TAV-2471

Form

**AB-200** 

## Alcohol Beverage License Application

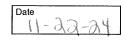
For Mun	icipal Use Only
Municipality	
CLTVOF	MANITOWO
License Period	
	-04/30/202

License(s) Requested: (up to two boxes may	be checked)		Fees			
☐ Class "A" Beer	☑ Class "B" Beer \$ <u> </u>	License	Fees	\$		
Glass A" Liquor \$	<b>P</b> "Class B" Liquor \$ <u>5</u> 0	Backgro	und Check Fee	\$		
Gass A" Liquor (cider only) \$ [	Reserve "Class B" Liquor \$	Publicati	on Fee	\$ 25 M PC		
Grass C" Liquor (wine only) \$		Total Fe	es	\$		
Part A: Premises/Business Information  1. Legal Business Name (individual name if sole proprietorship)  2. Business Trade Name or DBA						
3. FEIN  82~433-9177  5. Entity Type (check one)		Seller's Permit Numb		5		
9. Premises Address	2-14-2018		□ Nonpro			
10. City  Manstower  13. County  Manstower  16. Promises Phone	14. Governing Municipality: PCity of: MONTOWOC		e 15. Aldermani –			
16. Premises Phone  17. Premises Email  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.  All per products containing Alcohol for Sale will be Lept and Stored behind the countar						
20. Mailing Address (if different from premises address of the state o	ess)					
21. City  Mantowoc  Part B: Questions		22. State	23. Zip Code 542	20		
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						
If yes, list the details of violation below. Atta  Law/Ordinance Violated	Location Location		Trial Date			
Penalty Imposed		Was sentence cor	npleted?	Yes No		
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed		Was sentence cor	npleted?	Yes No		

<ol><li>Are charges for any offenses pen beverages.</li></ol>	ding against the busines	s? Exclude traffic offe	enses unless related to al	cohol Yes No
If yes, describe the nature and sta	atus of pending charges	using the space belo	w. Attach additional sheet	s as needed.
Is the applicant business or any of individuals or entities a restricted If yes, provide the name of the restricted.	l investor with any intere	st in an alcohol beve	erage producer or distribu	r related utor? Yes   \text{No}
4. Is the applicant business owned to If yes, provide the name(s) and F	by another business entit EIN(s) of the business e	y? ntity owners below. A	ttach additional sheets as	needed.
4a. Name of Business Entity		4b. Business E		
5. Have the partners, agent, or sole this license period? Submit proof				
6. Is the applicant business indebted	d to any wholesaler beyo	nd 15 days for beer o	or 30 days for liquor/wine?	? Yes No
7. Does the applicant business owe	past due municipal prop	erty taxes, assessme	ents, or other fees?	Yes 📈 No
Part C: Individual Information				
List the name, title, and phone number for Question 4: sole proprietor, all officers, d managers, and agent of a limited liability	irectors, and agent of a corp	oration or nonprofit org	ons in the applicant business anization, all partners of a pa	or businesses listed in Part B, artnership, and all members,
Include Form AB-100 for each person lis	ted below. Corporations an	d LLCs must appoint ar	agent by including Form AB	-101.
Last Name	First Name	Tit	le	Phone
<b>Proc</b> king	1 Brittian	n = 1	Daner	920901 0849
				, ,
Part D: Attestation				
One of the following must sign and a	• •	orahin	orporate officer • on	e member of an LLC
• sole proprietor • one g  READ CAREFULLY BEFORE SIGNING	eneral partner of a partner	•	·	
I am acting solely on behalf of the application	cant business and not on be	ehalf of any other indivi	dual or entity seeking the lic	ense. Further, I agree that the
rights and responsibilities conferred by taccording to the law, including but not li	imited to, purchasing alcoh-	ol beverages from state	e authorized wholesalers. Ι ι	inderstand that lack of access
to any portion of a licensed premises du revocation of this license. I understand	iring inspection will be deer that any license issued cor	ned a refusal to allow in atrary to Wis. Stat. Cha	nspection. Such refusal is a s pter 125 shall be void under	misdemeanor and grounds for r penalty of state law. I further
understand that I may be prosecuted for	submitting false statement	s and affidavits in conne	ection with this application, a	nd that any person who know-
ingly provides materially false information	on this application may t	First Names //	Thore than \$1,000 if convict	M.I.
Veck ins		1 (South)	200	$ \mathcal{N} $
Title	Email	1/	( ) (	Phone
Owser	/30	itticinpert	ins Gyahos, com	9709010849
Signature		,	Date 1/ 1/ 1/ 1/	0//
Part E: For Clerk Use Only			<i>      '             </i>	
At the Art of the Control of the Con	License Number	en en en en en en en a des els estes en	Date License Granted	Date License Issued
11-22-2024	TAV-A4=	+		
Signature of Clerk/Deputy Clerk			Date Provisional	License Issued (if applicable)

Form AB-101

### Alcohol Beverage Appointment of Agent



Agent Type (check one)				
Successor (\$10 fee for	municipal licen	sees only)		
l				
Part A: Business Information				
Legal Business Name (individual name if sole proprietor)	-illiana	L L.C.		
2. Business Trade Name or DBA	111/10011			
3. Entity Type (check one)	ny 🗀	Corporation	☐ Nonprofit Or	ganization
Alcohol Beverage Business Authorization (check one)     Municipal Retail License ☐ State Permit			e Permit or Municipal R	etail License Number
6. Describe the reason for appointing a successor agent, if success	or is checked ab	ove.	4 - Anni Anni Anni Anni Anni Anni Anni An	
			WATER CONTRACTOR OF THE PROPERTY OF THE PROPER	
Part B: Agent Information				
1. Last Name	2. First Name	11		3 <sub>0</sub> M.I.
<u>Per Eins</u>	1 Ki	tiann		111/
4. Email Britian perking Cyghou	Com		5. Phone 920	
6. Home Address  721 N 74 Street				
7. City 7. Cit	8. State	9. Zip Code	10. Age	> 1
11. Drivers License/State ID Number	WI	54220	) State ID State of Iss	· /
P625-0737-6952.09		W/S		suance
TO SOLOT PIST CY		10000	_ 01/\S/1	
Part C: Agent Questions				
<ol> <li>Have you satisfied the responsible beverage server train Submit proof of completion.</li> </ol>	ing requireme	nt?		. Yes No
Have you completed Form AB-100, <i>Alcohol Beverage In</i> Submit a completed Form AB-100 with this form.	dividual Quest	ionnaire?		. Yes No
Have you been a Wisconsin resident for at least 90 conti See instructions for exceptions.	inuous days?.			. 🛮 Yes 🔲 No

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the <b>Undersign</b> corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor ager I understand that I may be prosecuted for submitting false any person who knowingly provides materially false informatic convicted.	pany with full authority and cou uthorized by the above-named nt, I rescind all previous agent a estatements and affidavits in co	ntrol of the premises and entity to authorize this in appointments for this pre prinection with this applic	d of all alcohol ndividual to act mises. Further, eation, and that
Last Name Per Cinc	First Name, Hann		M.I.
Title Email , 1		Phone	
OWNER Britting	nn Derkens Panese. Co	100 920	90/0849
Signature		Date	- 1
Kan		11-21-20	24
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> , her nonprofit organization, or limited liability company and ass on the premises for the above-named business. I further and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,000	ume full responsibility for the or understand that I may be pros any person who knowingly prov	onduct of all alcohol beve secuted for submitting fa	erage activities lse statements
Last Name	First Name Rations		M.I.
Signature		Date 11:21-20	24
0/		- •	. ,



License Number: TAV-24+1

# "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 (Name of Corporation, LLC, Partnership, etc.): Britian LCC
Trade Name: Phone Number:
Address of Establishment: QOS Buchhafton Sheet
Agent or Owner of Establishment: British Perkens
BUSINESS DESCRIPTION  Predicted Open Date: 0(3/2005
Predicted Date the Business will be ready for Inspection: 12-16-2024
Brief Description of the Business: We will serve beer wine and mixed cockleils in a cory atmosphere with light foods including appetiness small dinners and finger foods
**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 Owner of Establishment  Signature of Agent or Owner of Establishment
Office Use Only  Date Received by Clerk's Office: 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -

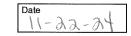
## RECEIVED

2. Are charges for ahy7offഎള്ട്ട pending a	against the business? Exc	clude traffic offenses u	nless related to alco	ohol Yes	☑ No	
If yes, desc <b>লাহ্যানি নম</b> েৰ্ভ and status of pending charges using the space below. Attach additional sheets as needed.						
<b>-</b>						
Is the applicant business or any of its of individuals or entities a restricted investigation of the restricted in the individuals of the name of the restricted.	stor with any interest in a	in alcohol beverage pi	oducer or distribute	related or?  Yes	No	
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business entity? ) of the business entity o	wners below. Attach ac	ditional sheets as r	···· Yes	⊠ No	
4a. Name of Business Entity		4b. Business Entity FEI	N			
Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the respons	sible beverage server t	raining requiremen	t for	✓ No	
6. Is the applicant business indebted to an	ny wholesaler beyond 15	days for beer or 30 da	ys for liquor/wine?.	Yes	∑ No	
7. Does the applicant business owe past	due municipal property ta	xes, assessments, or	other fees?	···· Yes	N₀	
Part C: Individual Information					ia vere (K'erries	
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compared to the	s, and agent of a corporation	n or nonprofit organizatior				
Include Form AB-100 for each person listed be	low. Corporations and LLCs	must appoint an agent b	y including Form AB-1	101.		
Last Name	First Name	Title		Phone		
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Penus	Battana	OWA		9090108	349	
Penus	Battana	OWA		93090108	349	
Penus	Battana	OWA		93090108	J49	
Part D: Attestation	Brthann	OWA		93090108	749	
Part D: Attestation One of the following must sign and attest		• one corporate	officer • one	930901 08	<u>7</u> 49	
Part D: Attestation One of the following must sign and attest • sole proprietor • one general	l partner of a partnership	• one corporate		e member of an L		
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but	il partner of a partnership ler penalty of law, I have ans usiness and not on behalf of	swered each of the above fany other individual or e	e questions complete ntity seeking the lice	ly and truthfully. I	agree that ee that the	
Part D: Attestation  One of the following must sign and attest  • sole proprietor  • one genera  READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited	Il partner of a partnership ler penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve	swered each of the above f any other individual or e e assigned to another in grages from state authori	e questions complete ntity seeking the lice dividual or entity. I ag zed wholesalers. I un	ly and truthfully. I nse. Further, I agre gree to operate this derstand that lack	agree that ee that the s business of access	
Part D: Attestation  One of the following must sign and attest • sole proprietor • one genera  READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that an	Il partner of a partnership ler penalty of law, I have an usiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve ispection will be deemed a r ny license issued contrary t	swered each of the above f any other individual or e e assigned to another in grages from state authori efusal to allow inspection o Wis. Stat. Chapter 125	e questions complete ntity seeking the licer dividual or entity. I ag zed wholesalers. I un h. Such refusal is a m shall be void under p	ly and truthfully. I nse. Further, I agre gree to operate this derstand that lack iisdemeanor and g penalty of state lav	agree that ee that the s business of access rounds for w. I further	
Part D: Attestation  One of the following must sign and attest  • sole proprietor  • one genera  READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in	Il partner of a partnership ler penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve ispection will be deemed a r ny license issued contrary to itting false statements and a	swered each of the above f any other individual or e e assigned to another in grages from state authori efusal to allow inspection o Wis. Stat. Chapter 125 ffidavits in connection wi	e questions complete ntity seeking the licer dividual or entity. I ag zed wholesalers. I un n. Such refusal is a m shall be void under p th this application, an	ly and truthfully. I nse. Further, I agre gree to operate this derstand that lack isdemeanor and g penalty of state lay d that any person y	agree that ee that the s business of access rounds for w. I further	
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Part D: Attestation  One of the following must sign and attest • sole proprietor • one genera  READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that at understand that I may be prosecuted for submitingly provides materially false information on to Last Name	Il partner of a partnership Iler penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve ispection will be deemed a r ny license issued contrary t itting false statements and a this application may be requ	swered each of the above any other individual or ever assigned to another interages from state authoric efusal to allow inspection Wis. Stat. Chapter 125 affidavits in connection with ired to forfeit not more the Name	e questions complete ntity seeking the licer dividual or entity. I ag zed wholesalers. I un n. Such refusal is a m shall be void under p th this application, an an \$1,000 if convicte	ly and truthfully. Inse. Further, I agree to operate this derstand that lack isdemeanor and genalty of state law d that any person vid.  M.I	agree that ee that the s business of access rounds for w. I further who know-	
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Part D: Attestation  One of the following must sign and attest • sole proprietor • one genera  READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on to Last Name  Title  Signature  Part E: For Clerk Use Only	Il partner of a partnership Iler penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve ispection will be deemed a r ny license issued contrary t itting false statements and a this application may be requ	swered each of the above any other individual or ever assigned to another incrages from state authorizefusal to allow inspection to Wis. Stat. Chapter 125 (ffidavits in connection with irred to forfeit not more the Name Chapter 125 (Date Chapter 127)	e questions complete ntity seeking the licer dividual or entity. I ag zed wholesalers. I un n. Such refusal is a m shall be void under p th this application, an an \$1,000 if convicte	ly and truthfully. Inse. Further, I agree to operate this derstand that lack isdemeanor and genalty of state law d that any person vid.  M.I	agree that the se that the s business of access rounds for w. I further who know-	
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AB-200 (N. 03-24)

#### **Form AB-100**

#### **Alcohol Beverage Individual Questionnaire**



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

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

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

Part A	: Business Info	rmation							
1. Legal	Business Name (ind	ividual name if sol	e proprietor)	) , ]/	/				
				C, Hi	200	160			
2. Busin	ess Trade Name or D	DBA		* 1 *	<del></del>				,
3. Entity	Type (check one)								
	ole Proprietor	☐ Partnership	Limited	d Liabilit	y Compar	ny 🗌 Ce	orporation [	Nonprofit C	rganization
Part R	: Individual Info	ormation							
1. Last N		Jillacion		2 Fi	st Name	je igraalige og Auguste milijon			3. M.I.
T. Edot F	Park			2.11		11,			
4 Deleti	PENEUN	<u> </u>	F E!		Dal	Teann		To be	M
4. Relati	onship to Business (	ride)	5. Email	)		/ /	shoo com	6. Phone	(0)
<del></del>	OCOR EC		1301.61	1an-	rper k	ins Eye	thoo- Com	92090	1-0849
	Address $2/1$ $1$	13 Stre	e F		•	,			
8. City	1	0,,	- 1		9. State	10. Zip Code	e	11. Date of B	irth
N	aritowac				WI	54,20	20	12-17	-71.
12. Drive	ers License/State ID	Number			- Sandanian	13. Drivers I	<i>会し</i> License/State ID St	tate of Issuance	-06
D1	25 0737	-1657-	29				CONSIN		
	<u> </u>	0151				10013	corsin	· · · · · · · · · · · · · · · · · · ·	
<b>D</b> -40				vá sprinca:	regional territery.				
	: Address Histo				HEALTHUAN HE				
1. Do y	ou currently reside	in Wisconsin?					· · · · · · · · · · · · · · · · · · ·		Yes 🗌 No
If you	to 1 above bowl	ong have you e	entinuoualy livad	in Mino	onain nria	r to the data a	of application?	Years	Months
ii yes	s to 1 above, how I	ong have you co	manuousiy iived	III VVISC	onsin prio	r to the date o	application?	. 22	1/
2 Listi	n chronological ord	der all of your ac	dresses within th	o last 5	voare At	tach additions	al shoots if noons		/
	Address 1	an or your ac	ulesses within th	City	years. At	acii addilloria	State		
1 levious	72/11	7th St.	- 1	City	n . 1	1		1 '	200
Daniana		155	CES	11/	ant	Baroc	u		(20)
Previous	Address 2			City			State	e Zip Code	
						***************************************			
Previous	Address 3			City			State	e Zip Code	
		2.4							
Previous	Address 4			City			State	e Zip Code	
Previous	Address 5			City			State	e Zip Code	
3. List a	ill states and coun	ties you have liv	ed in as an adult	. Attach	additiona	l sheets if nec	cessary.		
State	County	State	County		State	County	State	e County	
State	County	State	County		State	County	State	e County	
	'		,				June	Journey	
			<u> </u>		<u> </u>	I			

Continued →

Part D: Criminal History					
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					
If yes to question 1, please list details of each conviction	n below. Attach additio	onal sheets as needed.			
Law/Ordinance Violated  OS OF T//C	Location Manloc	wac	Conviction Date		
Penalty Imposed		Was sentence completed?	~		
Law/Ordinance Violated	Location		Conviction Date		
Penalty Imposed		Was sentence completed?	. Yes No		
Law/Ordinance Violated	Location		Conviction Date		
Penalty Imposed		Was sentence completed?	. Yes No		
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of pensheets as needed.	nother state's laws or	any county or municipal	. Yes		
Part E: Attestation					
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingles to forfeit not more than \$1,000 if convicted.	ating in this business of I that any license issu I be prosecuted for sul	due to any involvement in anothe led contrary to Wis. Stat. Chapte bmitting false statements and affic	r tier of the alcohol r 125 shall be void lavits in connection		
Signature		Date 11-21-20.	24		

#### 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

Date

## **SUPPLEMENT TO LICENSING APPLICATION**

1.	indebtedness for fermented mal	cense may not be issued to any applicant with displayment to the		
	timelines in Wisconsin law?		Yes	□ No
2.	Do you understand that State Sta	atutes do not provide for	refunds of unus	sed license
	fees?		Yes	□ No
3.	"Class B" only: Were you open fo	or the minimum number o	of days through	out the
	licensing year?		√ Yes	□ No
	r penalty provided by law, the app truthfully answered to the best of		the above que	stions has
	_	Brittian LLC	<i>'</i>	
	Р	rint Name of Corporation	n/Partnership/Ir	ndividual
	_	905 Washington Address of Licensed Prem	1 Street Man	itowoc, WI
	P	address of Licensed Prem	ises	
	S	ignature of Corporate Ag	ent, Partner or	Individual
* Refer	rence Manitowoc Municipal Code section 1	1.010(12) for additional informa	ition	
The u licens behal	TURE AUTHORITY (required) Indersigned hereby represents and ise. If the party applying for this lice If of the entity represents and war intity and apply for this license on	ense is not an individual, rants that they have bee	the person(s) si	gning on