# PTAV-2565A

Form AB-200

## Alcohol Beverage License Application

For Municipal Use Only

Municipality

UTV OF MANITOWOC

License Period

- 06/30/26

License(s) Requested: (up to two boxes may be	be checked)	Fees	
☐ Class "A" Beer \$ 🔀	Class "B" Beer \$_	License Fees	\$
"Class A" Liquor \$	Ű "Class B" Liquor \$	Background Check Fee	\$
☐ "Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$_	Publication Fee	\$ 25- Pa
Class C" Liquor (wine only) \$		Total Fees	\$
Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proposed in the sole of the so	prietorship)		
2. Business Trade Name or DBA	1 % ¥	ā.	
1 2 ECINI	4. Wisconsin	Seller's Permit Number	
39-29139253	45	6-1032146659-	-04
5. Entity Type (check one)	Limited Liability Company	☐ Corporation ☐ Nonprofi	it Organization
Sole Proprietor Partnership	7. Date of Organization	Corporation Nonprofi  8. Wisconsin DFI Registration	
6. State of Organization	7. Date of Organization	U. VVIOGONOM DI TTOGICA CASA	
9. Premises Address 4601 Catanot Avr			
10. City		11. State 12. Zip Code	
Maritonoc		WJ 542.	
Manifows	14. Governing Municipality: City of: Marto Coo C	Town Village 15. Aldermanic	DISTRICT
16. Premises Phone	17. Premises Email	e. com 18. Website  www. holide	mail
92 C-682-6 COC -  19. Premises Description - Describe the building or	front/es/c chotic/a	ip and make	/
are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters. Authorized	alcohol beverage activities and storage of tional sheets if necessary.	records may occur
		Records	
Ba Al- Bassa	+ Koon Locked	, Records	
20. Mailing Address (if different from premises addre	ess)		
4601 Catunet Ave			
Mars fonce		22. State 23. Zip Code 5 Y a	200
Part B: Questions		adi, man maka munkum ny nam-ny taona 1476 mi Ny lay Faritra mpiana mpandri Naman ny Indonesia (	AND THE PROPERTY OF THE
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal contents.)	ership, limited liability company,	or corporation) been convicted of nless related to alcohol beverages.	Yes No
If yes, list the details of violation below. Atta			
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed?	Yes No

	Are charges for any offenses pend beverages.	ling against the busine	ess? Exclude traffic o	ffenses unless related to a	alcohol ☐ Yes ☑ No
	If yes, describe the nature and sta	tus of pending charge	s using the space bel	low. Attach additional shee	ets as needed.
	THE STATE OF				
	Is the applicant business or any or individuals or entities a restricted If yes, provide the name of the restricted.	investor with any inte	rest in an alcohol her	verage producer or dietrib	er related utor? Yes V No
	Is the applicant business owned by If yes, provide the name(s) and FE	another business en	tity?	A4	····. ☐ Yes ☑ No
	4a. Name of Business Entity	in(s) of the pusiness i	4b. Business I		s needed.
	5. Have the partners, agent, or sole p	roprietor satisfied the	responsible beverage	e server training requireme	ent for
	this license period? Submit proof of 6. Is the applicant business indebted	completion			····· ✓ Yes ☐ No
	7. Does the applicant business owe p				
	Part C: Individual Information	pro-p. 12	10000-0000-000-000-000-000-000-000-000-		Company of the Compan
	List the name, title, and phone number for Question 4: sole proprietor, all officers, dire managers, and agent of a limited liability co	ompany. Attach additiona	sheets if necessary.	ganization, all partners of a pa	artnership, and all members,
	Include Form AB-100 for each person listed Last Name		2000		
	Molchon	First Name	111	tle	Phone
i b	<i>A A</i>	01269	/-	sgent	870-758.3053
iskny x	Whine	Sabra		Member	773-329-0912
	Part D: Attestation	er in etalene ar elektri dielektri.	NT		
	One of the following must sign and atte	est to this application:			
		eral partner of a partn	ership • one co	orporate officer • one	e member of an LLC
estat	READ CAREFULLY BEFORE SIGNING: I am acting solely on behalf of the applican rights and responsibilities conferred by the according to the law, including but not limit to any portion of a licensed premises during revocation of this license. I understand that I may be prosecuted for suingly provides materially false information of the suingly provides materially provides materially provides materially	It business and not on b license(s), if granted, w leed to, purchasing alcoh g inspection will be deer It any license issued cor bmitting false statement	enalr of any other indivi- ill not be assigned to an ol beverages from state ned a refusal to allow in htrary to Wis. Stat. Cha s and affidavits in conne	dual or entity seeking the lice to the individual or entity. I are authorized wholesalers. I unaspection. Such refusal is a motor 125 shall be void under petion with this application, and	ense. Further, I agree that the gree to operate this business nderstand that lack of access nisdemeanor and grounds for penalty of state law. I further that any person who know that the property of the state of th
	Choudhy y		First Name	ra	M.I.
	Title Member	Email	oudhni eya	100.com	Phone 773-329-5912
X	Signature Munue			Date	173 02 1 10
	Part E: For Clerk Use Only				
	Date Application Was Filed With Clerk Lice	ense Number		Date License Granted	Date License Issued
	Signature of Clerk/Deputy Clerk			Date Provisional L	icense Issued (if applicable)
Δ	B-200 (N. 03-24)				

# SUPPLEMENT TO LICENSING APPLICATION

timelines in Wisconsin law?  Do you understand that State Statutes do not provide for refunds of unused license fees?  Yes No  Moant Were you open for the minimum number of days throughout the licensing year?  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.  **Reference Manitowoc Municipal Code section 11.010(12) for additional information  **Reference Manitowoc Municipal Code section 11.010(12) for additional information  **Reference Manitowoc Municipal Code section 11.010(12) for additional information  **Reference Manitowoc Municipal Code section 11.010(12) for additional information  **Reference Manitowoc Municipal Code section 11.010(12) for additional information  **Reference Manitowoc Municipal Code section 11.010(12) for additional information	1.	Do you understand that a license may not be issued to an indebtedness for fermented malt beverages or intoxicating		
fees?    Yes   No   No   No   No   No   No   No   No				
3. "Class B" only: Were you open for the minimum number of days throughout the licensing year?	2.			
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.     MS		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.     S	3.			
Print Name of Corporation/Partnership/Individual  **Reference Manitowoc Municipal Code section 11.010(12) for additional information  **Signature of Corporation Municipal Code section 11.010(12) for additional information  **Signature of Corporate Agent, Partner or Individual  **Reference Manitowoc Municipal Code section 11.010(12) for additional information  **Signature of Corporate Agent, Partner or Individual  **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	- Sec - Sec	licensing year?		□ No
*Reference Manitowoc Municipal Code section 11.010(12) for additional information  *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			f the above qu	estions has
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* Reference Manitowoc Municipal Code section 11.010(12) for additional information  * 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		Print Name of Corporatio	n/Partnership	/Individual
* Reference Manitowoc Municipal Code section 11.010(12) for additional information  * 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		4601 Column & Du	_ Ma	nitowoc, WI
*Reference Manitowoc Municipal Code section 11.010(12) for additional information  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		Address of Licensed Prem		
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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		- V V	gent, Partner o	or Individual
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	* Refe	rence Manitowoc Municipal Code section 11.010(12) for additional inform	ation	
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and direct and apply for the needless of the second second second			en duly author	ized to bind
01.091	(110 0	on and appropriate and an arrange and arrange and arrange and arrange	01,0911	
Signature Date			Date	

Form AB-101

## Alcohol Beverage Appointment of Agent

Date			

Original (no fee)	uccessor (\$10 fee for mu	unicipal licens	sees only)		
Part A: Business Information			SECTION OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
. Legal Business Name (individual name i	f sole proprietor)				
MS Hotiday &	n Maritons	, LLC			
. Business Trade Name or DBA					
Entity Type (check only)					
Li	mited Liability Company		Corporation		profit Organization
. Alcohol Beverage Business Authorization Municipal Retail License	TARREST THE PERSON OF THE CHARLES	5. If successo	r agent, provide Sta	te Permit or Mu	unicipal Retail License Num
. Describe the reason for appointing a suc	cessor agent, if successor	is checked ab	ove.		
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tamsfor of our	ienship				
	O				
Part B: Agent Information					
Last Name		2. First Name			3. M.I.
. Last Name		2. First Name	1		3. M.I.
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Last Name Makhow		BALL	1		
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Last Name  Makhon  Email  Merkhon  Merk	ins-bacco	8. State	9. Zip Code		5. Phone 920-428-30 2.
Last Name  Makhon  Lemail  J. Makhon  Makhon  J. Makhon  Makhon  Makhon  J. Makhon  Ma	ins-bacco	BALLY 27	9. Zip Code	ense/State ID S	5. Phone 920-428-30 2.
I. Last Name  Makhow  I. Email  G. Makhow & holiday  B. Home Address  520 E. Caroll St  T. City  Applebant  II. Drivers License/State ID Number	in bacco	8. State	9. Zip Code 5 4 S t. 12. Drivers Lice		5. Phone 92C - 428 - 3 0 2.
Last Name  Makhon  Lemail  J. Makhon  Makhon  J. Makhon  Makhon  Makhon  J. Makhon  Ma	in bacco	8. State	9. Zip Code		5. Phone 920-428-30 2.
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I. Last Name  Makhow  I. Email  G. Makhow & holiday  B. Home Address  520 E. Caroll St  T. City  Applebant  II. Drivers License/State ID Number	in bacco	8. State	9. Zip Code 5 4 S t. 12. Drivers Lice		5. Phone 920-428-30 2.
I. Last Name  Makhon  J. City  Appleban  J. Drivers License/State ID Number  M. V. 2. 2. 805 - 5185	in bacco	8. State	9. Zip Code 5 4 S t. 12. Drivers Lice		5. Phone 920-428-30 2.
Last Name  Makhon  Lemail  G. Makhon  Home Address  520 E. Caroll Str.  City  Applebant  11. Drivers License/State ID Number  11. My 20 - 2805 - 5185	-03	8. State	9. Zip Code 5 4913 12. Drivers Lic		5. Phone 92C-428-302.  10. Date of Birth 05-45-55  State of Issuance
I. Last Name  Makhon  J. City  Appleban  J. Drivers License/State ID Number  M. V. 2. 2. 805 - 5185	-03	8. State	9. Zip Code 5 4913 12. Drivers Lic		5. Phone 92C-428-302.  10. Date of Birth 05-45-55  State of Issuance
I. Last Name  Makhon  I. Email  G. Makhon  I. Email  G. Makhon  I. Home Address  520 E. Carroll J.	e beverage server training	8. State	9. Zip Code 5 4 3 1 3 12. Drivers Lic  ent?	ee) or	5. Phone 92C-428-302.  10. Date of Birth 05-45-55  State of Issuance

Continued →

	Part D: Business Attestation	Light Con-	A 1-30 1-30 1-40 (14.)			644
	READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limite beverage activities on such premises. I certion behalf of the entity. If I am appointing a submitted in the submitted for submitted in the convicted for submitted in the convicted.	d liability com fy that I am a accessor ager abmitting false	pany with full authority and couthorized by the above-named ont, I rescind all previous agent as statements and affidavits in countries are at least 100 may be	entrol of the presentity to authorize appointments onnection with	emises and orize this ind for this premi	of all alcohol ividual to act ses. Further, ion, and that
	ast Name		First Name			M.J.
	Choudkry		SABRA.			J
	Member.	Email		7	Phone	
		SABR	achoud thriey	shoo. Cum	773-3	29-0912
	ignature		SAbra achoudthitey	Date	38.25	_
[E	art E. Agant Attactation	Jek and				
-	art E: Agent Attestation	ON GOTTE	1 10 10 17 800 1 11			
	READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability components to the premises for the above-named busine and affidavits in connection with this application polication may be required to forfeit not more	ess. I further on, and that a	ume full responsibility for the countries that I may be prosently provingly	onduct of all al	cohol bevera	ge activities
	MA/chow		First Name  Aug			M.I.
S	Day Wahln			Date	.25	

#### 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	ormatio	n					nt coden gradens	
	usiness Name (in								
			m 14	mitousc	LL	<u></u>			
11	ss Trade Name or		U						
Ho	Liday N	an							
	ype (check one)								
	e Proprietor	☐ Pa	rtnership	Limited L	iability	Company	✓ Corporation	□и	onprofit Organization
Part B:	Individual Inf	ormati	on						
1. Last Na	me				2. Fire	st Name			3. M.I.
(-	houd	011			<	SABR	A		J
4. Relation	nship to Business	(Title)		5. Email			ahoo.com	1000	Phone
	unca.	•		nchou	de	1'CU	hog com	7	73-329-0912
7 Home A	Address					1	, , , , , , , , , , , , , , , , , , , ,		
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8. City	0	1	1 63	5,6	9	9. State	10. Zip Code	11	. Date of Birth
	venne	rr				IL	60010	7	12-27-9(
	s License/State ID						13. Drivers License/Stat	e ID State	of Issuance
	360-790		162				IL		
<u> </u>	100	101	00						
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The second second second	Address Hist					. Pasidet			
1. Do yo	u currently live i	n Wiscor	nsin?				. ,		… ☐ Yes ☑ No
16				wanniamanthi	malia	d to Misos	nein		(MM/YYYY)
If yes,	provide the mo	ntn and	year wner	i you permanenny	move	u to vvisco	onsin		413
2 List in	chronological o	rder all c	of your add	dresses within the	last 5	years. Att	ach additional sheets if	necessary	1.
Previous /	(TE)		. J. E. H. E. H.	***************************************	City			State	Zip Code
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			. 10 0	<u> </u>	City		000000	State	Zip Code
Previous /	Address 2				City			Ojato	Zip dodd
					City			State	Zip Code
Previous /	Address 3				City			Otate	Zip Code
								Olata	7in Oada
Previous	Address 4				City			State	Zip Code
								2.1	
Previous	Address 5				City			State	Zip Code
3. List al	Il states and cou	inties you	u have live	ed in as an adult. A	Attach	additional	sheets if necessary.		
State	County ,		State	County		State	County	State	County
Th	Cook		Sidio	County					
State	County		State	County		State	County	State	County
State	County		State	County		Otato			

Part D: Criminal History  1. Have you ever been convicted of any offen			249
for violation of any federal, Wisconsin, or a	ses (excluding traffic offens	es unless related to alcohol beverag	es)
If yes to question 1, please list details of ea			
Law/Ordinance Violated	Location	additional sheets as needed.	Conviction Date
	Loodion		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
sheets as needed.			
Part E: Attestation			

X

#### Form

**AB-100** 

## **Alcohol Beverage Individual Questionnaire**

Date	La same
07-08	25

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.

				t favor and	and the state of	AND THE RESIDENCE OF THE PARTY	DESCRIPTION OF THE	Now were the second of the sec
Part A: Business Information								
1. Legal Business Name (individual name if sole proprietor)								
5%	Bod Axe Hotal, LLC							
Common the seasons of	ss Trade Name or							
1107	idny Da	<u> </u>						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Type (check one)	Dod	Limited	Lightle	Company	y Corporation		Nonprofit Organization
	le Proprietor	☐ Partnership	[ ] Limited	Liability	y Compan	y Corporation	ㅂ	Nonprolit Organization
Date of the second		0.05480.28350.00	· Constitution	(Sec. 1854)	arosis, e			
11.50 ST 15.00 ST	Individual Inf	ormation		la riv	et Name			3. M.I.
1. Last Na			15/15*15	Z. FIF	st Name			3. IVI.1.
	1/chow	(Title)	6 Email		125.07		- 1	3 Phone
-	nship to Business (		o. Email	cha	. 0 6	12/ 1 -	0.000	6. Phone 920-428-3023
7 Homo	Address		9.11107	المالين م	E /10	11 My CM DO	The Charles	120-120-00-00
		4				75" Table 1		
8. City	E. Conc	1/0/1			9, State	10. Zip Code	1	11. Date of Birth
					us	-110		95:45.55
12. Drive	rs License/State ID	Number			,- mg	13. Drivers License/Sta		
m	40-2805	-5185-0	3			WI		
	0000							THE PARTY
Part C	Address Hist	orv						
24 20 20 20 20 20 20 20 20 20 20 20 20 20		AND						Yes No
If yes	, provide the mor	nth and year whe	n you permanentl	y move	d to Wisco	onsin		05:25-55
0 1:-4:	a a brancis al sa	don all of your ac	dragge within the	n lact 5	veare Aff	ach additional sheets if	necessor	
	Address 1	der all of your ac	uresses within the	City	years. Att	ach additional sheets if	State	Zip Code
ATA INCO DE ADMINISTRA		1 01			11		- California	27
Dravious	E Consol Address 2	1 St.		City	prexor		State	5 49 15 Zip Code
Previous	Address 2	1		X	ptelon, ptelo			7.
Previous	112 North	076636		City	BIA ETP	0	State	5/9/) Zip Code
Trovious				3.0				
Previous	Address 4			City			State	Zip Code
Troylous	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3,				
Previous	Address 5			City			State	Zip Code
3. List a	Il states and cour	nties you have liv	ed in as an adult.	Attach	additional	sheets if necessary.		
State	County	State	County		State	County	State	County
State	County	State	County		State	County	State	County
							4	

Continued →

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Part D: Criminal History	CONTRACTOR OF THE STATE		The second
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	ing traffic offenses unl s's laws or of any coun	ess related to alcohol be ty or municipal ordinance	everages) es? Yes V No
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence complet	ted? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence complet	ed? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence complete	ed? Yes No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or an ordinances?.  If yes to question 2, describe nature and status of pen sheets as needed.	nother state's laws or a	any county or municipal	Yes 🗹 No
D. 4 F. 844 - 4-45	0.75-0.000		
Part E: Attestation	d, crass- large and acc	Audio de Sylvet, padro frates	Million application of the last
READ CAREFULLY BEFORE SIGNING: Under penalty truthfully. I certify that I am not prohibited from participat 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.	ing in this business d that any license issue be prosecuted for sub	ue to any involvement in ed contrary to Wis. Stat. mitting false statements	an another tier of the alcohol Chapter 125 shall be void
Signature Cay Walde		Date 67-0	08-25



License Number: TAV-2565A

# "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 M. / M.
Applicant (Name of Corporation, LLC, Partnership, etc.): 15 Holiday Dan Manifousc, LLC
Trade Name: Holiday Dun Phone Number: 920 682-600 C
Address of Establishment: 4601 Column August
Agent or Owner of Establishment: 6 Any Ma/clow
BUSINESS DESCRIPTION
Predicted Open Date: 08-15-45
Predicted Date the Business will be ready for Inspection: 07.3/-25
Brief Description of the Business: Hokel Bian
**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
Day Mahly 07-08-45
Signature of Agent or Owner of Establishment Date
Office Use Only
Date Received by Clerk's Office: Approved
Common Council Date: Denied

Date:
Honorable Mayor and Common Council of the City of Manitowoc:
I hereby surrender the following license:
<ul> <li>— "Class A" Retail Intoxicating Liquor and Fermented Malt Beverage</li> <li>★ "Class B" Retail Intoxicating Liquor and Fermented Malt Beverage</li> <li>— Class "A" Fermented Malt Beverage</li> <li>— Class "B" Fermented Malt Beverage</li> <li>— Class "C" Wine License</li> </ul>
for the premises at 4601 Colymot Que Maritonoc, at 54220
in favor of DS Holidney Itams Monitouse LC effective  upon issuice of new licensy.
Very truly yours,  Loudh
Signature
Cosu Walchow Print Signature