Form



BBR-2414/CWN-2409

Fo	r Municipal Use Only
Municipality	
UTY	OF MANITOWIX
License Per	iod
07/01/	a4-06/30/25

AB-200

Alco	hol	Bev	erage	License
		Appli	icatio	n

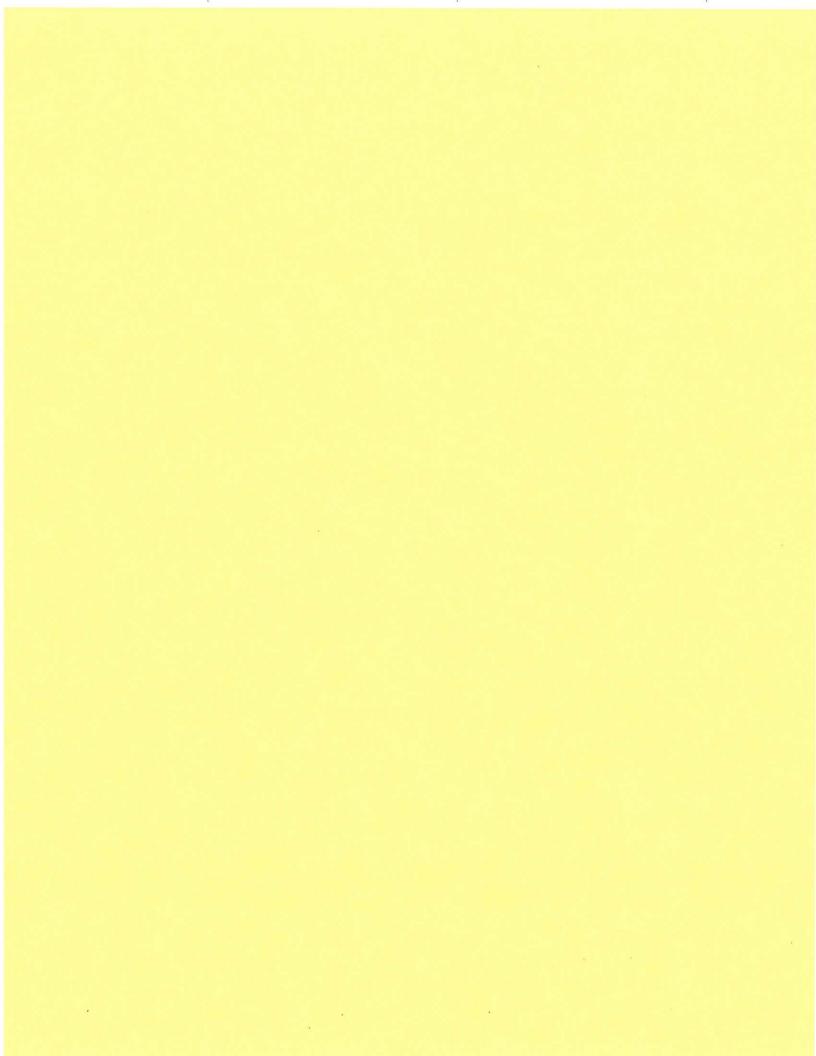
License(s) Requested: (up to two boxes may be checked)		es
Class "A" Beer \$ \$ Class "B" Beel	r \$ 100 License Fees	\$ 200
☐ "Class A" Liquor \$ ☐ "Class B" Liqu	Background Check F	ee \$ —
	s B" Liquor \$ Publication Fee	\$ 30 -
Class C" Liquor (wine only) \$ 100	Total Fees	\$ 230-

		backyri	bulla Check ree	Ψ
	Reserve "Class B" Liquor \$_	Publica	tion Fee	\$ 30 -
"Class C" Liquor (wine only) \$ 100		Total F	ees	\$ 230 T
Part A: Premises/Business Information				
1. Legal Business Name (individual name if sole propr Broken Plate Cote				
2. Business Trade Name or DBA	777			
Same	*			
3. FEIN 45-4901139		Seller's Permit Number 1030336		
5. Entity Type (check one)				fit Ourselanting
	Limited Liability Company 7. Date of Organization	Corporation	nsin DFI Registration	fit Organization
Wi	7. Bato of Organization	0. 741300	noin Di i Nogioti atti	STITUTION
9. Premises Address 1306 Washington	, st			
10. City Monitowoc		11. State	12. Zip Code 542	45
13. County 1	4. Governing Municipality: S City of: Maniforms	Town Villa		A CONTRACTOR OF THE PROPERTY O
16. Premises Phone 1 920 - 374 - 4456	7. Premises Email	18.1	Website	
19. Premises Description - Describe the building or but are kept. Describe all rooms within the building, in only on the premises described in this application. ONE Stary restaured Decerages Sold on up 20. Mailing Address (if different from premises address	cluding living quarters. Authorized a Attach a map or diagram and addit to the Bosco	Ilcohol beverage actional sheets if necess	vities and storage o sary.	
20. Mailing Address (if different from premises address	5)			
21. City		22. State	23. Zip Code	
Part B: Questions	er protest var en	er karalisa kan da karalisa k	1521.	na na jeu og jora sagrad. Reds int of 10 y referingeres
Has the business (sole proprietorship, partner violating federal or state laws or local ordinance)				Yes No
If yes, list the details of violation below. Attach	additional sheets if necessary.			
Law/Ordinance Violated	Location		Trial Date	16
Penalty Imposed	A'	Was sentence co	mpleted?	Yes No
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence co	mpleted?	Yes No

2. Are charges for any offenses pending a beverages.	against the business	s? Exclude traffic	offen	ses unle	ess related to alc	cohol 🔲 `	Yes 🔀 No
If yes, describe the nature and status of	of pending charges (using the space be	elow.	Attach	additional sheets	s as needed.	
Is the applicant business or any of its individuals or entities a restricted investif yes, provide the name of the restrict.	stor with any interes	st in an alcohol be	evera	age prod	ducer or distribut	related tor? [Yes No
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business entity) of the business er	y? ntity owners below	 . Atta	ach addi	tional sheets as	needed.	Yes 🔀 No
4a. Name of Business Entity		4b. Busines	s Enti	ity FEIN		ж	
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the re	esponsible bevera	ge se	erver tra	ining requiremer	nt for	Yes □ No
6. Is the applicant business indebted to a							Yes 🛭 No
7. Does the applicant business owe past	due municipal prope	erty taxes, assess	ment	ts, or otl	ner fees?	: '	Yes 🔀 No
Part C: Individual Information	100 to 10	er samer s	200			NOT-SU-	
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corp	oration or nonprofit	organ	s in the a nization, a	pplicant business of a par	or businesses rtnership, and	listed in Part B, all members,
Include Form AB-100 for each person listed be	The same of the sa	d LLCs must appoin	Section 1	gent by i	ncluding Form AB-		
Last Name	First Name		Title	= =		Phone	. 1075
Schuh				7-0u	JN CF	970-34	14-1523
				0-0u	DNCF DNCF	970-34	14-1523 161-1686
Schuh	Soseph Gregory			0-0u	SNEF	970-34	
Schuh				9-0u	IN CF	970-34	
Schuh Czckalq Part D: Attestation	Joseph Gregory			0-0u	SNEF	970-34	
Schuh Czckalq Part D: Attestation One of the following must sign and attest	Soscph Gregory		C.	11-2		970-34	61-1686
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und	Sos cph Cregory to this application: I partner of a partner per penalty of law, I ha	ership • one	C o	porate o	fficer • one	970-34 9726-9	an LLC
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 by rights and responsibilities conferred by the lice	to this application: I partner of a partner penalty of law, I hausiness and not on beense(s), if granted, will	ership • one ave answered each chalf of any other inc	e corp	porate o	fficer • one uestions complete ity seeking the lice idual or entity. I a	970-34 9726 - 9 e member of ely and truthful ense. Further, gree to operat	an LLC II. I agree that the e this business
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant by rights and responsibilities conferred by the lice according to the law, including but not limited	to this application: I partner of a partner penalty of law, I hausiness and not on beense(s), if granted, will to, purchasing alcohol	ership • one ave answered each chalf of any other ind Il not be assigned to ol beverages from s	e corporate dividuo anotitate a	porate o e above o ial or ent ther indiv	fficer • one questions complete ity seeking the lice idual or entity. I a d wholesalers. I ur	970-34 9726-9 e member of ely and truthful ense. Further, gree to operatinderstand that	an LLC Ily. I agree that the e this business lack 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 bu 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 at	to this application: I partner of a partner penalty of law, I have been penalty of law, I have been penalty of law, I have been penalty of law, and law,	ership • one ave answered each chalf of any other included in the assigned to be beverages from somed a refusal to allow that you will be the control of the	e corp of the dividu o anot tate a w insp	porate of above qual or entither indivathorize pection.	fficer • one juestions complete ity seeking the lice idual or entity. I a d wholesalers. I ur Such refusal is a mall be void under	970-34 9726-9 97	an LLC Ily. I agree that the e this business lack of access and grounds for te law. 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 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	to this application: I partner of a partner penalty of law, I hausiness and not on beense(s), if granted, will to, purchasing alcohorany license issued con itting false statements	ership • one ave answered each chalf of any other income in the state of the state	e corp of the of tdue o anot tate a w insp	porate of above control of the contr	fficer • one questions complete ity seeking the lice idual or entity. I a d wholesalers. I ur Such refusal is a mall be void under this application, ar	970 - 34 9726 - 3 9726 - 3 e member of ely and truthful ense. Further, gree to operat nderstand that nisdemeanor a penalty of sta dt that any per	an LLC III. I agree that the e this business lack of access and grounds for te law. I further son who know-
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Part D: Attestation One of the following must sign and attest	to this application: Il partner of a partner Il per penalty of law, I ha usiness and not on be ense(s), if granted, will to, purchasing alcohor inspection will be deem iny license issued con itting false statements this application may be Email	ership • one ave answered each chalf of any other included in the assigned to be beverages from some darefusal to allow arrary to Wis. Stat. Consumer to forfeit in the same are to forfeit in the same are to same are to forfeit in the same are to	e corp of the dividu o anot tate a w insp Chapte not m	porate of above of all or entitler individual thorized pection. See 125 slitton with more than	fficer • one questions complete ity seeking the lice idual or entity. I ad wholesalers. I ur Such refusal is a mall be void under this application, ar a \$1,000 if convicted.	970-34 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9 9726-9	an LLC Ily. I agree that the ethis business lack of access and grounds for te law. I further son who know- M.I.E.
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Part D: Attestation One of the following must sign and attest	to this application: Il partner of a partner Il pertner of a partner Il partner of a partner Il pertner of a partner Il pertne	ership • one ave answered each chalf of any other income in the state of the state	e corp of the dividu o anot tate a w insp Chapter not m	porate of above of all or entitler individual thorized pection. See 125 slitton with more than	fficer • one questions complete ity seeking the lice idual or entity. I ad wholesalers. I ur Such refusal is a mall be void under this application, ar a \$1,000 if convicted.	970-34 9720-34 9720-34 9720-34 9720-34 Phone 9720-37	an LLC Ily. I agree that I agree that the e this business lack of access and grounds for te law. I further son who know- M.I. E. T. G. T

SUPPLEMENT TO LICENSING APPLICATION

1.	Do you understand that a license may not be issued to any a indebtedness for fermented malt beverages or intoxicating		
	timelines in Wisconsin law?	∀ Yes	□ No
2.	Do you understand that State Statutes do not provide for re	funds of un	used license
	fees?	Yes	□ No
3.	"Class B" only: Were you open for the minimum number of	days throug	hout the
	licensing year?	Y Yes	□ No
	r penalty provided by law, the applicant states that each of t truthfully answered to the best of his/her knowledge.	he above qu	estions has
	Broken Plate Co Print Name of Corporation/	ferluc Partnership,	L.L, C.
	1306 Washington . Address of Licensed Premise	s⊁ Ma	nitowoc, WI
	Signature of Corporate Agen	nt, Partner c	or Individual
* Refe	rence Manitowoc Municipal Code section 11.010(12) for additional information	on	
licens beha	ORITY. Indersigned hereby represents and warrants that it has the a see. If the party applying for this license is not an individual, the of the entity represents and warrants that they have been notity and apply for this license on the entity's behalf.	e person(s)	signing on
<u></u>	Jan (Zoh)	29 M	-24
Signa	ure /	Date	



Form **AB-100**

Alcohol Beverage Individual Questionnaire



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

sole proprietor

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

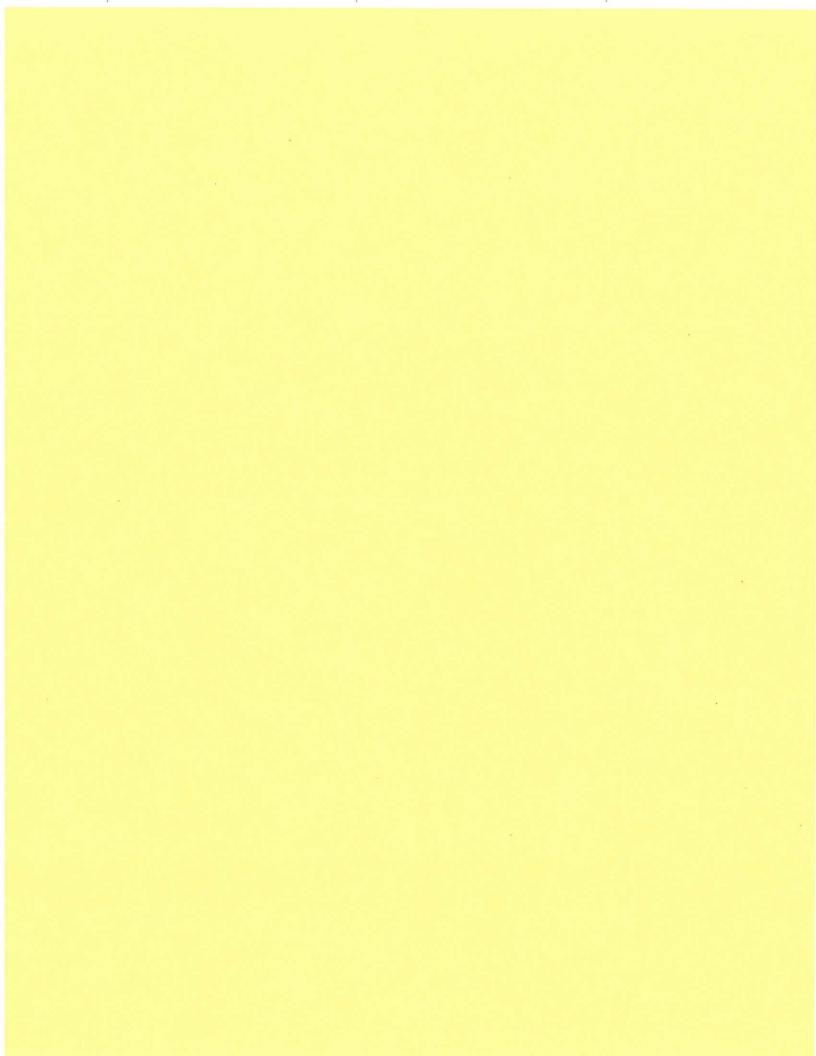
Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A:	Business Informati	on							
1. Legal I	Business Name (individual	hame if sole	e proprietor)	1	.L.C				
2. Busine	ess Trade Name or DBA		U						
	Some								
	Type <i>(check one)</i>	artnership	Limited L	iahili	ty Compan	v \square Cor	poration] Nonprofit C	rganization
	ile Proprietor	artificialip	L4 Ellinea E	labili	ty Compan	, <u> </u>	poration	1 Nonprone C	rgariization
B 1 1/2	1 11 11 11 5	ration of A		-			-		CONTRACTOR OF STREET
1. Last N	Individual Informat	ion		2 5	rst Name			gerinden voo	3. M.I.
	1 1			DOMESTI-WHITE					G
4 Polatic	nship to Business (Title)	-	5. Email		Greg	614		6. Phone	ч
			3	- ^					201-1686
7 Home	Address			50	X 17ther.	· cm		17.0	101 1000
13	10 Sodh 14th	STO.	. (.						
8. City	0 /0/011	J11-			9. State	10. Zip Code		11. Date of E	irth
W	10m fuce				vİ	sun	روح	5-16	82
12. Drive	rs License/State ID Numbe	r	0			CHECK THE PROPERTY OF THE PARTY	cense/State ID Sta	te of Issuance	
C24	0-2878-2	176.	-0'5			WF			*
Part C:	Address History							E K seek a	
*********	ou currently reside in Wis	sconsin? .						<u> </u>	Yes No
Ifvoo	to 1 above, how long ha	NO VOLLOG	entinuoualy lived in	Mico	onein prior	to the date of	application?	Years	Months
li yes	to Tabove, now long na	ave you co	mundously lived in	VVISC	onsin phoi	to the date of	application:	42	0
2. List in	chronological order all	of your ad	dresses within the	last 5	years. Att	ach additional	sheets if necess	ary.	
	Address 1			City			State	Zip Code	
13	10 5. 141	St			Mhuc		WI	52/2	255
Previous	Address 2			City	, , , , ,		State	Zip Code	
				*					
Previous	Address 3			City			State	Zip Code	
Previous	Address 4			City			State	Zip Code)
Previous Address 5 City State Zip Code									
3. List a	ll states and counties yo	u have live	ed in as an adult. A	Attach	additional	sheets if nece	essary.	,	
State	County	State	County		State	County	State	County	
WI	MANITONICE								
State	County	State	County		State	County	State	County	

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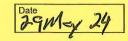
Part D: Criminal History	1 BE 15-1		
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another states of the sta	e's laws or of any coun	ty or municipal ordinances?	. Yes 🗌 No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
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 ဪ
De 4 F. Alle Assess			
Part E: Attestation	<u> </u>	to the territory of the second of the second	- Al
READ CAREFULLY BEFORE SIGNING: Under penaltruthfully. 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 knowingly to forfeit not more than \$1,000 if convicted.	ting in this business of that any license issu be prosecuted for sub	lue to any involvement in another ed contrary to Wis. Stat. Chapter omitting false statements and affid- alse information on this applicatio	tier of the alcohol 125 shall be void avits in connection n may be required
Signature		Date 5 - 29 - 7	24

Caption	Search Ca	State of Wisconsin vs. Gregory G. Czekala	State of Wisconsin vs. Gregory G CZEKALA	State of Wisconsin vs. Gregory G. CZEKALA	In RE: the Support or Maintenance of O.M.G.	State of Wisconsin vs. Gregory G. CZEKALA	State of Wisconsin vs. Gregory C. CZEKALA	State of Wisconsin vs. Gregory
Date of birth	Search Date	05-16-1982	05-16-1982	05-16-1982	05-1982	05-16-1982	05-16-1982	05-16-1982
Name	Search	Czekala, Gregory G.	CZEKALA, Gregory G	CZEKALA, Gregory G.	Czekala, Gregory G.	CZEKALA, Gregory G.	CZEKALA, Gregory C.	CZEKALA, Gregory G
Case status	All	Closed	Closed	Closed	Closed	Closed	Closed	Closed
County name	AIII	lowa	Manitowoc	Manitowoc	Manitowoc	Manitowoc	Manitowoc	Manitowoc
Filing date	Search Fil	10-10-2018	10-24-2013	08-05-2005	10-28-2004	10-05-2004	08-17-2004	08-12-2004
Case number	Search Case	2018CF000149	2013CM000555	2005CF000259	2004FA000332	2004CM000640	2004CM000642	2004CM000629



Form **AB-100**

Alcohol Beverage Individual Questionnaire



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

sole proprietor

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

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

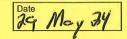
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The second second	Business Informat	Alberta / Alberta Albert			. Had	Service School of the	Make -	Garage State	
1. Legal E	Business Name (individual	name if sol	e proprietor)	2 /20					
1	Broken Plan	te C	storing,	LL	C.				
2. Busine	ss Trade Name or DBA)						
	Sa	ine							
3 Entity	Type (check one)	,,,,		-7/					
	ALC: N	artnership	Limited I	l iahilit	v Compan	y Corporation	n 🗆	Nonprofit Org	anization
	ie Froprietor 🔲 i	artiferanip	Limited	LIADIII	y Compan	y	1 1	Tronpront Org	ariization
Part B:	Individual Informa	tion							
1. Last Na	ame				rst Name			3	. M.I.
4	Salak			- 30	Jose	0/2			E
4 Relatio	Schuh nship to Business (Title)		5. Email		0000	DN		6. Phone	
-00	- owner			ONE	\$			970 37	4 1523
7. Home	TABLE AND ADDRESS OF A STATE OF THE STATE OF			-,-				1001	1 1000
7. 1101116	AUG C	4	10						
	Valders	vau	a RO			140 71- 0-1-		11. Date of Birth	
8. City	1/10				9. State	10. Zip Code			Carlo Carlo
	rs License/State ID Number				Wi	54745		2 Jul	7/
						13. Drivers License/S	ate ID Sta	te of Issuance	
5	000 -4855	~72	12-07			Wi			
			. _0			100 382 0 400			
Part C	Address History	E-1-1-1-1						17,00	X, 91 5.39
					10 10 10		1051 1153 11	N 4/-	a D Na
1. Do yo	ou currently reside in W	sconsin?						Ye	s No
If you	to 1 above, how long h	2V6 V0U 0	ontinuously lived in	Misc	onsin prior	to the date of applica	tion?	Years	Months
ii yes	to 1 above, now long in	ave you o	ortandodory nvod m	1 4 4100	orioiri prioi	to the date of applied		45	9
2 Liet in	chronological order all	of your ac	Idrassas within the	last 5	Veare Att	ach additional sheets	if necess		
	Address 1	or your ac	idlesses within the	City	years. Au	acii additional sheets	State	Zip Code	
Previous	Address			City			State	Zip Code	
Previous	Address 2			City			State	Zip Code	
Previous	Address 3			City			State	Zip Code	
Previous	Address 4			City			State	Zip Code	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Provious	Address 5			City			State	Zip Code	
Fievious	Address 5			Oity			Otato	Zip oodo	
3. List a	II states and counties ye	ou have liv	red in as an adult.	Attach	additional	sheets if necessary.			
State	County	State	County		State	County	State	County	
Wi	Mandrage	213,10				2000 250 25 4	2,2,0	200000000	
State	County	State	County		State	County	State	County	
State	County	Glate	County		Otale	County	Otate	County	

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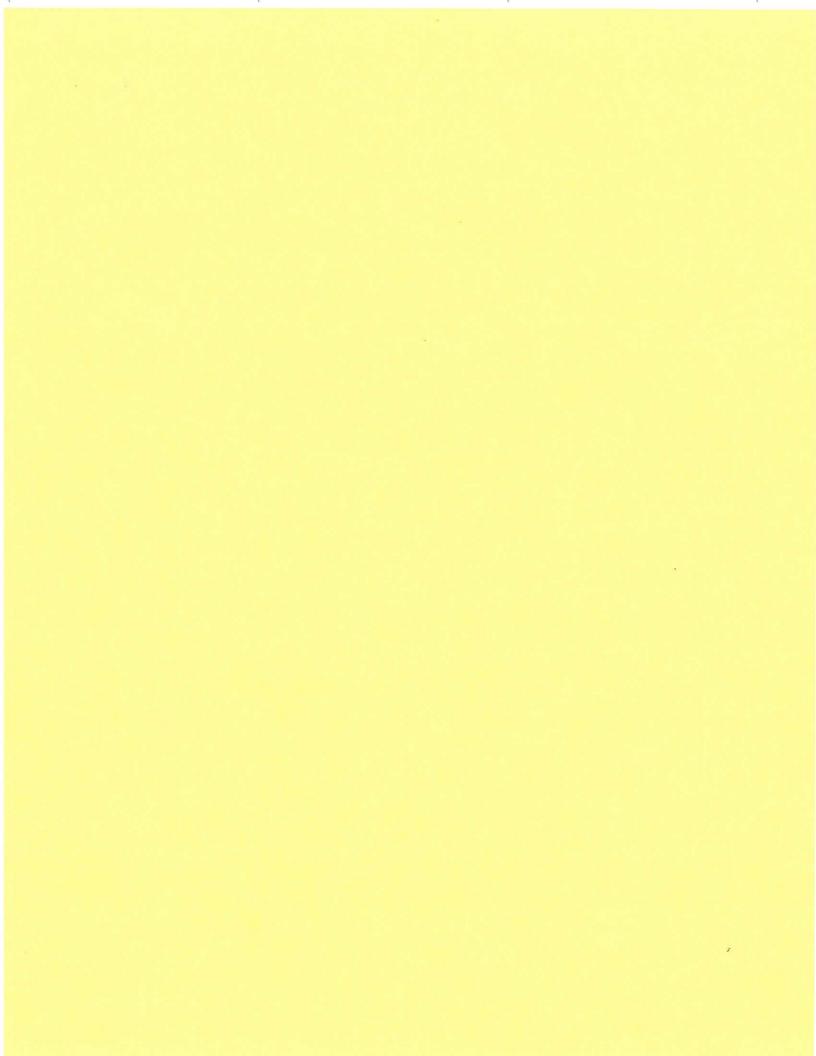
Part D: Criminal History	Total Margar Land Co. S.				
Have you ever been convicted of any offenses (excludi for violation of any federal, Wisconsin, or another state)					⋈ No
If yes to question 1, please list details of each convictio	n below. Attach additio	onal sheets a	s needed.		
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was senter	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or ar ordinances? If yes to question 2, describe nature and status of pendsheets as needed.	nother state's laws or a	any county or	municipal	. Yes	⅓ No
Part E: Attestation					
		11 2 48 73			
READ CAREFULLY BEFORE SIGNING: Under penalty truthfully. I certify that I am not prohibited from participate 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 knowingly to forfeit not more than \$1,000 if convicted.	ting in this business d that any license issu be prosecuted for sub	ue to any inved ed contrary to mitting false	olvement in anothe o Wis. Stat. Chapte statements and affic	r tier of the a r 125 shall b lavits in con	alcohol be void nection
Signature Signature			29 May	24	

Form AB-101

Alcohol Beverage Appointment of Agent



Part A: Business Information . Legal Business Name (individual name if sole proprietor) Broken Plate Catering L.L.C. . Business Trade Name or DBA Scne . Entity Type (check one) . Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit . Describe the reason for appointing a successor agent, if successor is checked above. Part B: Agent Information 1. Last Name Schuh 2. First Name 3. M.I. F 1. Email News 3. Home Address 8. State 8. State 9. Zip Code W. J. Zip Code W.	Agent Type (check one)				
Regard Business Name (individual name if sole proprietor) Report	☐ Successor (\$10 fee for mu	unicipal license	es only)		
Regard Business Name (individual name if sole proprietor) Report					
Light September Septembe	Data Desires Information				
Broken Plate Catering L. L. C. Business Trade Name or DBA Sene Entity Type (check one) St Limited Liability Company Corporation Nonprofit Organization	4. Level Business Name (individual name if cale preprietor)	·	- martial alaba	- la	<u> </u>
Scare Scar	Rankin Plate Caterina	L. L.			
Sentity Type (check one)		*			
Corporation Nonprofit Organization Nonpr	Some				
Municipal Retail License	3. Entity Type (check one) ★ Limited Liability Company		Corporation	☐ Nonprofit O	rganization
Part B: Agent Information 1. Last Name Schuh Sesoph The state of the s	5. If successor a	agent, provide Stat	e Permit or Municipal R	tetail License Number	
2. First Name Schuh 3. M.I. 5. Phone 926 37.4 1523 6. Home Address 8. State W. Styrts 12. Drivers License/State ID Number SCOO - 4855 - 7242 - 07 14. Have you satisfied the responsible beverage server training requirement? 15. Phone 926 37.4 1523 16. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? 16. Part C: Agent Questions 17. City Valders 18. State 5. Phone 92. Zip Code 5. 4745 12. Drivers License/State ID State of Issuance W. Submit proof of completion.		is checked abov	re.		
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2. First Name Schuh 3. M.I. 5. Phone 976 374 /523 6. Home Address 8. State W. Styres 10. Age 5. Thore Styres License/State ID Number SCOO - 4855 - 7747 - 67 11. Have you satisfied the responsible beverage server training requirement? 12. Last Name Schuh 5. Phone 976 374 /523 15. Phone 976 374 /523 16. Age 17. City Valders 12. Drivers License/State ID State of Issuance W. Submit proof of completion.					
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5. Phone NoNE 6. Home Address RE96 Sincura RO 7. City Valders 11. Drivers License/State ID Number SCOO = 4855 - 7747 - c7 Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	1 Last Name	2. First Name			
4. Email NoNE 3. Home Address **GUNC Sincura RO 7. City Valders 10. Age 11. Drivers License/State ID Number SCOO = 48 55 - 7 14 1 - 0.7 Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	Schuh	305	oph		E
S. Home Address Style Sincus RD 7. City Valders 10. Age 54745 11. Drivers License/State ID Number SCOO - 4855 - 7747 - 07 Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? 10. Age 54745 12. Drivers License/State ID State of Issuance W'es No	4. Email				
Reference Refere	6 L1 A11			920	314 1523
11. Drivers License/State ID Number \$\int \text{C: Agent Questions}\$ 12. Drivers License/State ID State of Issuance	9696 Sincua RD				4
11. Drivers License/State ID Number \$\int \text{C: Agent Questions}\$ 12. Drivers License/State ID State of Issuance	7. City // / ()		Zip Code	10. Age	11
Scoo - 4855 - 7242 - 07 Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?. Yes No		$ \omega $	12. Drivers Lice	nse/State ID State of Is	suance
Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? No Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No			111:		7
1. Have you satisfied the responsible beverage server training requirement? No Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No					
1. Have you satisfied the responsible beverage server training requirement? No Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No					
Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?	Part C: Agent Questions	AT 2 VO			
		ng requiremen	t?	**********	Yes No
		vidual Questic	nnaire?		Yes No
3. Have you been a Wisconsin resident for at least 90 continuous days?	Submit a completed Form AB-100 with this form.				
	3. Have you been a Wisconsin resident for at least 90 continu	uous days?			Yes No



Part D: Business Attestation		
READ CAREFULLY BEFORE SIGNING: I, the Undersigned , authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name	First Name	M.I.
Schul	Jaseph	E
Title	Email	Phone
Co-ordari	Mone	970 374 1523
Signature Joseph I blul 29 May 24		
Part E: Agent Attestation		
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name	First Name	M.I.
Schuh	Joseph	
Signature April 7 Lh	<i>J</i>	Date 29 May 24

