	<u></u>			TAV-	1954	A	
Original Alcohol Beve	erage Retail	License Ap	Hication	Applicant's Wisconsin S H56 ~L030	ieller's Permit N	umber 20-04	
Submit to municipal clerk.)				FEIN Number 2812	187		
For the license period beginning:	(mm dd yyyy)	ending: <i>&:</i>	-30 - 20 20 mm dd yyyy)	TYPE OF LICE REQUESTE	NSE	FEE	
		·		Class A beer	s		\dashv
] Town of)	و سد . مصر		Class A beer	<u>\$</u>	75.00	7
L To the Governing Body of the: [] Village of }	JANI (OWOL		Class C wine	\$		
	☑ City of			Class A liquer	\$		
		Aldermanic (Dist. No.	Class A liquor (c	ider only) \$	N/A	
County of	<u> で </u>	(if required b	y ordinance)	Class B liquor	\$	275.00	
		VIII	•	Reserve Class E	liquor \$		
		_		Class B (wine of			
Check one: Individual	☑ Limited Liability (Company		Publication		25.00	
☐ Partnership	Corporation/Non	profit Organizatio	n	TOTAL FEE	\$	475.0	
	_						
Name (individual / partners give last na	eme, first, middle; corpore	ations / limited liability of	companies give register	ed name)			
Hante (married transfer of the							
An "Auxiliary Questionnaire,	" Form AT-103, mu	ist be completed	and attached to t	his application by	each individual	dual applic ization, an	ant, d by
An "Auxiliary Questionnaire by each member of a partner	ship, and by each	officer, director	and agent of a co	and place of resid	ence of each	person.	-
by each member of a partner each member/manager and a	igent of a limited li	iability company					
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City of Lost Ollice, a rib	m,	an Bel	-
	l'	G	8014	PAUZZ D	el wi	5422	ω
Vice President / Member Last Name	Dem	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip	Code)		1
	(First)	Γ .	2-0	TOL ST. TWO! City or Post Office, & Zip	INITINI	5424	1
Bestler	Bout	E	Hama Address /Street	City or Post Office, & Zin	Code)		_1
Secretary / Member Last Name	(First)	(Middle Name)	Home Addidss (office	, , ,			
Glassy Fence	Laura	W	2228 S.	13-14 ST. L. City or Post Office, & Zij	MILW	1 3720	
Treasure / Member Last Name	(First)	(Middle Name)	Home Address (Street	L City or Post Office, & 21) (1000)	NI	ĺ
Bessler	Bat	F	3008 m	City or Post Office, & Zi	7 57000	54241	
Agent Last Name	Bru7	(Middle Name)	HOURS MUDICESS (SUICE)	L Only of 1 and a	F - · · /		
1 -		6	0014 6	ANT PA ME i, City or Post Office, & Zi	anach a	11 542	27
Directors / Managers Last Name	Dag	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zi	p Code)		
Directors / Managers Last Name	(First)	(IMIGOIO MOINE)	0 0	2d marib		:42> T	
- mumby	Don						
1. Trade Name	FUEGADE	<u> </u>	Business Ph	none Number <u>4</u>	20-693-9	166	
		7TH 57.	Post Office	& Zip Code	· WI	54220	
2. Address of Premises							-
Premises description: Do applicant must include a storage of alcohol bever described.)	II rooms including li ages and records. ((Alcohol beverage	es may be sold and				
Ber_	FLEIT BAS	Lonert UPF	161 woher				
			,				
						r	
•						•	
						_	
						•	
						-	
						•	
4. Legal description (omit	street address is g	iven above):					
5. (a) Was this premises li	censed for the sale	of liquor or beer d	uring the past licer	nse year?		. Yes	□No
(b) If yes, under what no				INTS INC			
• • •				,			

6.	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? If yes, explain							
7.	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?	Yes	<u> </u>					
8.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain	☐ Yes	ľΝο					
9.	(a) Corporate/limited liability company applicants only: Insert state and date and date	?						
	(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain	☐ Yes	₽Ño					
(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. Dry mumy - Tom Tarrismans 1500. Grapy Frank - 3 Kings 2 Quest LLC								
10.	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]	⊡-rés	∐ No					
11.	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	⊘ Tes	☐ No					
12.	Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?	⊟ √es	□ No					
the i 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 a \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), it igned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/managen mpanies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection and grounds for revocation of this license.	ed to forfeit f granted, w er of Limite	not more ill not be I Liability					
Con	Down Murray President / Ajent Date	1,9						
Sign	Previous/Ajent 9/24) Phone Number Email Address 920-242-6441	<u> </u>						
<u> </u>								
TO	BE COMPLETED BY CLERK Deterministrational license issued Signature of Clerk / Deputy Clerk							
Dat	te received and filed with municipal clerk Date reported to council / board Date provisional license issued Signature of Clerk / Deputy Clerk O							

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

Submit to municipal clerk.

AT-104 (R. 4-09)

All corporations/organizations of	or limited liability cor	npanies applying for ns must be answere	or a license to se ed by the agent. T	ell termented n The appointme	ent must be signed by the officer(s)
of the corporation/organization local official.	or members/mana	gers of a limited	liability company	and the reco	mmendation made by the proper
local official.	Town				
To the governing body of:	Village of	swituwo i	<u> </u>	County of	MANTOWOL
The undersigned duly authorize	ed officer(s)/membe		(registered name	,	enization or limited liability company)
a corporation/organization or lin	_			beverage lice	nse for a premises known as
	يرم کے	esadues (trade na	ne)		
located at 1421			MYC	WI	54220
appoints	Don	name of appoin	ted agent)		
24	214 PAV2	PI	m on bar	- W)	54227
		(home address of ap	pointed agent)		
to act for the corporation/organ to alcohol beverages conducte organization/limited liability con	d therein. Is applica	nt agent presently :	acting in that cap	pacity or reque	remises and of all business relative esting approval for any corporation/location in Wisconsin?
Yes No If so, in	ndicate the corporate	e name(s)/limited lia	ability company(id	es) and munici	ipality(ies).
72m 2	inesomers?	اسر			•
Is applicant agent subject to co	mpletion of the resp	onsible beverage s	erver training co	urse?	res L-No
How long immediately prior to	making this applicati	on has the applicar	nt agent resided o	continuously in	Wisconsin? Sof
Place of residence last year	8014	PAUZZ Rd	dnam	ar wi	54227
For:	Deres	ade Luc	poration/organization	Aimited liability co	mpany)
Ву: _	7	ma	gnature of Officer/Me		
And:					
		(SI	gnature of Officer/Me	mber/Manager)	
		ACCEPTANCE	BY AGENT		
1, Dan	(print/type agent's na	ame)		, hereby acce	pt this appointment as agent for the
corporation/organization/limite beverages conducted on the	ed liability company premises for the cor	and assume full poration/organizati	responsibility for on/limited liability	r the conduct y company.	of all business relative to alcohol
7 /signal	then a must		9/24/	, 9	Agent's ageS&
BOIT POW	7 Pd m	s of agent)	5422	, 	Date of birth 1/23/6/
	APPROV/ (Clerk ca	AL OF AGENT BY innot sign on beh	MUNICIPAL AU alf of Municipal	THORITY Official)	
I hereby certify that I have che the character, record and rep	ecked municipal and utation are satisfact	d state criminal reco	ords. To the best objection to the a	t of my knowle agent appointe	edge, with the available information, ed.
Approved on(date)	_ by	(signature of proper lo	cal official)	Title	(town chair, village president, police chief)
1		· ·	•		

Wisconsin Department of Revenue

Date: 9/25/19
Honorable Mayor and Common Council of the City of Manitowoc:
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 1421 S. 3974 S7.
in favor of Dery Ades LLC effective upod
Very truly yours,
Signature
DON MUTTAY
Print Signature

SUPPLEMENT TO LICENSING APPLICATION

1.	Do you understand that a license applicant with indebtedness for or intoxicating liquor pursuant to	fermented malt beverages	ı law? ☑ Yes	en Envo
2.	Do you understand that State St refunds of unused license fees?	₽Yes	□ No	
Unde been		Print Name of Corporation/ Address of Licensed Premis Signature of Corporate Age	Partnership/I Manitowo es	ndividual oc, WI

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

	Submit to municipal cierk.		
	(first name)	(middle nan	ne)
Individual's Full Name (please print) (lest name)			
tenc	(Oregory	State	Zip Code
Home Address (street/route)	Post Office City	State	25000
2728 5. 13 -51	Man	itavoc WI	54220
Home Phane Number	Age Date of Bir	th Place of Bi	rth /
G20 G01-4	124 48	3/21/7/ M	en, foisc
-100 101 13			
The above named individual provides the f	ollowing information as a person who is	s (check one):	
Applying for an alcohol beverage licer	se as an individual.		
Applying for an alcohol develope ison A member of a partnership which is n	making application for an alcohol bever	age license,	
A member of a partnership which is i	Traking application for on disease.	neGadeS LLC protion Limited Liability Company or Nonprofit	
Officer / Director / Member / Manager / A	of Name di Corpo	vation Limited Liability Company or Nonprofit	Organization)
which is making application for an alc			
The above named individual provides the	following information to the licensing a	sthority:	
4 Linux long have you continuously resid	ed in Wisconsin prior to this date?	40 YV	,
	offences (other than traffic unrelated to	alcohol beverages) for	
Superior of any fodoral laws any Wisc	posin laws, any laws of any other state	S of Olomanoes of any county	
			Yes WNo
If yes nive law or ordinance violated,	trial court, trial date and penalty impose	sa, and/or date, description and	
status of charges pending. (If more roo	om is needed, continue on reverse side of th	is form.)	
			:1
3. Are charges for any offenses present	y pending against you (other than train	ar articances of any county of	''
a	Nigrongin laws any laws di dilibi state:	2 of Otalitations of any opening or	
municipality?			٠٠٠٠ مِنْ ١٠٠٠
If yes, describe status of charges pen	ding.	agent of a corporation/conprofit	
If yes, describe status of charges pen 4. Do you hold, are you making applicat	ion for or are you an officer, director of	or applying for any other alcoh-	ol /
organization or member/manager/age	ent of a limited liability company holding	, o, applying to any time the	✓ Yes 🗌 No
beverage license or permit?	1 1 Tanh	2005/16 150a	Modeson St None
If yes, identify. (ass 5)	Tyree Kings Two D	of Ucense/Permit)	427 572
5. Do you hold and/or are you an officer	director stockholder agent or employ	e of any person or corporation	or
	iakilik, aamaany haiding at 20019100 IDI	a wholesale beef belling.	
member/manager/agent of a minies of	iquor, manufacturer or rectifier permit in	the State of Wisconsin?	Yes No
	doo! Hansister or to be a series to		
If yes, identify.	Mholesale Licensee or Permittee)	(Address By City or	nd County)
6. Named individual must list in chronol			
	Employer's Address	Employed From	To , i
Employer's Name	41-11 EXPD D(Ma-	11-ua G/2/1994	1 2/8/2019
Vanhorn Auto	Employer's Aridress	Employed Frem	To
Employer's Name	I mitholist a vancon		1
1			

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the 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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

	•		
Individual's Fuil Name (please print) (last name)	(first_name)	(middle name)
Ingmotes s rui ivente presse print	Riest	E	
DESTIE	IChy	State Z	ip Code
Home Address (street/lools)		wes Wis	54241
3008 Monroe St		Place of Birth	
Home Phone Number	17100 [-71 M.	Foresc
920 973-82lds	48 2-13	Mun	Taux
	l	ock one).	
The above named individual provides the following informati	on as a person who is told	at oney.	
Applying for an alcohol beverage license as an individu	ual.		
A member of a partnership which is making application	n for an alcohol beverage ii	cense.	
A member of a partnership which is making application of	Kenegad	LES LLC Limited Liability Company or Nonprofit C	(manisation)
(Officer / Director / Member / Manager / Agent)	•	Limited Dabliny Company or Nonprotti C	нувицикну
which is making application for an alcohol beverage lice	ense.	•	
		ty:	
The above named individual provides the following informat	rior to this date?	X 11	
How long have you continuously resided in Wisconsin p	TIOI to this date:	ool hoverages) for	
Have you ever been convicted of any offenses (other the	an trainc unrelated to accor	rdinances of any county	
violation of any federal laws, any Wisconsin laws, any la	IM2 Of Stily Office States of C	Administration of the country	🗌 Yes 💢 No
or municipality?		d/or date description and	پهير
If yes, give law or ordinance violated, trial court, trial dat	le and penalty imposed, an	n l	
status of charges pending. (If more room is needed, contin	iue on reverse side oi ulis ioili	<i>,</i>	
3. Are charges for any offenses presently pending against	you (other than traffic upro	elated to alcohol beverages)	
 Are charges for any biterises presently performing against for violation of any federal laws, any Wisconsin laws, ar 	ny laws of other states or o	rdinances of any county or	• /
municipality?	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		🗌 Yes 🔼 No
is a decade a state of abando popular			— <i>U</i>
Do you hold, are you making application for or are you.	an officer, director or agen	of a corporation/nonprofit	
organization or member/manager/agent of a limited liab	cility company holding or a	oplying for any other alcohol	
beverage license or permit?			🗌 Yes 🔊 N
If yes, identify.			
11 you, labitaly.	(Name, Location and Type of Licen	ise/Porinti)	
5. Do you hold and/or are you an officer, director, stockho	ider, agent or employe of a	iny person or corporation or	
member/manager/agent of a limited liability company h	olding or applying for a wh	olesale beer permit,	/
brewery/winery permit or wholesale liquor, manufacture	er or rectifier permit in the S	State of Wisconsin?	Yes 💹 N
If yes, identify.			O
(Name of Wholesale Licensee or Pa	miltoo)	(Address By City and	County)
6. Named individual must list in chronological order last to	wo employers.		
E-land Address		Employed From	To
Kretskus LLC 30081	Monro TR.	2000	New
Employer's Name / / Employer's Address	<u></u>	Employed From	То
Pita Construction out	is bur swed	1995	عدين
	//		J
DEAD CAREFULLY DEPORT CICAING, Linder const.			

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the 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 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. Any person who knowingly provides materially false information on this application—may be required to forfeit not more, than \$1,000.

(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

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The above named fundable provides the fine forms as a person who is clared bank forms (all fall forms (blocks) (all fall fall forms) (all fall fall fall fall fall fall fall			a.	Empiroyea From					<u> </u>		Employer's Name
The above named individual provides the following information for a pape of the properties (shockers) (and many) (man many) (man many) (man many) (man many) (man many) (man)		51PC	1	711	.72	41238	.3	•	21 16000	LANNI	W7L
The above named individual provides the following inflames (shoese forth) (sea fame) The above named individual provides the following information as a person who is (check one): A member of a partnership which is making application for an alcohol beverage license. The above named individual provides the following information to the lates of provides the following information to the following provides the following information to the following th			<u>ज</u>	Employed From	<u></u>		1			Jenii IBBC	
The Applying for an alcoholo previous the following internation as a person who is claimed to alcohologous part) A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for the licenship for all partnership which is making application. A three of charges principles. A three of charges for any offenses (other ham than thatfic unrelated to alcohol beverages) for a violation of any federal laws, any Wisconarin laws, any laws of any other states or ordinances of any ocurry. A three of charges principles. A three of the ordinance or organization or an any other alcohologous or allowing application or an any ofference or partnership which are allowed or any organization or an analyse application or an analyse partnership which are you an officer, director, stockhologous and part alcohologous or organization or an analyse partnership which are you an officer, director or agent or employe or any other alcohologous or organization or member and organization or an analyse partnership which are you and officer, alcohologous organization or member and organ						Sloyers.				taum leut	ivibai bomol4 S
The shows named individual provides the pilowing inflame and provides the pilowing inflame and the properties (strontouts) and the provides the pilowing information as a person who is (check one): Applying for an alcohol beverage license as an individual. Applying for an alcohol beverage license. Applying for an alcohol beverage license. Applying for an alcohol beverage license. Applying for an alcohol peverage license. Applying for an alcoholol peverage license. Applying for an alcoholol peverage license. Applying for an alcoholololololololololololololololololol		(4	y City and Count	B zarobbA)			(settimo	S to seament I sterrotor	Mi lo emaldi	 .	tinuani 'eak ii
The above named individual provides the following information as a person which the above print (lear name) (lear			•				: -: . -		ni ancatatiti		•••
The above named individual provides the following information as a person who is classified to allow the class of the continuous provides the following information as a person who is classified to allow the classified to any discountry or allow the classified to allow t	24PZ	Sə)	• • • • • • • •	. Ynisconsiny to	o etat2 ent ni f	emraqa tə ctifier permi	91 10 19:	i ynstinos ymut iitseliidem adu	sk banktil 6 to j Sil elsaelocky z	nagevage ger/age	memberiman
The above named individual provides the following information as a person who is (check one): Applying for an alcohol beverage license. Applying for any ordination of any federal laws, any Misconsin laws, any axe of any other takes or ordinances of any county (or nunifopality.) Are charges for any difenses presently pending into any ordinances of any county (or nunifopality.) Are charges for any difenses presently pending against you (other than traffic unrelated to alcohol beverages) Are charges pending. (If more now is needed, continue on reverse side of this formation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or Area, describe status of charges pending. Area, describe status of charges pending. Area, describes and pending for any other alcohol beverages) Area, describes to any describes and pending for any other alcohol Area, describes and pending for any other alcohol Area, and any other alcoho				e beer permit.	for a wholesal	gen vi enip Or applying	ondei, a <u>y</u> Poldina	onector, stockur bility company i	you an omcer, tofo imited it	nd/or are	Do you hold a
The above named individual provides the following information as a person who is (check one): Applying total an alcohol beverage licenses as an individual provides the following information as a person who is (check one): Applying tot an alcohol beverage licenses as an individual provides the following information for an alcohol beverage licenses. Applying tot an alcohol beverage licenses as an individual provides the following information for an alcohol beverage licenses. Applying tot an alcohol beverage licenses as an individual provides the following information for an alcohol beverage licenses. Applying tot an alcohol beverage licenses as an individual provides the following information for an alcohol beverage licenses. Applying total alcohol beverage licenses			ition or	ZOD OL COMOLS	ian vine to avol	r was nonesses ,	amen)				
The above named individual provides the following information as a person who is (check one): Applying total an alcohol beverage licenses as an individual provides the following information as a person who is (check one): Applying tot an alcohol beverage licenses as an individual provides the following information for an alcohol beverage licenses. Applying tot an alcohol beverage licenses as an individual provides the following information for an alcohol beverage licenses. Applying tot an alcohol beverage licenses as an individual provides the following information for an alcohol beverage licenses. Applying tot an alcohol beverage licenses as an individual provides the following information for an alcohol beverage licenses. Applying total alcohol beverage licenses			~//	351 1248	Low Ker	505	7~1	JET WILL	MY WY	<u>. </u>	
The above named individual provides the following information to ranking application for any offenses print) The above named individual provides the following information for an alcohol beverage license. The above named individual provides the following information for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. A phylying to an alcohol beverage license. A phylying to an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. A how hong have you confinence the following information to this date? A how hong have you confinence violated in Wisconsin laws, any laws of any other states or ordinances of any county. If yee, give law or ordinance violated, this court, this date and penalty imposed, and/or date, description and or undinance violated, this court, this date and penalty imposed, and/or date, description and committeed of any offenses (other than thaffic unrelated to alcohol beverages) for the approx on continence violated, this court, this date and penalty imposed, and/or date, description and or ordinance violated in Wisconsin laws, any laws of any other states or ordinances of any ocunity or the total laws, any Wisconsin laws, any laws of any the state of charges pending. (If more room is needed, confine on reverse side of this form.) Are charges brending. (If more room is needed, confine on reverse side of this form.) Are charges the any offenses enemy pending against you (other than traffic unrelated to alcohol beverages) Are charges for any offenses pending. (If more room is needed, confinence) Are charges to any offenses and any offenses of any county or the alcohol beverages) Are charges for any offenses pending. Are charges to ordinance of any offenses of any offenses of any offenses of any county or the angle of th	on □	est []							ت زبر	DOG 30 004	beverage licer
The above named individual provides the following information to the pack of any offices (office) feet and individual provides the following information to the incensing authority: Applying for an alcohol beverage license as an individual provides the following information to the incensing authority: Applying to an alcohol beverage license as an individual provides the following information to the licensing authority: Applying application for an alcohol beverage license. Applying application for any alcohol beverage license. Applying application for any alcohol beverage license. Applying application for any alcohol beverage license. Applying application for all application for all application along the formation and application along the application along the formation and application an	0M []	المحود	sicopol	lot any other	ing or applying	wbsuk yold	bility ∞	eil bətimil s to tr	manageriage)	r member	o notiszinegio
The above named individual provides the following information as a person who is (ahears pind) (last name) Post Office			Monq	nonvioùsioqio	or agent of a c	er, director	जी० तह	UOY SIS 10 10) R	nitenilaas naista	sw non as	s blod now -C
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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he knowledge of the foresting to each question, and that the answers in each instance are true and application; that the applicant has read and made a complete answer to each question, and that the applicant has read and made a complete answer to each question, and that the applicant in the applicant any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under the applicant and the applicant in such that the applicant in the applicant of the applicant

Outcomes to Institute of Assesse W

License Number:	TAL	1-1	95	<u>ЧА</u>
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- 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.):	ZeregAdes LZi
Trade Name: Deny ades Phone	Number: 920- 683-9066
Address of Establishment: 1421 S. 3	974 57.
Agent or Owner of Establishment:	nursay
BUSINESS DESCRIPTION Predicted Open Date: Aggrey Oct 18 z	
Predicted Date the Business will be ready for Inspecti	on: inspicted for 2019, TALL IF weeder
Brief Description of the Business:	On: INSPICTED FOR 2019, CALL IF NEEDLE COUNTRY BAT, WITH DECASIONAL
**Attach an additional sheet or use the ba	
SIGNATURE OF AGENT OR REPRESENTATIVE Signature of Agent or Owner of Establishment	01 10
Signature of Agent or Owner of Establishment	Date
Office Use Only	
Date Received by Clerk's Office:	Approved
Common Council Date:	Denied