beginning 20 ; ending JUNE 30 20 1.9                                  |  |  | Class A beer                              | S 150 CO   |                                   |  |
|  |  |  |   | Class B beer   | \$ 100.00                         |  |
| TO 1   | HE GOVERNING BODY  | of the:  Village of  MAN   | TOWOO                                     | Class C wine   | S 100.00                          |  |
| 101  | TO THE GOVERNING BODY of the: Village of MANITOWOC   |  |   | Class A liquor Class A liquor (cider only)   | C0.002 2                          |  |
| 292217117  |  |  |   | Class B liquor   | S 500 00                          |  |
| County of MANITOWOC Aldermanic Dist. No. (if required by ordinance)                          |  |  |   |  |                                   |  |
| •  | The named   INDIVIDUA  | AL PARTNERSHIP DATION/NONPROFIT ORGANIZATION the alcohol beverage license(s) chec  | LIMITED LIABILITY COMPANY                 | Publication les  | \$ 25.00                          |  |
| ••   |  |  | N .                                       | Publication fee BSFORE 4/15  | S 15.00                           |  |
|  |  |  |   | TOTAL FEE  | s                                 |  |
|  | Name (individual/partners give   | e last name, first, middle; corporation  | nsfimited lability companies give re      | gistered name): >  |                                   |  |
|  | 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.  Title  President/Member Pesident Bernan Weselmer 8325.8715t.  Post Office & Zip Code  Vice President/Member.   |  |   |  |                                   |  |
| SecretaryMember  |  |  |   |  |                                   |  |
|  |  |  |   |  |                                   |  |
|  | Agent > Bren   | nancy. Seeha-fer   |   |  |                                   |  |
|  | Directors/Managers   |  |   |  |                                   |  |
|  | Trade Name > _ / hc_   | Whart  | Busines:                                  | Phone Number   |                                   |  |
| 4.   | Address of Premises > LCOCCCQUALISTICE + Post Office & Zip Code > 1113 54531   |  |   |  |                                   |  |
| 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?  |  |   |  |                                   |  |
| 6.   | Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?   |  |   |  |                                   |  |
| 7.   | Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?   |  |   |  |                                   |  |
| 8.   | 8. (a) Corporate/limited liability company applicants only: Insert state WISCOSIC and date 5/2:1/18 of registration  (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  |  |   |  |                                   |  |
|  |  |  |   |  |                                   |  |
|  | (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 Wesconsin?  |  |   |  |                                   |  |
| 0  |  | OTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)  |   |  |                                   |  |
|  | 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, sprice, consumption, and/or storage of alcohol beverages and records (Alcohol beverages may be sold and stored only on the premises described.) Entire fenced—in lot at 606 Quay St. with storage of |  |   |  |                                   |  |
| 10.  | may be sold and stored only on the premises described. Entire fenced-in lot at 606 Quay St. with storage of Legal description (omit if street address is given above): alcohol in steel structure.   |  |   |  |                                   |  |
| 11.  | (a) Was this premises licensed for the sale of liquor or beer during the past Icense year? ShiPPING. Container   Yes   No (b) If yes, under what name was license issued?  |  |   |  |                                   |  |
|  | 2. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5530.5)  |  |   |  |                                   |  |
| 13.  | before beginning business? [phone 1-800-937-8864]  |  |   |  |                                   |  |
|  | T. L. (2001) DEC 00000   |  |   |  |                                   |  |
| 14.  | [phone (ed/s) 266-2776]  |  |   |  |                                   |  |
| READ C   | AREFULLY BEFORE SIGNING  | 3: Under penalty provided by law, th   | e applicant states that each of the at    | pove questions has been truthfully   | answered to the best of the       |  |
| cnowled  | ge of the signer. Any person who   | knowingly provides materially false in   | formation on this application may be r    | equired to forfeit not more than \$1.0   | 00. Signer agrees to operate      |  |
| his busi   | ness according to law and that the   | he rights and responsibilities conferred   | by the license(s), if granted, will not t | be assigned to another, (Individual a  | applicants, or one member of      |  |
| a partne<br>furing in  | rship applicant must sign; one o   | corporate officer, one member/manage   | er of Limited Liability Companies must    | sign.) Any lack of access to any po  | artion of a licensed premises     |  |
| Juling III   | turing inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeandr and grounds for revocation of this livense.   |  |   |  |                                   |  |
| (differed Corporation / Wilman / Manager of Limited Liability Company (Partner / Individual) |  |  |   |  |                                   |  |
|  |  |  | Julie or Corporation 77                   | The committee of Charles Charles C   | Amplany / Farmer / Individual)    |  |
| TO PE  | COMPLETED BY CLEDY   |  |   |  |                                   |  |
|  | COMPLETED BY CLERK<br>erved and filed with municipal clerk   | Date reported to sounce / board  | Date provisional license issued           | Signature of Clerk / Deputy Clerk  |                                   |  |
| 2-15-19  |  | The state of the s | P   | The state of the s |                                   |  |
| Date lice  | nse granted  | Date Icense issued   | License number issued                     | 1  |                                   |  |
| T-106 //   |  |  |   |  |                                   |  |
|  | ( /+1A)  |  |   | ***  | come in Connection at at December |  |



