

TAV-2011A

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Manitowoc  
 Village of }  
 City of }

County of Manitowoc Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number <u>85-2402122</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Da' Brick House LLC

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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Graff</u>	<u>Rachel</u>	<u>Lee</u>	<u>534 S. 26 St. Manitowoc, WI 54220</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Graff</u>	<u>Keith</u>	<u>Eric</u>	<u>534 S. 26 St. Manitowoc, WI 54220</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Scheurell</u>	<u>Scott</u>		<u>2216 Washington St. Manitowoc, WI 54220</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Graff</u>	<u>Rachel</u>	<u>Lee</u>	<u>534 S. 26 St. Manitowoc, WI 54220</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Fat Seagull Business Phone Number 920-684-9123

2. Address of Premises 807 Quay Street Post Office & Zip Code 54220

3. 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, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
The Fat Seagull Bar and Grill occupies 3685 square feet located at 807 Quay Street. Alcohol beverages are to be sold in the physical space on premises where the main bar is located. All alcohol beverages are to be stored on premises, including the main bar, upstairs bar, and basement.

4. 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 license year? .....  Yes  No

(b) If yes, under what name was license issued? Phodfoz LLC

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  
If yes, explain.
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 WI and date 8-5-2020 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain .....  Yes  No
- (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.  Yes  No
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] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Graff, Rachel L.</u>	Title/Member <u>Agent</u>	Date <u>August 5, 2020</u>
Signature <u>Rachel Graff</u>	Phone Number <u>920-323-3578</u>	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

**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

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.

Da' Brick House LLC  
Print Name of Corporation/Partnership/Individual

807 Quay Street Manitowoc, WI  
Address of Licensed Premises

Rachel Ussery  
Signature of Corporate Agent, Partner or Individual

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Graff		Keith		Eric	
Home Address (street/route)		Post Office	City	State	Zip Code
534 S. 26 street			Manitowoc	WI	54220
Home Phone Number		Age	Date of Birth	Place of Birth	
920-323-3509		47	5-17-1973	Manitowoc	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 47 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Caddie Master Inc.	320 N First St. Jacksonville Beach, FL	May 2011	Present
Employer's Name	Employer's Address	Employed From	To
Kohler Company	444 Highland Dr. Kohler, WI	1995	2010

**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)

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY

CHICAGO, ILLINOIS

TO THE HONORABLE CHAIRMAN OF THE BOARD OF TRUSTEES  
OF THE UNIVERSITY OF CHICAGO

Dear Sirs:

I have the honor to acknowledge the receipt of your letter of the 15th inst. in relation to the proposed purchase of the building at 530 North Dearborn Street, Chicago, Illinois, for the use of the Department of Chemistry.

The building in question is situated on a corner lot and is a two-story structure with a total area of approximately 10,000 square feet. It is in good condition and is well adapted for the use of a laboratory building.

The purchase of this building would provide the Department of Chemistry with a permanent and adequate laboratory space, which is a matter of great importance to the University.

I am sure that you will find the proposed purchase to be a most desirable investment for the University.

Very respectfully,  
[Signature]

Very truly yours,  
[Signature]

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Graff</b>		(first name) <b>Rachel</b>		(middle name) <b>Lee</b>	
Home Address (street/route) <b>534 S. 26 street</b>		Post Office	City <b>Manitowoc</b>	State <b>WI</b>	Zip Code <b>54220</b>
Home Phone Number <b>920-323-3578</b>		Age <b>44</b>	Date of Birth <b>8-11-1975</b>	Place of Birth <b>Manitowoc</b>	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 44 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <b>Lakeshore Technical College</b>	Employer's Address <b>Cleveland, WI 1220 North Ave.</b>	Employed From <b>Jan. 2012</b>	To <b>Present</b>
Employer's Name <b>Walmart Pharmacy</b>	Employer's Address <b>Manitowoc, WI 4115 Calumet Ave.</b>	Employed From <b>Oct. 2005</b>	To <b>March 2012</b>

**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.

Rachel Graff  
(Signature of Named Individual)

MEMORANDUM FOR THE RECORD  
SUBJECT: [Illegible]

DATE: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Schweurell</u>		(first name) <u>Scott</u>	(middle name) <u>Gordon</u>	
Home Address (street/route) <u>2216 Washington St</u>		Post Office	City <u>Manitowish</u>	State <u>WI</u> Zip Code <u>54220</u>
Home Phone Number <u>920-374-1960</u>		Age <u>47</u>	Date of Birth <u>11-06-72</u>	Place of Birth <u>Superior WI</u>

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

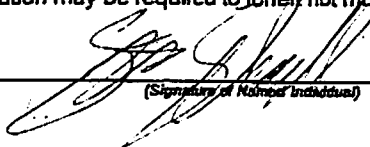
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 25 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
DUI - JURY 1994 LaCross WI
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending. \_\_\_\_\_
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Late's BBQ</u>	Employer's Address <u>1824 57th St Manitowish</u>	Employed From <u>11-11-07</u>	To <u>Present</u>
Employer's Name <u>Caddie Minter Ent</u>	Employer's Address <u>P.O. Box 2987 Ponte Vedra Florida</u>	Employed From <u>5-5-07</u>	To <u>Present</u>

**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)



Annual Report of the Board of Directors

Dear Shareholders:

The Board of Directors has the honor to present to you the annual report of the company for the year ending December 31, 1950. The year has been a period of steady growth and progress for the company, and we are pleased to report that our financial position is strong and our operations are efficient. Our sales have increased significantly, and our production has kept pace with demand. We have also made significant investments in research and development, which will enable us to continue to improve our products and services in the future. We are confident that our company is well-positioned to meet the challenges of the future and to continue to provide our shareholders with a steady return on their investment.

The Board of Directors has also reviewed the company's performance during the year and is pleased to report that our management has done a very good job of running the company. We have a strong and experienced management team, and we are confident that they will continue to lead the company to success in the future. We also want to thank our employees for their hard work and dedication throughout the year. Their efforts have been instrumental in our success, and we are proud to have them as part of our team.

The Board of Directors has also reviewed the company's financial performance during the year and is pleased to report that our financial position is strong. Our earnings have increased, and our cash flow is healthy. We have also maintained a strong balance sheet, which provides us with the financial flexibility to continue to invest in our business. We are confident that our strong financial position will enable us to continue to grow and improve our operations in the future.

The Board of Directors has also reviewed the company's operations during the year and is pleased to report that our operations are efficient and effective. We have a strong and experienced management team, and we are confident that they will continue to lead the company to success in the future. We also want to thank our employees for their hard work and dedication throughout the year. Their efforts have been instrumental in our success, and we are proud to have them as part of our team.

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

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: City of Manitowoc County of Manitowoc

The undersigned duly authorized officer(s)/members/managers of Da' Brick House LLC  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as The Fat Seagull  
(trade name)

located at 807 Quay Street

appoints Rachel Graff  
(name of appointed agent)

534 South 26 St. Manitowoc, WI 54220  
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 44 years

Place of residence last year 534 S. 26<sup>th</sup> Street Manitowoc, WI 54220

For: Da' Brick House  
(name of corporation/organization/limited liability company)

By: [Signature]  
(signature of Officer/Member/Manager)

And: [Signature]  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Rachel Graff, hereby accept this appointment as agent for the  
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Rachel Graff August 5, 2020 Agent's age 44  
(signature of agent) (date)

534 S. 26 Street Manitowoc, WI 54220 Date of birth 8-11-1975  
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

License Number: \_\_\_\_\_

# "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.): Da' Brick House LLC

Trade Name: The Fat Seagull Phone Number: 920-684-9123

Address of Establishment: 807 Quay Street Manitowoc, WI 54220

Agent or Owner of Establishment: Agent: Rachel Graff

## BUSINESS DESCRIPTION

Predicted Open Date: 9-1-2020

Predicted Date the Business will be ready for Inspection: \_\_\_\_\_

Brief Description of the Business: The Fat Seagull Bar and Grill occupies 3685 square feet located at 807 Quay Street. Business operations include sale of alcohol beverages and food. The business also provides live music both indoors and outdoors during the year.

**\*\*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

Rachel Graff  
Signature of Agent or Owner of Establishment

August 5, 2020  
Date

### Office Use Only

Date Received by Clerk's Office: \_\_\_\_\_

Common Council Date: \_\_\_\_\_

Approved

Denied

Date: August 5, 2020

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 807 Quay Street  
in favor of Da' Brick House LLC effective \_\_\_\_\_  
upon grant of license.

Very truly yours,

Debra M. Erickson  
Signature.

Debra M. Erickson  
Print Signature

*I hereby rescind this surrender  
effective Thursday, August 20, 2020*  
*Debi Erickson*



## CERTIFICATE OF COMPLETION

This certifies that

**Rachel Graff**

has successfully completed the course

**Learn2Serve Off-Premises Alcohol Seller/Server**



Course Duration

3.0



Completion Date

08/07/2020



Certificate #

000017781538

A handwritten signature in black ink, appearing to read 'Sarah McF...', written over a horizontal line.

Official Signature



Date: August 5, 2020

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 807 Quay Street  
in favor of Da' Brick House LLC effective \_\_\_\_\_  
upon grant of license.

Very truly yours,

Debra M. Erickson

Signature

Debra M. Erickson

Print Signature