AGENDA CITY OF BERLIN COMMON COUNCIL MEETING TUESDAY, JUNE 9, 2020 7:00 PM

DUE TO THE CONTINUED CONCERN SURROUNDING COVID-19, THE CITY OF BERLIN IS TEMPORARILY TRANSITIONING ITS PUBLIC MEETINGS TO A TELECONFERENCE FORMAT, VIA ZOOM.

TO JOIN THE MEETING FROM YOUR COMPUTER, TABLET OR SMARTPHONE (AUDIO/VIDEO): JOIN ZOOM MEETING:

https://zoom.us/j/85371324868 Meeting ID: 853 7132 4868

TO JOIN THE MEETING FROM YOUR PHONE WITH AUDIO ONLY:

https://zoom.us/j/85371324868 1 312 626 6799 US TOLL-FREE Meeting ID: 853 7132 4868

- 1. Call to order/Roll Call
- 2. General Public Comments. Registration card required (located at podium in Council Chamber).

CONSENT AGENDA: The Consent Agenda contains items which staff considers to be routine and have already been discussed and recommended by a committee, board or commission at a previous meeting. Staff recommends that Council act on all of these items on a single roll call vote. If any member of Council wishes to have any item removed from the Consent Agenda and discussed, the Council member may request that item be removed from the Consent Agenda prior to the adoption.

- 3. Waive the reading of ordinances and resolutions. <u>RECOMMENDATION</u>: Waive the reading of all ordinances and resolutions adopted at this meeting.
- 4. Written reports from the City Clerk, Treasurer, and Building Inspector.

 <u>RECOMMENDATION</u>: Receive and place on file the written reports from the City Clerk, Treasurer, and Building Inspector.
- 5. Minutes from the May 12 & 14, 2020 Common Council Meetings. <u>RECOMMENDATION</u>: Approve the minutes.
- 6. Water & Sewer Utility Annual Compliance Maintenance Annual Report (CMAR) Resolution. <u>RECOMMENDATION:</u> Accept the Water & Sewer Commission recommendation to approve 2019 Compliance Maintenance Annual Report Resolution #20-10.
- 7. 2019 Audit Presentation. <u>RECOMMENDATION:</u> Accept the Committee of the Whole recommendation to accept and place the 2019 audit on file.

- 17. Community Development Block Grant Public Facilities (CDBG-PF) and Close Program Application Matching Funds Resolution. <u>RECOMMENDATION</u>: Approve and adopt Resolution #20-12 Authorizing to Commit Matching Funds for the City of Berlin, WI for application of CDBG grant applications.
- 18. Wal-Mart Real Estate Business Trust Board of Review Assessment Request for Waiver and Objection. <u>RECOMMENDATION:</u> Informational only. No action required.
- 19. Update on Re-opening of Public Facilities. <u>RECOMMENDATION</u>: Informational only. No action required.
- 20. State of Emergency Declaration. <u>RECOMMENDATION</u>: Review status of current declaration and action if appropriate.
- 21. Discussion on Virtual Meetings. <u>RECOMMENDATION:</u> Discuss and action if appropriate.
- 22. Appointment to Police & Fire Commission. <u>RECOMMENDATION:</u> Accept the Mayoral appointment of Dan Johnson to the Police & Fire Commission for term expiring May 1, 2025.
- 23. Appointment to Parks & Recreation Commission. <u>RECOMMENDATION:</u> Accept the Mayoral appointment of Catrina Burgess to the Parks & Recreation Commission for term expiring April 30, 2023.
- 24. Sidewalk Café Permit-Riverside Coffee Company, LLC: <u>RECOMMENDATION</u>: Approve the Sidewalk Café Permit for Riverside Coffee Company, LLC for 168-170 West Huron Street for June 15-September 15, 2020 for hours 7 a.m.— 8 p.m.
- 25. Sidewalk Café Permit Application-The Art Bar, LLC. <u>RECOMMENDATION</u>: Approve the Sidewalk Café Permit for The Art Bar, LLC, 114 W. Huron Street for June 15-September 15, 2020.
- 26. Action on Annual Licenses: Class "A" & Class "B" Beer and/or Intoxicating Liquor Licenses, Outdoor Activity, Cigarette, & Amusement Devices for License Year July 1, 2020-June 30, 2021. (see attached list) <u>RECOMMENDATION</u>: Grant or deny the licenses presented pending all appropriate approvals and inspections are completed and requirements met.
- 27. Operator License Applications for License Year July 1, 2020- June 30, 2022 (see attached list approved by the PD). <u>RECOMMENDATION:</u> Grant or deny the licenses.
- 28. Old Business (To be used to request items of old business be put on a future agenda for further discussion or action; or used to make a motion for reconsideration of an item from the current meeting or immediately previous meeting; or to make a motion to take items off the table which were laid on the table only during the current meeting.)

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	HONORABLE MAYOR AND COMMON COUNCIL	COMMON COUNCIL OF	OF THE CITY OF BERLIN, WISCONSIN:	IN, WISCONSIN:		
i herewith present my report as City Treasurer for the month ending	sasurer for the month ending	5/31/2020				
FUNDS	ADJ/ BEG BALANCE VOIDS	RECEIPTS	DISBURSEMENTS	BALANCE	INVESTMENTS	TOTAL W/ INVESTMENTS
GENERAL CITY	1,590,	\$ 97,808.95	\$ 548,732.53	-	2,100,000.00	
TAX COLLECTION ACCOUNT WATER INVESTMENTS	\$ 460.84 \$ 712,298.14	\$ 255,001.28	225,431.15	\$ 741,868.27 \$	\$ 4,369,760.49 \$ 2,242,788.52	\$ 5,111,628.76 \$ 2,242,788.52
SEWER INVESTMENTS SEWER BOND & INT		\$		· · ·	1	
BOND & INT RESERVE	\$ 27,915,93	\$ 78,004.15	66,821.31	\$ 39,098.77	\$ 1,255,000.00	\$ 1,294,098.77 \$
CAPITAL PROJECT BORROWING	\$ - \$	\$ 29,072.62	\$ 35.00	\$ 125,689.07		\$ 125,689.07
TOTAL OF ALL FUNDS	2,4	\$ 459,887.00	\$ 841,019.99	\$ 2,046,754.88	\$ 9,967,549.01	\$ 12,014,303.89
FUNDS	BANK STATEMENT BALANCE	ADJUSTMENT	OUTSTANDING		AVAILABLE BANK BALANCE	
			18 244 77		_	
GENERAL CITY TAX COLLECTION ACCOUNT	\$ 1,155,882.70 \$ 785.80		\$ 324.96		\$ 460.84 \$ 741,868.27	
WATER & SEWEK SEWER BOND & INT				- Lagrage Lindstern	\$ 39.098.77	
EQUIP REPLACMT FUND	\$ 39,098.77	111111111111111111111111111111111111111				
EMS ACCOUNT	\$ 125,689.07					
TOTAL OF ALL FUNDS	\$ 2,084,833.84	•	\$ 38,078.96		\$ 2,046,754.88	
				RESPECTFULLY SUBMITTED	UBMITTED,	
				***/		
				16/10	m / 1000	

				Ci	Y OF	CITY OF BERLIN BUILDING REPORT May 2020	IG REPORT May	2020		
			HLNOM	1		YEAR TO DATE	<u> </u>	7	AST YEAR TO DATE	ATE
\perp		Q	Estimated Value	ermit Cost	No.	ed Valu	Permit Cost No.			Permit Cost
\perp	Oraclo Enmily Docidence	70		_	-	\$332,000.00	\$1,553.60	1	\$332,000.00	\$1,553.60
╧	Single Family Residence	5 0			2	\$540,000.00	\$2,973.20	2	\$540,000.00	\$2,973.20
$oldsymbol{\perp}$	Multi-raffilly residence	7	\$12.295.00	\$205.00	-	\$12,295.00	\$205.00	1	\$12,295.00	\$205.00
	Kesidential Garage	7	\$2 500 00		_	\$2,500.00		ν-	\$2,500.00	\$50.00
	Kesidential Garage Alteration	- 0			14	8	\$1,042.35	21	\$216,224.00	\$1,502.35
	Residential Alteration	2 0	L			L	\$0.00	0	\$0.00	\$0.00
	Commercial				2	\$52	\$450.00	2	\$52,725.00	\$450.00
	Commercial Alleration							0	\$0.00	\$0.00
\bot	Industrial)						0	\$0.00	\$0.00
	Industrial Alteration) 			7	4		m	\$13,990.00	\$258.76
	Signs						٩	1 (\$40 BOO OO	\$350.00
_	Miscellaneous	വ	\$9,000.00	\$250.00	2	9.68	 	+	00.000	00 08
L	Demolition	0			0			╗	\$0.00	00.09
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]	Univeways	1	0.000			30.00		0	\$0.00	\$0.00
	I railer homes	 	00 700 700	C4 242 ED		\$750.5	\$5.0	11	\$854,334.00	\$5,844.31
	Total Building Permits	18			-		L			
_					+	00 0\$	00 08	0	\$0.00	\$0.00
لــ	Commercial Plan Approval	_ _				6	¥	14	\$94 217 00	\$657.79
	Plumbing Permits		1 \$2,000.00					,	0402 770 00	
<u> </u>	Electrical Permits		2 \$1,850.00					± [8	00.00.00.00	è
<u>L</u> _	Heating Permits		5 \$18,608.00	30 \$275.00		10 \$117,435.00	30 \$1,011.00	87	\$4,024,00	_
<u> </u>		_						-	00 07 7 700 00	
	Total Permit Fees	Ľ	26 \$107,142.00	30 \$1,637.50		50 \$939,906.00	20 \$6,652.70	95	\$1,28/,145.00	01.000,80
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DATE: June 3, 2020

TO: Common Council

FROM: Brian Malnory

RE: Annual Compliance Maintenance Report

<u>BACKGROUND:</u> This is the Compliance Maintenance Annual Report generated by the Wisconsin Department of Natural Resources; these are the grades that the city utility received for the collection system and, wastewater treatment plant. The grades given represent the maintenance and management of the system.

The first grade is for Influent loading and flow. That is the representative samples of the raw wastewater entering the plant and the rate that it is received. This grade fluctuates from year to year, and the utility has no control over what these flows and loadings are. The higher loading comes from industrial waste and higher flow comes from groundwater infiltration.

The rest of the grades represent the maintenance and the management of the system. Despite our aging system, with updating and upgrading equipment & electronics and good maintenance, the collection system and the WWTP treat the loading of wastewater that is received into the system very well, which is reflected in the excellent grades received.

<u>RECOMMENDATION:</u> Accept the Water & Sewer Commission recommendation to approve Compliance Maintenance Resolution #20-10.

Compliance Maintenance Annual Report

Berlin Wastewater Treatmen	t Facility		Last Updated: 5/20/2020	Reporting For 2019
Resolution or Owner's S	tatement			
Name of Governing Body or Owner:	Cili E Poulio	1		
Date of Resolution or Action Taken:	City of Berlin 2020-06-09]		
Resolution Number:	20-10]		
Date of Submittal:			WA TO ODECIE	TC CMAD
ACTIONS SET FORTH BY TH SECTIONS (Optional for gra Influent Flow and Loadings: (The City of Berlin WWTP rec reason for this is Industrial I waste, some as much as 54 the City of Berlin is also sure over 7 ml/l.	eived a C on the influence of the contract of	uent and loadings portion	of the CMAR, trging very high	he main BOD Lloading,
Effluent Quality: BOD: Grade	= A			
Effluent Quality: TSS: Grade	= A			
Effluent Quality: Phosphorus	: Grade = A			
Biosolids Quality and Manage	ement: Grade = A			
Staffing: Grade = A				
Operator Certification: Grade	e = A			,
Financial Management: Grad	e = A			
Collection Systems: Grade = (Regardless of grade, respon	: A nse required for Colle	ection Systems if SSOs w	ere reported)	
ACTIONS SET FORTH BY T GRADE POINT AVERAGE A (Optional for G.P.A. greater t G.P.A. = 3.81	NIM KKIV CENEDALI	CINVINIENIS		VERALL

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11100 Cash in Bank m FNB	5/7/2020	\$18.00	BLS ECARDS EMMAZ AND KAY WILLI
Paid Chk# 064503 AHC - STAFF DEVELOPMENT Paid Chk# 064504 AMAZON CAPITAL SERVICES, IN			MULTI FOLD TOWELS - EMS
Paid Chk# 064505 AMERICAN SIGNAL CORP	5/7/2020	\$4,157.60	SIREN WORK - BERLIN EMERGENCY
Paid Chk# 064506 APPLETON FINANCE DEPARTM	5/7/2020	\$471.25	2020 - MAY - WEIGHTS AND MEASU
Paid Chk# 064507 BERLIN JOURNAL NEWSPAPER		\$1,055.88	15" AD RUBBISH BB/BJ
Paid Chk# 064508 CORPORATE NTWRK SOLUTION	5/7/2020		LINDSEY'S COMPUTER UPDATE
Paid Chk# 064509 FINISHLINE STUDIOS	5/7/2020		2020 - MAY - MONTHLY WEB HOSTI
Paid Chk# 064510 FIRE INSPECTION SERVICES IN	5/7/2020		2020 - APRIL - FIRE INSPECTIO
Paid Chk# 064511 HORICON BANK	5/7/2020		2020 - MAY - EMPLOYER H.S.A. C
Paid Chk# 064512 JON LUNDT ELECTRIC, INC	5/7/2020		INSTALL ELECTRIC DOOR OPENING
Paid Chk# 064513 KASUBOSKI, WILLIAM	5/7/2020		PARK SHELTER HOUSE DEPOSIT REF
Paid Chk# 064514 KUNKEL ENGINEERING GROUP	5/7/2020	\$27,665.70	2020 STREET & UTILITY PROJECTS
Pala Ciliar 004010 More Lacourt III	5/7/2020	\$624.73	MEDICAL SUPPLIES FOR EMS
Paid Chk# 064516 MUNIÇIPAL CODE CORP	5/7/2020		ORDINANCE UPDATES (12 COPIES)
Paid Chk# 064517 OSHKOSH OFFICE SYSTEMS	5/7/2020		2020 - APRIL - COPIER 6111 PHO 2020 - APRIL - PLANTZ HEALTH I
Paid Chk# 064518 PLANTZ, DENNIS W	5/7/2020		REIMBURSEMENT FOR MAILING SIRE
Paid Chk# 064519 PODOLL, GARY V	5/7/2020		2020 - EMPLOYEE LIFE INSURANCE
Paid Chk# 064520 SECURIAN FINANCIAL GROUP	5/7/2020		2020 - PAYROLL 9 - EMPLOYEE H.
Paid Chk# 064521 VERVE	5/7/2020		2020 - MAY - CENTURYLINK ADV
Paid Chk# 064522 VIVIAL	5/7/2020		SPECIAL PROSECUTOR ASSIGNMENT
Paid Chk# 064523 WURTZ LAW OFFICE	5/7/2020 5/7/2020		MISCODED BILL FOR AUX POWER BR
Paid Chk# 064524 ZOLL MEDICAL CORP			2020 - APRIL - TRASH AND RECYC
Paid Chk# 064525 ADVANCED DISPOSAL SERVICE	5/18/2020		FLAGS ORDERED FOR STREET DEPAR
Paid Chk# 064526 ALL FLAGS, LLC			FACE MASKS FOR BEMS
Paid Chk# 064527 AMAZON CAPITAL SERVICES, IN Paid Chk# 064528 BARBOLA FUNERAL HOME	5/18/2020		REFUND OF JUDY ELDRED WINTER B
	5/18/2020		2020 - APRIL - COBRA 32 COVERE
	5/18/2020		2020 WEED AD
Paid Chk# 064530 BERLIN JOURNAL NEWSPAPER Paid Chk# 064531 CENTURYLINK	5/18/2020		2020 - APRIL - LONG DISTANCE P
Paid Chk# 064532 CHARTER COMMUNICATION	5/18/2020	\$335.45	2020 - MAY - INTERNET AND TV S
Paid Chk# 064533 CONNEXUS CREDIT UNION	5/18/2020		2020 - APRIL-MAY - EMPLOYER H.
Paid Chk# 064534 DIVISION OF UNEMPLOYMENT	5/18/2020		2020 - APRIL - UNEMPLOYMENT BE
Paid Chk# 064535 DON E. PARKER EXCAVATING, I	5/18/2020 •		N CAPRON/RIVER DR
Paid Chk# 064536 DREXEL BUILDING SUPPLY, INC.	5/18/2020		4X4-10' TREATED & 2X4-10' TREA
Paid Chk# 064537 DTN, LLC	5/18/2020		2020 - MAY - RADAR CONTROL
Paid Chk# 064538 EMC INSURANCE COMPANIES	5/18/2020		2020 - APRIL - GENERAL LIABILI
Paid Chk# 064539 EMERGENCY MEDICAL PRODUC	5/18/2020	\$1,117.07	MEDICAL SUPPLIES FOR BEMS
Paid Chk# 064540 HAWKINS /ASH CPAs	5/18/2020		PROGRESS BILL 12/31/2019 AUDIT
Paid Chk# 064541 LANDMARK SERVICES COOPER	5/18/2020		2020 - APRIL - FUEL DELIVERY
Paid Chk# 064542 NORTHEAST ASPHALT - GRNV	5/18/2020		ASPHALT FOR DPW
Paid Chk# 064543 PACKER CITY INT'L TRUCKS, IN	5/18/2020		FUEL PUMP SUPPLY AND GASKET FI
Paid Chk# 064544, PLANTZ, DENNIS W	5/18/2020		2020 - MAY - PLANTZ HEALTH REI
Paid Chk# 064545 RUNNING INC. TRANSIT ŞERVIC			2020 - APRIL - SHARED RIDE TAX
Paid Chk# 064546 STRYKER SALES CORP	5/18/2020		NEW COT FOR BEMS 2020 - APRIL - BERLIN/PRINCETO
Paid Chk# 064547 THE CVIKOTA COMPANY INC	5/18/2020		RENEWALBERLIN AQUATIC CONCESSI
Paid Chk# 064548 TRI-COUNTY CONSORTIA	5/18/2020		REFUND FOR PAYMENT BERTHA HULI
Paid Chk# 064549 UNITED HEALTHCARE	5/18/2020		EMAILS LIBRARY AND EMPLOYEE RE
Paid Chk# 064550 vonBRIESEN & ROPER, s.c.	5/18/2020		2020 - MAY - UNION DUES
Paid Chk# 064551 WI COUNCIL 32 PER CAP TAX T	5/18/2020 5/18/2018		1 UNIT FOR CUSTOMERS
Paid Chk# 064553 BAKER & TAYLOR			2020 - APRIL - LIBRARY CLEANIN
Paid Chk# 064554 LISA OBRIST	5/18/2018 5/18/2018		2020 - APRIL - PHOTO COPIES
Paid Chk# 064555 OSHKOSH OFFICE SYSTEMS	5/18/2018		TB PLUS SPRAY DISENFECT
Paid Chk# 064556 SUPERIOR CHEMICAL CORP			2020 - MARCH - UNIQUE MANAGEME
Paid Chk# 064557 WINNEFOX AUTO LIBRARY SER Paid Chk# 064558 WINNEFOX COOPERATIVE TEC	5/18/2018		SUPPLIES FROM DEMCO
Paid Chk# 064558 WINNEFOX COOPERATIVE TEO Paid Chk# 064559 WINNEFOX LIBRARY SYSTEM	5/18/2018		SLP MATERIAL FROM CSLP
Paid Chk# 064569 WINNEPOX EIBRART STOTEM Paid Chk# 064560 ADVANTAGE POLICE SUPPLY IN			POINT BREAK CONCEALABLE CARRIE
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Paid Chk# 015196 BADGER LABORATORIES INC 3/1/2020 Paid Chk# 015197 BERLIN CITY TREASURER 1015 5/7/2020 Paid Chk# 015198 BERLIN OIL PRODUCTS 5/7/2020 Paid Chk# 015199 BERLIN OIL PRODUCTS 5/7/2020 Paid Chk# 015200 FAB TECH WASTEWATER SOLU 5/7/2020 Paid Chk# 015201 KUNKEL ENGINEERING GROUP 5/7/2020 Paid Chk# 015202 KUNKEL ENGINEERING GROUP 5/7/2020 Paid Chk# 015203 LEYSTRA SEEDS LLC 5/7/2020 Paid Chk# 015204 LIEN, LINDA 5/7/2020 Paid Chk# 015205 MARTELLE WATER TREATMENT 5/7/2020 Paid Chk# 015206 RIDGE STONE PRODUCTS, INC 5/7/2020 Paid Chk# 015207 SUPERIOR CHEMICAL CORP 5/7/2020 Paid Chk# 015208 WALTCO INC 5/7/2020 Paid Chk# 015209 WALTCO INC 5/7/2020 Paid Chk# 015207 WSI WATER 5/7/2020 Paid Chk# 015208 WALTCO INC 5/7/2020 Paid Chk# 015209 WSI WATER 5/7/2020 Paid Chk# 015210 ADVANCED DISPOSAL SERVICE
Paid Chk# 015197 BERLIN CITY TREASURER 1013 5/7/2020 \$25.00 TIRE REPAIR Paid Chk# 015198 BERLIN OIL PRODUCTS 5/7/2020 \$2,180.00 DRIP TRAP 2.5 QT Paid Chk# 015209 FAB TECH WASTEWATER SOLU 5/7/2020 \$2,390.00 AUDIT BILL SERVICES THROUGH 05 Paid Chk# 015201 HAWKINS/ ASH CPAS 5/7/2020 \$6,102.25 2020 STREET & UTILITY IMPROVEM Paid Chk# 015202 KUNKEL ENGINEERING GROUP 5/7/2020 \$400.00 SOIL PIT CONSULTATION Paid Chk# 015203 LEYSTRA SEEDS LLC 5/7/2020 \$15.70 REIMBURSEMENT RECEIPT BOOKS Paid Chk# 015204 LINCOLN CONTR SUPPLY INC 5/7/2020 \$69.99 50 - 3 LAYER PREMIUM FACE MASK Paid Chk# 015205 MARTELLE WATER TREATMENT 5/7/2020 \$44,458.43 LIQUID ALUMINUM SULFATE Paid Chk# 015206 RIDGE STONE PRODUCTS, INC 5/7/2020 \$118.04 SUN FRESH DISINFECTANT Paid Chk# 015207 WALTCO INC 5/7/2020 \$18.04 SUN FRESH DISINFECTANT Paid Chk# 015208 WALTCO INC 5/7/2020 \$16.19.94 POLYCLEAR Paid Chk# 01521
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Paid Chk# 015215 CRANE ENGINEERING VICTOR \$20.904.63 2019 STREET & UTILITY PROJECT
Paid Chk# 015216 DON E. PARKER EXCAVATING, 1 SHOURD \$40.07 BOLT-BLADE
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Paid Chk# 015218 LANDMARK SERVICES GOOD STATE ST
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Paid Chk# 015228 BERLIN CITY TREASURER 1015
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Paid Chk# 015231 FIRST SUPPLY STORY FIRST SUPPLY \$165.26 PHOSPHORUS TEST N TUBE REAG
Paid Chk# 015232 NORTH CENTRAL LABORATOR 5/20/2020 \$162,96 MONTHLY SERVICE 5/16/20 - 06/1
Paid Chk# 015233 U S CELLULAR 5/20/2020 \$284.00 2020 WATER USE FEES
Paid Chk# 015234 WI DNR 5/29/2020 \$100,529,49

Total Checks



RESOLUTION#	20
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AUTHORIZING RESOLUTION TO COMMIT MATCHING FUNDS FOR THE CITY OF BERLIN, WI

This is a Resolution of the Common Council of the City of Berlin, providing a guarantee of matching funds for the 2020 Community Development Block Grant Public Facilities (CDBG-PF) and Close Program application.

WHEREAS, federal monies are available under the CDBG Public Facilities annual competitive application, and the CDBG Close Program, both administered by the State of Wisconsin, Department of Administration, for the purpose of improving public facilities;

WHEREAS, the Common Council of the City of Berlin has authorized the submission of a CDBG Public Facilities and Close Program application to the State of Wisconsin for the City of Berlin – 2021 Street, Utilities and Pedestrian Bridge Reconstruction Project;

WHEREAS, an adequate local financial match must be provided for the proposed Public Facilities and Close Program project by the City of Berlin;

WHEREAS, the City of Berlin and its Water and Sewer Utilities have the below referenced funds available in the bank and will commit those funds to the City of Berlin 2021 Street, Utilities and Pedestrian Bridge Reconstruction Project if the City receives a CDBG PF grant award in the amount of \$1,000,000.

NOW, THEREFORE IT BE RESOLVED, that the City of Berlin and its Water and Sewer Utilities does hereby authorize the commitment of match funds to be used as outlined in the CDBG application, for the match amount of \$2,880,936.00 from the following secured sources:

CDBG Close Funds Program Water Utility Funds Sewer Utility Funds	\$1,200,000.00 \$ 605,521.00 \$1,075,415.00
Passed, approved and adopted this	day of June, 2020.
ROLL CALL VOTE:	CITY OF BERLIN
AYES NAYS ABSENT	BY: RICHARD D. SCHRAMER, Mayor
APPROVED AS TO FORM:	ATTEST:
MATTHEW G. CHIER, City Attorney	

DATE: June 5, 2020

TO: Common Council

FROM: Jodie Olson

RE: Wal-Mart Real Estate Business Trust Board of Review Assessment Request for Waiver and Objection

<u>BACKGROUND</u>: The 2020 Board of Review is completed. At the Board of Review, Wal-Mart filed an assessment objection and request for waiver. Council has no jurisdiction over assessments, but a brief update on the situation is warranted.

RECOMMENDATION: Informational only. No action required.

CITY OF BERLIN BOARD, COMMITTEE, COMMISSION & COMMON COUNCIL APPLICATION FORM

A Charles)
Name: Name:	1/10 000
Address: 356 Konneaug	Evening 920-229-7863
Phone: Day 920-229-7863	
City residency is required for appointment to a being the exception. Other eligibility requirem	City board, committee or commission, with the BID nents may also exist.
Area of Interest:	o 1 1 Competers Roard
Board of Review	Oakwood Cemetery Board
Business Improvement District (BID)	Parks & Recreation Commission
Committee On Aging	Plan Commission
Common Council, Ward #	Police & Fire Commission
Community Development Authority	Sewer & Water Commission
Housing Advisory	Zoning Board of Appeals
Library Board	Other
	eetings at the specified times? (See Meeting Schedule)
Commission: Neard there we and used to to or abilities member:	serving on any of the above Board, Committee or Let a Carple spate available, a the Commission upare ago. I do you have that would make you an effective board Le Commila / O effective board Laner from flam past on for consideration: Prepar Polecet Member.
Here Communication	11.00

CITY OF BERLIN BOARD, COMMITTEE, COMMISSION & COMMON COUNCIL APPLICATION FORM

Name:	Catrina Burgess	
Address:	236 N Capron St Berlin, Wi 54	1923
Phone: E	oay (920)229-9860	Evening (920)229-9860
City resid		o a City board, committee or commission. Other eligibility
Area of I	nterest:	
Bos	ard of Review	Oakwood Cemetery Board
X Par	ks & Recreation Commission	Committee On Aging
Pla	n Commission	Common Council, Ward #
Pol	lice & Fire Commission	Community Development Authority
	wer & Water Commission	Housing Advisory
	ning Board of Appeals	Library Board
	her	
 Do y I do not 	ou have any issues with attending i have any issues with attending m	meetings at the specified times? (See Meeting Schedule) eetings.
Commi	se indicate why you are interested i ssion: As a mom to young childr sent in our community.	in serving on any of the above Board, Committee or en whom use our parks frequently, i'd love to be more active
mamhe	I have experience being on board	es do you have that would make you an effective board is, as I hold current President positions on two non-profit boards. discussed in order to make professional decisions and input.
is grate	eful for our small knit community, I wou	tion for consideration: As a younger citizen who cherishes & uld be honored to serve on the Park's & Rec Commission to be a voice
that rea	presents younger families as well othe	ers in the community.

	City of Berlin –Street Privilege / Special Event Permit Checklist
Name of Ever	1 Sidewalk Cafe - Riverside Coffee Company, LL
	1 Street Privilege – Temporary construction (Dumpster, bucket truck, sidewalk blocked etc.) Use of City streets, sidewalks, street parking spaces Street Privilege – Sidewalk café (table, chairs, service of food etc.) Street Privilege – Automobiles in terrace (ex. West Side Garage) 2 Special Vending – Multiple vendors (Sidewalk sales etc.)
> Date	application submitted: 6-2-20
> Udays	COMPLETE APPLICATION Submitted no less than 45 days prior to requested start date for sidewalk café (45 time period may be waived if the permit request is Recurring)
	Description of requested activity, sketch of location, or outlined map if needed
>	FEE OF TWENTY DOLLARS (\$20.00) Date of payment will bill w Liquor License A
> <u>\</u>	SIGNED INDEMNIFICATION AGREEMENT (Required for all permits.)
> \frac{\sqrt{500}}{\$500}, INSU	CERTIFICATE OF LIABILITY INSURANCE (Unless Exempt) In the Amount of \$1,000,000 BODILY, 000 PROPERTY for EACH OCCURRENCE with <u>THE CITY OF BERLIN</u> NAMED AS AN ADDITIONAL RER
	Expiration date: 6 10 2021
	EACH EVENT
> <a>_	Reviewed by City Attorney (Fax copy to office) 4/10
> <	Reviewed by Chief of Police (Give copy)
> √	Reviewed by Street Superintendent (Give copy) (0/3/202)
	Reviewed by Jodie Olson (Give copy)
<u> </u>	Date of Council Meeting for new approvals $6/9/20$
	2440 04 00 04 04 04 04 04 04 04 04 04 04

NOTES:

Extended Details:		
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Map For Riverside Coffee Company, Luc Side Walk Cafe For phone are all Benjamin dural 120 1012 per





FIG6230 WI 2/20

CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 6/2/20

Home Office · 100 Erie Insurance Place · Erie, Pennsylvania 16530 · 814.870.2000 Toll free 1.800.458.0811 • Fax 814.870.3126 • erieinsurance.com AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY
Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY
Co.: E FRIE INSURANCE EXCHANGE
FRIE INSURANCE EXCHANGE
FRIE INSURANCE COMPANY OF NEW YORK
Co.: G FLAGSHIP CITY INSURANCE COMPANY AGENT'S NO. NAME AND ADDRESS OF AGENCY ALL IN ONE INSURANCE GROUP WW1803 Not Applicable in NY 165 W HURON ST BERLIN, WI 54923-1590 This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise after the terms, exclusions and conditions of insurance coverage contained in the policy(les) indicated below. The terms and conditions of the policy(les) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by delines and the certificate of insurance does not constitute a contract habitate the issuing insurance. (920)361-0908
NAME AND ADDRESS OF NAMED INSURED RIVERSIDE COFFEE COMPANY LLC claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), 168 W HURON ST authorized representative or producer and the certificate holder. Preparing, Essting, requesting, or requiring this certificate of Insurance be attered to include false or misteading **BERLIN, WI 54923** repains, sound, requesting, or equining masses the underlying policy, or after terms and conditions of information, to purport to mostly coverage provided by the underlying policy, or after terms and conditions of This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

The of Prishwice Policy Number Policy Number Below, are in force for the Named Insured at the time that the Certificate is being issued.

POLICY EFFECTIVE DATE POLICY EXPRESSION UNITS

LIMITS

EXTREMENTAL LIABILITY E X GENERAL LIABILITY

COMMERCIAL GENERAL LIABILITY Q40 2951092 FIRE DAMAGE (Any One Fire) \$ 5,000 MED EXP (Arry One Person) \$ CLAHAS MADE 🛛 OCCUR 1,000,000 PERSONAL & ADV. INJURY \$ 2,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS-COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER Policy Project Loc BODILY INJURY (EACH PERSON) AUTOMOBILE LIABILITY BODILY INJURY (EACH ACCIDENT)] "ANY AUTO" (OWNED, HIRED, NON-OWNED) OWNED PROPERTY DAMAGE BODILY INJURY AND PROPERTY DAMAGE COMBINED 🗌 HIRED 🗌 иои-оуиед EACH OCCURRENCE GARAGE EXCESS LIABILITY AGGREGATE OCCURRENCE RETENTION \$ STATUTORY **EACH ACCIDENT** ACCIDENT \$ WORKERS COMPENSATION & BODILY POLICY LIMIT EMPLOYERS LIABILITY DISEASE INJURY EACH EMPLOYEE BY DISEASE OTHER DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Use of City of Berlin space next to business for use by outdoor customers CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer IMPORTANT: rights to the certificate holder in lieu of such endorsement(s). NAME AND ADDRESS OF CERTIFICATE HOLDER AUTHORIZED REPRESENTATIVE CITY OF BERLIN 108 N CAPRON ST **BERLIN, WI 54923**

CITY OF BERLIN PERMIT APPLICATION

Street Privilege and Special Event Vending
(Provisions of SEC. 18-401 thru SEC.18-402 Municipal Code Apply)
If you need additional space for any answers, attach additional sheets as necessary

				Vendors 18-402(a)(3) (c)(2)
Applicant's Name: TA	HE ART BOR.	LC Date	of Application	x 5/28/2020
Applicant's Telephone Nu	•			. / '
Applicant's Address:				
Purpose of Application Re				
If applicant is an organizat of authorizing official(s) (f partnerships, all partners, f	for corporations, all off for trusts, all trustees):	icers and directors, for		ibers and managers, for
	Name, Title, and A	ddress	•	Telephone Number
RICHAPO BEDER/MICHELE OMICHEN BAVIO MACKUICK TE applicant is an organizati	SUI/MEMBER//3 /MEMBER/136/ ion (corporation, LLC,	DIERCE ST. BERL partnership, trust, etc),	<u>RLIN</u> , WI 549. <u>IN</u> WI 549. provide the nan	923 3 12. 802.9 03 312. 237. 0 ne(s), title(s) or
position(s), address(es), an	d telephone number(s)	of person(s) responsibl	e for this reque	•
,	Name, Title, and A	ddress		Telephone Number
Details of Activity or Even	it: (For extended detail	s. use the back of this f	 orm and includ	e sketch(es) or
drawing(s) of the proposed	l obstruction, sidewalk	café, or event).		
Irawing(s) of the proposed What: TM6 ES &	l obstruction, sidewalk	café, or event).	nektzlus	
drawing(s) of the proposed What: <u>TABLES</u> & When: THUB, FRI .	l obstruction, sidewalk CHALLS FOR 3pm-2pmSAT. III	café, or event). L DRINKING C AM-2AM Duration:	JUNE'S	7010- - Sept. 15, 2
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City of Berlin

108 North Capron Street P.O. Box 272 Berlin, WI 54923 920-361-5400 Phone 920-361-5454 Fax

Indemnification, Defense, and Hold Harmless Agreement

The undersigned, as an applicant for a permit from the City of Berlin, hereby agrees to indemnify, defend, and hold harmless the City of Berlin and its employees and agents against all claims, liabilities, loss, damages, or expenses against or incurred by the City of Berlin on account of any injury to or death of any person, or any damage to property, caused by or resulting from the activities for which the permit was granted.

Specifically this Agreement applies to the following event:

SIDEWALK CAPE. 114. W. HURON ST. BERLIN, WI 54923
(Description and location of event)
On: JUNE 15 - Sept. 15, 2020 (Date(s) of event)
(Date(s) of event)
By: Michelloffmichusser MICHEUE A. OMICHINSKE
(Sign and Print Name)
OR On Behalf of:
THE ART BAR, LLC. MEMBER (Name of Organization and Title if applicable)
(Name of Organization and Title if applicable)

If signing on behalf of an organization, you must have authority from the organization to sign an agreement like this. By signing this agreement, you are warranting to the City of Berlin that you have such authority.



EIG6230 WI 2/20

CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 6/1/20

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000 Toll free 1.800,458,0811 • Fax 814,870,3126 • erielnsurance.com COMPANY(IES) AFFORDING COVERAGE AGENT'S NO. NSURANCE COMPANY INSURANCE PROPERTY & CASUAL TY COMPANY NAME AND ADDRESS OF AGENCY ALL IN ONE INSURANCE GROUP WW1803 Co.: D FRIE INSURANCE PROPERTY & CASUALTY C
Co.: E FRIE INSURANCE EXCHANGE
Frie Indemnity Co., Attorney-in-Fact
Co.: F FRIE INSURANCE COMPANY OF NEW YORK (Not Applicable 165 W HURON ST BERLIN, WI 54923-1590 Co.: G FLAGSHIP CITY INSURANCE COMPANY This certificate is issued for information purposes only and confere no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise after the terms, exclusions and conditions of insurance coverage contained in the policy(les) indicated below. The terms and conditions of the policy(les) (920)361-0908 Name and address of Nameo Insureo govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), THE ART BAR, LLC 114 W HURON ST authorized representative or producer and the certificate holder. Preparing, issuing, requesting, or requiring this certificate of insurance be aftered to include false or misteading **BERLIN, WI 54923** Information, to purport to modify coverage provided by the underlying policy, or aller terms and conditions of This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

POLICY FEECUTE DATE POLICY EXPENDING LIMITS

E X DEFERRAL LIABILITY CORASTI TYPE OF MISSING E X GENERAL LIABILITY Q45 0154870 FIRE DAMAGE (Any One Fire) X COMMERCIAL GENERAL LIABILITY 5,000 MED EXP (Any One Person) CLAIMS MADE (X) OCCUR 1,000,000 PERSONAL & ADV. INJURY | \$ 2,000,000 GENERAL AGGREGATE S 2,000,000 PRODUCTS-COMPVOP AGG S GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC BODILY INJURY (EACH PERSON) AUTOMOBILE LIABILITY BODILY INJURY (EACH ACCIDENT) ___ "ANY AUTO" (OYMED, KIRED, NON-OWNED) \$ OWNED PROPERTY DAMAGE] HIRED BODILY INJURY AND PROPERTY DAMAGE COMBINED OBWWO-NON ☐ GARAGE EACH OCCURRENCE EXCESS LIABILITY AGGREGATE OCCURRENCE RETENTION \$ STATUTORY EACH ACCIDENT WORKERS COMPENSATION & ACCIDENT BODILY EMPLOYERS LIABILITY POLICY LIMIT DISEASE MJURY EACH EMPLOYEE DISEASE RY OTHER DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Use of City of Berlin park space next to business to use for outdoor customers. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer IMPORTANT: rights to the certificate holder in lieu of such endorsement(s). NAME AND ADDRESS OF CERTIFICATE HOLDER AUTHORIZED REPRESENTATIVE CITY OF BERLIN 108 N CAPRON ST **BERLIN, WI 54923**

Date: June 09, 2020

To: Common Council

From: Susan Thom and Midge Seaman, Deputy Clerks

RE: ANNUAL LICENSES AND PERMIT: 2020-2021 CLASS A LIQUOR AND BEER LICENSES, CLASS B LIQUOR AND BEER LICENSES, TOBACCO LICENSES, AMUSEMENT LICENSES AND OUTDOOR ACTIVITY PERMITS

<u>BACKGROUND:</u> Businesses requesting liquor, tobacco and amusement device licenses and outdoor activity permit for license year 2020-2021 have submitted renewal applications. All requirements have been met except for following:

Misty Inn: Due to remodeling being incomplete, inspections were not able to be completed. The approval will be contingent upon passing all inspections.

Dolgengencorp, LLC dba Dollar General Store #6966: Payment of \$25.00 for unpaid invoice.

Izzy's Dockside Diner, inc.: Vice President Chris Jecevicus has a Conviction and a pending charge as per attached.

Amusement Device Licenses for July 1, 2020-June 30, 2021

- 1. Berlin Lanes LLC, Eric Berndt, 119-123 N. Pearl Street
- 2. Bucky's, Wayne Wesner, 115 W. Huron Street
- 3. Boomba's LTD, dba Clem's Bar, Theodore Bombinski, 223 Broadway
- 4. Boeck's Rentals LLC, dba Driftwood, Frank Boeck, 209 Broadway
- 5. Izzy's Dockside Diner Inc, Ajshe Jecevicus, 186 Broadway
- 6. Lopez Restaurants LLC dba Las Brasas, Aidee Lopez, 215 Ripon Rd
- 7. Missy Inn, Patricia Day, 221 Broadway
- 8. Rendezvous, Mark Vandre, 114 N Capron St

Tobacco License Applications for July 1, 2020 – June 30, 2021

- 1. Condon Oil Company, dba, Berlin BP, Kraig Bauman, 247 Ripon Rd
- 2. Dolgencorp LLC, dba, Dollar General #6966, Aaron Dalton, 289 S Church St
- 3. Kwik Trip, Inc., dba, Kwik Trip #777, Andrew Tessaro, 270 Broadway
- 4. Cheema & Cheema LLC, dba, Malchetske's on Broadway, Inderjeet Cheema, 265
 Broadway
- 5. Berlin Oil Products, Inc., dba Shell on Broadway, Kim Lehr, 703 Broadway
- 6. Wal-Mart Stores East, LP dba Walmart #1727, Todd Janzen, 861 Broadway

Outdoor Activity Permit for July 1, 2020 – June 30, 2021

- 1. Izzy's Dockside Diner Inc, Ajshe Jecevicus, 186 Broadway
- 2. Lopez Restaurants LLC dba Las Brasas, Aidee Lopez, 215 Ripon Rd
- 3. Rendezvous, Mark Vandre, 114 N Capron St
- 4. Riverside Coffee Company, LLC, Benjamin Cloyd, 168 & 170 W Huron St
- 5. The Art Bar, LLC, Michelle Omichinski, 114 W Huron St

Renewal Alcohol E	Beverage L	icense App.	lication	Applicant's Wisconsin Seller's Peri	mit Number
(Submit to municipal clerk. Re				FEIN Number	
For the license period beginnin		ending: 06	30 2021 (mm dd yyyy)	39-0704880 TYPE OF LICENSE REQUESTED	FEE
	□ Tourn of .				\$ 150,00
To the Governing Body of the:	☐ Town of	BERLIN			\$ 100,00
To the Governing Body of the.	City of			Class C wine	\$
	WE City of			Class A liquor	\$
County of GREEN LAKE		Aldermani	c Dist. No	☑ Class A liquor (cider only)	\$ N/A
		(It required	l by ordinance)	Class B liquor	\$
Check one: Individual	Limited Liabi	lity Company		Reserve Class B liquor	\$
Partnership	☑ Corporation/	Nonprofit Organizat	ion	Class B (wine only) winery	\$
	E			Publication fee	\$ 12.50
Complete A or B. All must c	omplete C.			TOTAL FEE	\$ 137.50
A. Individual or Partnership:				A City on Don't Office & Zin Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
B. LLC or Corporation (and	Agent):		Address of Compretion	/ Limited Liability Company (if different fr	om (icensed premises)
	orofit Organization / Lir	nited Liability Company	Address of Corporation 1	/ Limited Liability Company (if different fr N RIPON WI 54971	
CONDON OIL COMPANY					and/or intovicating
All corporations/organizations liquor must appoint an agent.	or limited liability	companies applyin		sell fermented malt beverages	and/or intoxicating
Agent Last Name	(First)	(Middle Name)		et, City or Post Office, & Zip Code)	S E 4
BAUMAN	KRAIG	DEAN	434 STONEHE	DGE CT RIPON WI 549	371
All Officer(s) Director(s) of (Cornoration and	Members / Manag	ers of Limited Lia	ability Company:	
President / Member Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
],	DEAN	434 STONEHE	DGE CT RIPON WI 549	971
BAUMAN Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
Alce Liesidett / Mettipe: Fast Hattie	(1 11 11 11 11 11 11 11 11 11 11 11 11 1				
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
		K	N7930 DOTY	DR RIPON WI 54971	
BLOCK Treasurer / Member Last Name	(First)	(Middle Name)		et, City or Post Office, & Zip Code)	
Treasurer / Member Last Ivame	(I italy	,		•	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
·					
C. Business Information	_		Rueinace Pi	hone Number <u>920-361-367</u>	8
1. Trade Name BERLIN B				& Zip Code BERLIN WI 54	
2. Address of Premises 247	RIPON RD		· 		
and brewpubs?				from Wisconsin wholesalers, b	
 Premises description: D include all rooms includir records. (Alcohol bevera 	a livina auarters	at used for the sal	es, service, consui	s are to be sold and stored. T mption, and/or storage of alcol cribed.)	he applicant mus
GASOLINE STA	TION/CONVEN	IENCE STORE/F	AST FOOD		

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

ndividual's Full Name (please print) (last name)		(first name)	(midale	name)		İ
	KI	RAIG					
BAUMAN	Post Office		City	State	Zip Coc	te	
ome Address (street/route)			RIPON	wi	549	71	
34 STONEHEDGE CT		Age	Date of Birth	Place	of Birth		
Home Phone Number 55 04/18/1965 RIPON WI 54971							
320-748-2974		1_35	04/10/1303				
he above named individual provides the Applying for an alcohol beverage lice A member of a partnership which is PRESIDENT/AGENT (Officer / Director / Member / Manager / / which is making application for an alcohe above named individual provides the How long have you continuously reside. Have you ever been convicted of any violation of any federal laws, any Wiscor municipality?	nse as an individual making application fo of of cohol beverage licens following information led in Wisconsin prior offenses (other than consin laws, any laws	er an alco	considered by the control of the con	e. OON OIL COM Liability Company or Non 55 YEAR everages) for ances of any count	S Y	ation)	√ No
	trial collet, trial date a	ilia herra	ity intipoodat arrange	date, description a	nu		
If yes, give law or ordinance violated, status of charges pending. (If more ro Are charges for any offenses present for violation of any federal laws, any municipality?	trial court, trial date a com is needed, continue ly pending against yo Visconsin laws, any landing.	u (other aws of o	e side of this form.) than traffic unrelated ther states or ordina irector or agent of a polying or applying the side of the	to alcohol bevera nces of any county corporation/nonprog g for any other alc	ges) or or ofit ohol	☐ Yes	
If yes, give law or ordinance violated, status of charges pending. (If more ro.) Are charges for any offenses present for violation of any federal laws, any municipality?	trial court, trial date a com is needed, continue by pending against yo Wisconsin laws, any landing. Ition for or are you an ent of a limited liability.	u (other aws of o	e side of this form.) than traffic unrelated ther states or ordina irector or agent of a ny holding or applying and Type of License/Pen	i to alcohol bevera nces of any county corporation/nonpro g for any other alco	ges) or or ofit ohol	Yes	
If yes, give law or ordinance violated, status of charges pending. (If more ro.) Are charges for any offenses present for violation of any federal laws, any municipality?	trial court, trial date a com is needed, continue ly pending against yo Visconsin laws, any I ding. tion for or are you an ent of a limited liability (r, director, stockholde	u (other aws of o	than traffic unrelated ther states or ordina irector or agent of a ny holding or applying or employe of any population and Type of License/Pentor employe of any population and Type of a wholesa	i to alcohol bevera nces of any county corporation/nonprog g for any other alcoholic mit) erson or corporationale beer permit, of Wisconsin?	ges) for fit ohol n or	Yes	✓ N
If yes, give law or ordinance violated, status of charges pending. (If more ro.) Are charges for any offenses present for violation of any federal laws, any municipality? If yes, describe status of charges per 4. Do you hold, are you making applicated organization or member/manager/ag beverage license or permit? If yes, identify. 5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale lif yes, identify.	trial court, trial date a com is needed, continue by pending against yo Wisconsin laws, any landing. It ion for or are you an ent of a limited liability company hold iquor, manufacturer of the company hold in the company hold iquor, manufacturer of the company hold iquor iquor iquor i	u (other aws of o officer, d y compa	than traffic unrelated ther states or ordina irector or agent of a ny holding or applying or employe of any poplying for a wholesar permit in the State	to alcohol beverances of any county corporation/nonpring for any other alcoholic mit) erson or corporationle beer permit,	ges) for fit ohol n or	Yes	V N
If yes, give law or ordinance violated, status of charges pending. (If more ro.) Are charges for any offenses present for violation of any federal laws, any municipality? If yes, describe status of charges per organization or member/manager/ag beverage license or permit? If yes, identify. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale of yes, identify.	trial court, trial date a com is needed, continue ly pending against yo Visconsin laws, any landing. Ition for or are you an ent of a limited liability company hold liability company hold liquor, manufacturer of the liquid	u (other aws of o officer, d y compa	than traffic unrelated ther states or ordina irector or agent of a ny holding or applying or employe of any poplying for a wholesar permit in the State	to alcohol beverances of any county corporation/nonprog for any other alcoholic mit) erson or corporation le beer permit, of Wisconsin?	ges) for fit ohol n or	Yes	V N
If yes, give law or ordinance violated, status of charges pending. (If more ro.) Are charges for any offenses present for violation of any federal laws, any municipality?	trial court, trial date a com is needed, continue by pending against yo Wisconsin laws, any landing. It ion for or are you an ent of a limited liability company hold iquor, manufacturer of the company hold in the company hold iquor, manufacturer of the company hold iquor iquor iquor i	u (other aws of o	than traffic unrelated ther states or ordina irector or agent of a ny holding or applying or employe of any poplying for a wholesar permit in the State ars.	i to alcohol bevera nces of any county corporation/nonprog g for any other alcoholic mit) erson or corporationale beer permit, of Wisconsin?	ges) or ofit ohol on or	Yes	✓ N

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 126 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and afficients 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)

Application for Cigarette and Tobacco Products Retail License

IAMMAAA	cts Retail License		Period Covered , / /
Submit to mur	nicipal clerk.		07/1/2020 - 6/30/2021 Date of Issuance
Applicant's Wisconsin 15-digit Sa 456 - 000053547	les Tax Account Number 4 − 03	nust be issued in the same Name of the licensee below.	AL PERSON NO (ECIN)
	bility company, partnership or sole proprietorship)		Federal Employer Identification No. (FEIN)
Legal Name (corporation, limited has CONDON OIL CONDON	MPANY		39-0704880 Telephone Number
Trade or Business Name (if diffe	rent than Legal Name)		(920) 748-3186
BERLIN BP		Business Located In	Business Telephone
Business Address (License Loca	ation)	City Village Town	(920) 361-3678
247 RIPON RD	State Zip Code		County
Municipality		of: BERLIN	GREEN LAKE
BERLIN		Municipality	State Zip Code
Mailing Address (if different than) Business Audi 999)		
Organization (check one) Sole Proprietor Partnership	Alisconsin Corporation –	Enter date incorporated:03/30Are you registered to do business i	/1928_ n Wisconsin?
Other (describe)			ottos and tohacco products only from
✓ Yes No	distributors, jobbers, or subje	oppers, who have a pro-	ettes and tobacco products only from Wisconsin Department of Revenue?
✓ Yes No	untaxed tobacco products if available from the Wisconsi	n Department of Revenue at 608-	roducts Distributor permit if purchasing obacco Products Distributor permit is 266-6701. See application form CTP-
Yes No	Does the applicant understa from another retailer, includi	and that they cannot purchase/exc ing transferring existing stock to a	hange cigarettes or tobacco products new owner?
Yes No	 Does the applicant understar by the Wisconsin Departme 	nd that they must provide employee nt of Health Services? (<u>https://wit</u> u	es with tobacco sales training approved bbaccocheck.org)
Yes No	nroducts and nicotine produ	10/2 to tillion (more and	otherwise provide cigarettes/tobacco cigarettes containing nicotine)?
√ Yes No	the and sendonofe	and that they may not sell single Cl	darettes?
✓ Yes \[\] No			guidant on the
☑ Yes ☐ No	licensed premises for two y Wisconsin Department of R	tand that cigarette and tobacco p years from the date of the invoice Revenue/law enforcement and that cigarettes/tobacco products?	and be available for inspection by the failure to comply can result in criminal
Yes No	Wisconsin Department of R penalties, including loss of 8. Does the applicant understa	tand that cigarette and tobacco pyears from the date of the invoice Revenue/law enforcement and that cigarettes/tobacco products? and that only cigarettes and roll-you	and be available for inspection by the failure to comply can result in criminal r-own (RYO) tobacco products listed on cory of Certified Tobacco Manufacturers y be sold in Wisconsin?
Yes No	licensed premises for two y Wisconsin Department of R penalties, including loss of 8. Does the applicant understa the Wisconsin Department and Brands" at www.doj.sta will be sold	tand that cigarette and tobacco pyears from the date of the invoice Revenue/law enforcement and that cigarettes/tobacco products? and that only cigarettes and roll-you of Justice's website labeled "Directate.wi.us/dls/tobacco-directory maynter htrough vending not the control of the control	and be available for inspection by the failure to comply can result in criminal r-own (RYO) tobacco products listed on tory of Certified Tobacco Manufacturers by be sold in Wisconsin?

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

MUNICIPAL USE ONLY

License Number

6966	
Applicant's Wisconsin Seller's Permi	t Number
456-0000208845-05 FEIN Number	
61-0852764	
TYPE OF LICENSE REQUESTED	FEE
☑ Class A beer	\$ 100
Class B beer	\$ 10
Class C wine	\$ 300
Class A liquor	\$ 300 \$ N/A
Class A liquor (cider only)	1.
Class B liquor	\$
Reserve Class B liquor	\$
Class B (wine only) winery	(10)
Publication fee	0
TOTAL FEE	437.05
	<i>、434,05 /</i>
eet, City or Post Office, & Zip Code) eet, City or Post Office, & Zip Code)	
n/Limited Liability Company (if different for RIDGE, GOODLETTSVILLE	TN 3/0/2
ell fermented malt beverages an	d/or intoxicating
eet, City or Post Office, & Zip Code) IED	
ability Company: reet, City or Post Office, & Zip Code)	
HED	
reet, City or Post Office, & Zip Code)	
	}
reet, City or Post Office, & Zip Code)	
treet, City or Post Office, & Zip Code)	
treet, City or Post Office, & Zip Code)	
Phone Number _9206585165	

ULY-JUNE 2021			6966				
Renewal Alcohol Bo	everage Lic	ense Applio	cation	Applicant's Wisconsin Seller's Permit 456-0000208845-05 FEIN Number	t Number		
Submit to municipal clerk. Reac	I Instructions on F			61-0852764			
or the license period beginning	: <u>07 01 2020</u> (mm dd yyyy)	ending: <u>06_3</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE		
	☐ Town of ``			✓ Class A beer	\$ 100		
- Destruct the	U Village of }	BERLIN		Class B beer	\$		
the Governing Body of the:	City of			Class C wine	\$		
	Z Old or	ariin D	int No	Class A liquor	\$ 300		
ounty of GREEN LAKE		Aldermanic D (if required	by ordinance)	Class A liquor (cider only) Class B liquor	\$ N/A		
	Limited Liability	Company		Reserve Class B liquor	\$		
ICCK One:	Corporation/No	nnrofit Organizatio	on s	Class B (wine only) winery			
☐ Partnership	Corboration 140	IIDIOIR Organii		Publication fee	1205		
omplete A or B. All must co	mplete C			TOTAL FEE	1000		
BERLIN CITY OF (TAX-WI) 108 N Capron F	PO BOX 272 Berlin, WI	54923		437.05		
. Individual or Partnership:			A Libert (Cleant	City or Post Office, & Zip Code)			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City of 1 dat Office, or all p = 1 m 7			
Full Name (Last)	(First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)						
			Home Address (Street, City or Post Office, & Zip Code)				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City of Post Office, & 219 0000)				
iquor must appoint an agent. Agent Last Name	(First)	ompanies applying	Home Address (Street SEE ATTACHEI	fermented malt beverages an City or Post Office, & Zip Code)			
DALTON	AARON						
All Officer(s) Director(s) of (Corporation and M	– lembers / Manage	ers of Limited Liabi	lity Company:			
All Officer(s) Director(s) of C	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
President / Member Last Name	,	C	SEE ATTACHE	D			
REISER Vice President / Member Last Name	JASON (First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)			
	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)			
Secretary / Member Last Name	(1 11.90)						
	(Circl)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)			
Treasurer / Member Last Name	(First)			st, City or Post Office, & Zip Code)			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	st, only of restrement and			
A. Business Information			Duninger Di	none Number <u>9206585165</u>			
1. Trade Name DOLLAR	GENERAL STORE	# 6966	Busilless	ione itambor			
1. Address of Premises 28	9 S CHURCH ST BE	<u>RLIN WI 54923-21</u>	44	Wicconsin wholesalers. b	reweries		
and brewpubs?		, , , , , , , , , , , , , , , ,			nlicant must includ		
	escribe building or l g quarters, if used, y be sold and store	ouildings where ald	cohol beverages are	to be sold and stored. The ap and/or storage of alcohol bev	erages and record		

8235 sq ft Stand Alone

Building

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

ndividual's Full Name (please print) (last	name)	(tirst nam	·,		-	1
		AARON			D	
DALTON Home Address (street/route)	Post Office		City).	State	Zip Code
			APPLETON	t·	WI	54914
1921 N ELINOR ST		Age	Date of Birth		Place of E	3irth
Home Phone Number		42	03/07/1978		INDI	ANA
615-855-4000						···········
The above named individual provide Applying for an alcohol beverag A member of a partnership wh AGENT	ge license as an individ sich is making applicatio	ual. n for an alco NOT CENC		se.	any or Nogoro	(ii Organization)
(Officer / Director / Member / Ma	nager / Agent)	- (Name of Corporation, Limited	a Liability Comp	any arriving	•
which is making application for	an alcohol beverage lic	ense.				•
 The above named individual provid How long have you continuousl Have you ever been convicted violation of any federal laws, an or municipality?	es the following informa y resided in Wisconsin p of any offenses (other th y Wisconsin laws, any la blated, trial court, trial da more room is needed, contin	tion to the librior to this of the traffic ure aws of any of the and penalue on reversion.	nrelated to alcohol be other states or ordin alty imposed, and/or se side of this form.)	date, desc	or ny county ription and	
Are charges for any offenses p for violation of any federal laws municipality? If yes, describe status of charg Do you hold, are you making a	es pending.	an officer (director or agent of a	corporatio	n/nonprofi	Yes Lunk
 Do you hold, are you making a organization or member/manage beverage license or permit? If yes, identify. AGENT OF Do you hold and/or are you an 	SEE ATTACHED	LIST	ation and Type of License/Pe	rmit)		Yes No
member/manager/agent of a li brewery/winery permit or whol If ves. identify.	mited liability company t esale liquor, manufactur	er or rectifie	pplying for a wholes er permit in the State	e of Wiscon	ermit, sin?	Yes
	Name of Wholesale Licensee or Pe	ermittee)		(Ad	uress by only	ana county
	chronological order last t	two employe	ers.	Employed F	rom	То
 Named individual must list in c 	To I will Addresse			1		Present
6. Named individual must list in o	Employer's Address		1337.3	111////	477BIY	1 7 7 7 7 7 7 7 7
6. Named individual must list in o Employer's Name DOLLAR GENERAL	GOODLETTS Employer's Address	VILLE,	TN	Employed F	3/2019 From #	To I

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.

liggature of Named Individual)

(middle name)

		City	Zio	Agent
Store	Address			AARON DALTON
6773	1150 SERVICE RD	KIEL		TWO HIS CO.
0410	HO 101111 0 1011	OMBO	54963 WINNEBAGO	AARON DALION
6432	1210 E MAIN S I		EAGS7_1035 WALISHARA	AARON DALTON
6571	905 E DIVISION ST	WAUIOMA		NOT IVE INCH
7 / 70	TOOL	RIPON	54971-9570 FOND DU LAC	AARON DALION
6586	2	141014	54973-7144 GREEN LAKE	AARON DALTON
6966	289 S CHURCH ST	BERLIN		MOTION DAITON
7 222	TO DODENICE	RFDGRANITE	54970-9396 WAUSHARA	ASSOLVE TO LOCATE
11718	BIS W WARREN SI		TANCE 0006 MAIISHARA	AARON DALTON
0.00	113 W NORTH ST PLAINFIELD	PLAINFIELD		
13946	412 W. WOMEN ST.	Christ AVG	54941 GREEN LAKE	AARON DALION
17654	761 COMMERCIAL AVE	GREEN LANE		NOT IVE NOGVA
		NORTH FOND DITLAC	54937-1466 FOND DU LAC	AANON DALION
17883	333 PROSPECI AVENUE	2. i 22 23 111 NON	E A D S O I I V I I S H A R A	AARON DALTON
10112	129 W FOLLETT DR	COLOMA	100 CAN 000+0	TaO Have a second
C770T		Odoundaria	54960 MARQUETTE	AAKON DALION
1 x x x x	1523 S MAIN ST	NESHINONO		MOTIVE MORA
2000	0 7 7 C - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Poy Sinpi	54967 Waushara	AARON DALION
20091	N426U SI H Ru 43	. J. C. L.	EA071 Fond die lac	AARON DALTON
21000	739 W. Fond du Lac St	Ripon	351 35 517 17 17 17	
27007				

Schedule for Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to self fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority. Name of agent Are you of legal drinking age? Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? Have you ever been convicted of a federal law violation? Have you ever been convicted of a state law violation? Have you ever been convicted of a local ordinance violation? Have you completed the required responsible beverage server program per sec. 125.04(5)(a)5, Wis, Stats.? UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belief. Any person who knowingly provides materially false information in an application for a licer/se may be required to forfeit not more than \$1,000. ST. 54914 SUCCESSOR AGENT as agent The undersigned appoints in accordance with sec. 125.04(6), Wis. Stats. Name of Permittee DOLGENCE (Signature of Officer / Member) I hereby accept appointment as agent for DOLGENCORP, LLC and assume. full responsibility of the conduct of the business relative to fermented mult beverages and intoxicating liquors. (Signalure of Agent) THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE. (See sec. 125.04(6). Wis. Stats.)

CITY OF BERLIN

P.O. BOX 272 108 NORTH CAPRON STREET BERLIN WI 54923 920-361-5400

Invoice

No. 02020005 Date 2/7/2020

PAST DUE

To:

DOLLAR GENERAL #6966 ATTN: ACCTS PAYABLE 289 S CHURCH STREET BERLIN WI 54923

Shipped	Ship Via	Terms	Contract	Contact	Customer PO#
Sillbhed	OIN PARTIE	30 Days Net		II. II Daloo	Amount
Qty	Unit	Description	1	Unit Price	\$25.00
1	BPD Respo	nse to a False Alarm		\$25.00	\$25.00
Special I	nstructions	1 E-las clos	m at 289 S Church	SubTotal Tax	\$0.00
Berlin Po	olice Department re	esponse to false alar	m at 203 5 ondio.	Shipping	\$0.00
St on 12	20/20 19				
L				PAID	\$0.00

PAID \$0.00 Total \$25.00

If this charge is not paid within 30 days after the billing date, an additional 1% per month, or fraction thereof, will be added to the outstanding bill. Any bills not paid by November 1, 2020 will be added to the 2020 real estate tax bill.



ThankYou!

Renewal Alcohol B	overage Li	cense Appli	cation	Applicant's Wisconsin Seller's Perm 456-0000287614-03	nit Number
dellewal Micolioi D	. to tweetiens s	n nago 3)		FEIN Number	
Submit to municipal clerk. Rea	d instructions o	it page 5.)	ก/วกว4	39-1036365	
for the license period beginning:	07/01/2020 (mm dd yyyy)	011411131	0/2021 d yyyy)	TYPE OF LICENSE REQUESTED	FEE
	_			Class A beer	100
<u> </u>	Town of	City of		Class B beer	\$
o the Governing Body of the:	Village of <u>Berlin</u>	City of	_	Class C wine	\$
LΣ	City of			Class A liquor	\$ 300 \$ N/A
0 1 -1		Aldermanic Dist.	No.	Class A liquor (cider only)	Ψ
County of Green Lake		(if required by ordi	nance)	Class B liquor	Ψ
		(11.12.1		Reserve Class B liquor	\$
Check one: 🔲 Individual	Limited Liability	Company		Class B (wine only) winery	\$
Partnership	Corporation/Non	profit Organization		Publication fee	\$ 13.05
				TOTAL FEE	\$ 437.05
Complete A or B. All must comp	lete C.				
A. Individual or Partnership:			Titana Address (Str	eet, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Sar	set, only of those cancer at the same	
			Home Address (Str	eet, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Str	eat, Oity of 1 oot omost of Exp 1117	
			Address (Cts	eet, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Str	eet, Oily of 1 out Omico, a surp - 1 1 1	
			<u></u>		
B. LLC or Corporation (and A Full Legal Name of Corporation / None Kwik Trip, Inc. All corporations/organizations	profit Organization / Li	•	P.O. Box 2107, for a license to s	on / Limited Liability Company (if different fr La Crosse, WI 54602 sell fermented malt beverages and	
liquor must appoint an agent.	(First)	(Middle Name)	Home Address (St	reet, City or Post Office, & Zip Code)	
Agent Last Name	Andrew	James	274 N Hunte	r St Berlin WI 54923	
Tessaro					
All Officer(s) Director(s) of C	ornoration and	Members / Manage	ers of Limited Lie	ability Company:	
President / Member Last Name	(First)	(Middle Name)	Home Address (St	reet, City or Post Office, & Zip Code)	=n Ì
	Donald	Paul	2802 Berga	mot Pl., Onalaska, WI 5465	
Zietlow		(Middle Name)	Home Address (St	reet, City or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Middle Name)	170(110) 100,000 (01)	,	
		(0.0) (0.0)	Home Address (St	reet, City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (C.		
			11 11 10	reet, City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (St	vood Pl., La Crosse, WI 546	301
Wrobel	Jeffrey	James	3033 Delity	VOOG FI., Ea Greece, The I	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (St	reet, City or Post Office, & Zip Code)	sn l
Zietlow	Donald	Paul	∣2802 Berga	mot Pl., Onalaska, WI 5465	00
	(First)	(Middle Name)	Home Address (S	treet, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(1 11 10 10 10 10 10 10 10 10 10 10 10 10]`			
C. Business Information	TDID 777		Bus	iness Phone Number <u>920-361-49</u>	<u> 57</u>
1. Trade NameKWI	TINIF 111	15. (Office 9 7in Code	o Berlin 54923	
2. Address of Premises 270	Broadway	Post	Office & Zip Cod	e <u>Denni Grozo</u>	ion
3. Does the applicant unders	tand that they mu	ist purchase alcoho	l beverages only	from Wisconsin wholesalers, brev	
				- 1- 1 14 204 010101 108 2001	icant must include all
Premise description: Description desc	ters, if used, for t	he sales, service, c	onsumption, and/	or storage of alcohol beverages a sectory frame construction V	and records. (Alconol with storage in
hoverage may be sold an	d stored only on	the premises descri	peu.)Onc	2-Story frame objects	
peverages may be sold an	as floor hehin	d sales counter			
walk-in cooler, on sal	es moor, demm	a saios coainoi			+
	<u>,</u>				

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk. (first name)

Donald

(last name)

Zietlow

Individual's Full Name (please print)

WI Dr. Lic. #Z340-1953-4444-01

(middle name)

Paul

Zietiow			150		State	Zip Code		
Home Address (street/route)	Post Office		City		WI	54650		
2802 Bergamot Pl.	Onalaska			<u> </u>	Place of E	idh		
Home Phone Number		Age	Date of Birth	401414024		eburg, WI		
608-779-0469	ć;	85		12/4/1934				
The above named individual provides the fo	allowing information	as a per	son who is (ch	eck one)				
The above named individual provides the to	nn ne an i ndivi du a l	ī						
Applying for an alcohol beverage licent	se as an marriage for	or an alco	hol beverage	license.				
Applying for an alcohol beverage licent A member of a partnership which is m	aking application is	JI GII GIOO	Kwik Trip, Inc	L .				
লে President	OT .	<u>(</u> /\	lame of Corporation,	, Limited Liability Comp	any or Nonpro	if Organization)		
(Officer / Director / Member / Manager / Ag	eni) 							
which is making application for an alco	hol beverage licens	5 C (.						
€ مطلا میداد داد در	allowing information	n to the lic	censing author	ity;				
How long have you continuously resided any or serviced of any or	ffenses (other than	traffic uni	related to alco	hol beverages) fo	or 			
2. Have you ever been convicted of any other states or ordinances of any county								
violation of any federal laws, any Wisconsin laws, any laws of any other other winds of any federal laws, any Wisconsin laws, any laws of any other other other other winds of any federal laws, any Wisconsin laws, any laws of any other								
If yes, give law or ordinance violated, that could the status of charges pending. (If more room is needed, continue on reverse side of this form.)								
Please see reverse.			1 45 - 1105	olated to alcohol	heverage	s)		
Please see reverse. 3. Are charges for any offenses presently	pending against yo	ou (other t	nan tranic uni	elated to alcohol ordinances of an	county of			
Are charges for any offenses presently for violation of any federal laws, any W	isconsin laws, any l	laws of ot	Her States of C	Manage of East	ing a series a section of the sectio	Yes X No		
municipality?	工工人的经验还不足指数 为严格律	The state of the state of	Publis Caraca and Article of the					
If ves. describe status of citalges porte		76 : 2 : 23	vestor or agen	t of a corporation	ı/nonpront			
If yes, describe status of charges pend 4. Do you hold, are you making application organization or member/manager/ager	n for or are you are	v compar	y holding or a	pplying for any o	ther alcoh	ol 🗔 🗸 . 🗀 No		
organization or member/manager/ager	II OF A INTROGRAM	,				X Yes No		
beverage license or permit?	ip, inc. which holds	multiple	retail alcohol l	icenses				
	at the standard of the lide	r agent c	ar emplove of a	any person or co-	rporation	ΟΓ		
 Do you hold and/or are you an officer, member/manager/agent of a limited lia 	bility company hold	ling or ap	plying for a wh	iolesale beer per	mit,	Yes X No		
member/manager/agent of a limited lia brewery/winery permit or wholesale liq	uor, manufacturer o	or rectifier	permit in the	State of Wiscons	in?	iii 🗀 les 🔼 iii		
If yes, identify.	olesale Licensee or Permit	(ee)		(Add	ress By City ar	nd County)		
(Maine 4)	gical order last two	employer	'S	Ta	<u> </u>	To		
a individual must list in chronolog				Employed Fro		Present		
6. Named individual must list in chronology	EWDIOAGE & WOOLGOO							
6. Named individual must list in chronological Employer's Name	1626 Oak St., L	a Crosse	, WI 54603	<u> </u>	0/1/1989			
6. Named individual must list in chronolo Employer's Name Kwik Trip, Inc.	1626 Oak St., L.		, WI 54603	Employed Fro	om :	To 1989		
6. Named individual must list in chronolog	EWDIOAGE & WOOLGOO		, WI 54603	<u> </u>		То		

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.

Donald P. Zietlow

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #W614-4306-0256-09

(middle name)

Home Address (street/route)	Individual's Full Name (please print) (last name) (first name)								
Home Address (street/runle) 3633 Bentwood Pl. La Crosse Multiple Multi	Mrobel Jeffrey James								
Age Date of Bitth Flace of Bitth		Post Office	City						
Hone Phone Number 608-787-6596 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. Treasurer (Name of Corporation, Limited Liability Company of Nanquelli Organization): (Name of Corporation, Limited Liability Company of Nanquelli Organization): (Name of Corporation, Limited Liability Company of Nanquelli Organization): (Name of Corporation, Limited Liability Company of Nanquelli Organization): (Name of Corporation, Limited Liability Company of Nanquelli Organization): (Name of Corporation, Limited Liability Company of Nanquelli Organization): (Name of Corporation, Limited Liability Company of Nanquelli Organization): (Name of Corporation, Limited Liability Company of Nanquelli Organization): (Name of Corporation, Limited Liability Company of Nanquelli Organization): (Name of Corporation, Limited Liability Company of Nanquelli Organization): (Name of Corporation, Limited Liability Company of Nanquelli Organization): (Name of Corporation): (Name of Vincense or permit): ([La Crosse		W	54601				
A member of a partnership which is making application for an alcohol beverage license as an individual, A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. Treasurer	Age Date of Birth								
The above named individual provides the following information as a person who is (check one): Applying for an alcohol beverage license as an Individual, Amember of a partnership which is making application for an alcohol beverage license. Treasurer Of Kwik Trip, Inc. (Officer Divideor / Member / Manager / Agent) Which is making application for an alcohol beverage license. The above named individual provides the following information to the licensing authority: 1. How long have you continuously resided in Wisconsin prior to this date? All my life. 2. 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? 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.) 3. 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? 4. 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 persengent of a limited liability company holding or applying for any other alcohol persengent/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 Permitte)	Honie Phone Number	1 **	7/16/1960	La Cro	sse, Wl				
Applying for an alcohol beverage license as an Individual, A member of a partnership which is making application for an alcohol beverage license. Treasurer	608-787-6596								
A member of a partnership which is making application for an alcohol beverage incense. Treasurer	The above named individual provides the follo	owing information as a pe	rson who is (check one):	•					
Treasurer Collicion / Director / Member / Menager / Agent)	Applying for an alcohol beverage licerise	as an incirrious;	shot heverage license.						
Warne of Corporation, Limited Liability Company of Hamber / Member / Memb	A member of a partnership which is mal	king application to an aic	MARIE TO COLUMN MARINE .						
which is making application for an alcohol beverage license. The above named individual provides the following information to the licensing authority: 1. How long have you continuously resided in Wisconsin prior to this date?All my life. 2. 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?	X Treasurer	of Kwik	I TIP, ITC. Name of Corporation, Limited Liability	Company or Nonproll Org	anization):				
The above named individual provides the following information to the licensing authority: 1. How long have you continuously resided in Wisconsin prior to this date? All my life. 2. 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?		,							
1. How long have you continuously resided in Wisconsin prior to this date of the 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? 3. Are charges pending, (If more room is needed, continue on reverse side of this form.) 3. 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? 1. If yes, describe status of charges pending. 4. 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? 1. If yes, identify. 3. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin. 4. Do you hold and/or are you an officer, director, stockholder, agent or employee 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? 4. No wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? 5. No you hold and/or are you an officer, director, stockholder, agent or employee 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? 6. Named individual must list in chronological order last two employers. 8. Employer's Name 8. Employer's Name 8. Employer's Address 9. Femployer's Address 10. 16.26 Oak St., La Crosse, Wi 54603 10. 16.18 Present	which is making application for an alcoho	of beverage incense.							
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2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? 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.) 3. 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? If yes, describe status of charges pending. 4. 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? If yes, identify. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin. (Name, Tocation and Type of License/Permit) 5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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? (Name of Wholesale Licensee or Permitties) (Address By City and County) 6. Named individual must list in chronological order last two employers. Employer's Name Employer's Name Employer's Address 1626 Oak St., La Crosse, Wi 54603 6/1/188 Present		in Wisconsin Drivi to tilla i	late :						
violation of any federal laws, any Wisconsin laws, any laws of any other dates. Yes Yes X No or municipality? Yes	(athor than traffic iii	THISTED IN BICOLOG DE VENESA	es) for						
or municipality? 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.) 3. 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? If yes, describe status of charges pending. 4. 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? If yes, identify. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin. We have, Location and Type of Dicense/Permit! Do you hold and/or are you an officer, director, stockholder, agent or employee 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? (Name of Wholesale Licensee or Permittee) (Name of Wholesale Licensee or Permittee) (Name of Wholesale Licensee or Permittee) Employer's Name Employer					☐ Yes X No				
If yes, give law or ordinance violated, trial court, trial date and penalty importants and penalty into status of charges pending. (If more room is needed, continue on reverse side of this form.) 3. 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? If yes, describe status of charges pending. 4. 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? If yes, identify. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin. (Name, Location and Type of License/Permit) 5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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? (Name of Wholesale Licenses or Permitties) (Address By City and County) Employer's Name Employer's Name Employer's Name Employer's Name Femployer's Name									
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for violation of any federal laws, any Wisconsin laws, any laws of other states of other alcohol organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin. (Name, Location and Type of Licenses/Permit) Do you hold and/or are you an officer, director, stockholder, agent or employee 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? (Name of Wholesale Licensee of Permittee) (Name of Wholesale Licensee of Permittee) (Name of Wholesale Licensee of Permittee) (Address By City and County) Employer's Name Employer's Name Employer's Name Employer's Name Employer's Address Fresent 1626 Oak St., La Crosse, WI 54603 Fresent		anding against you (other	than traffic unrelated to alco	ohol beverages)					
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 4. Do you hold, are you making application for or are you an officer, director or agent of a corporation or description or member/manager/agent of a limited liability company holding or applying for any other alcohologorganization or member/manager/agent of a limited liability company holds multiple retail alcohol licenses in the State of Wisconsin. No	municipality?	1.	e in a summer of the second	<u> </u>					
organization or member/manager/agent of a limited hability company for the state of wisconsin. If yes, identify. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin. (Name, Location and Type of License/Permit) Do you hold and/or are you an officer, director, stockholder, agent or employee 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? (Name of Wholesale Licensee or Permit(se) (Name of Wholesale Licensee or Permit(se) (Name of Wholesale Licensee or Permit(se) Employer's Name Employer's Name Employer's Address Final Defense of Present Kwik Trip, Inc. 1626 Oak St., La Crosse, WI 54603 To	11 11 11 11 11	for ar are unit an afficer of	rector or agent of a corpora	ation/nonprofit					
beverage license or permit? If yes, identify. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin. (Name, Location and Type of License/Permit) Do you hold and/or are you an officer, director, stockholder, agent or employee 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? (Name of Wholesale Licensee or Permit(se) (Name of Wholesale Licensee or Permit(se) (Name of Wholesale Licensee or Permit(se) Employer's Name Employer's Address Employer's Address Fresent Kwik Trip, Inc. 1626 Oak St., La Crosse, WI 54603 To	erganization or member/manager/agent of	of a limited liability compa	ny holding or applying for ar	ny other alcohol	Voc. □ No.				
If yes, identify. Officer of KWik Trip, Inc. Which Industry Industry (Name, Location and Type of License/Permit) 5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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?					. X res I IVO				
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member/manager/agent of a limited liability company notating of applying for a whoteveryly for a whote		(Name, Local	on and Type of License/Permit)						
member/manager/agent of a limited liability company notating of applying for a whoteveryly for a whote	5. Do you hold and/or are you an officer, dire	ector, stockholder, agent	or employee of any person	nermit					
brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the otate of the first of the otate of the otate of the first of the otate of the	member/manager/agent of a limited liabili	ity company holding or ap	plying for a witolesale been married in the State of Misc	onsin7	Yes X No				
(Name of Wholesale Licensee or Permillee) 6. Named individual must list in chronological order last two employers. Employer's Name	brewery/winery permit or wholesale liquor	r, manufacturer of rectilies	pennich die Giale of Thos						
6. Named individual must list in chronological order last two employers. Employer's Name	If yes, identify.			(Address By City and Cou	nty)				
Employer's Name Employer's Address Employer's Address Employer's Name Employer's Address Employer's Address Employer's Name Employer's Address Employer's Address	(Name of Wholes	sale Licensee or Permillee)		h:=3:444=3 =::3 :::: =					
Kwik Trip, Inc. 1626 Oak St., La Crosse, WI 54603 6/1/88 Present	Named individual must list in chronologic	al order last two employer	S. Employe	d From To					
Kwik Trip, Inc.	Employer's Name Emp		I ' '	1	Present				
	Kwik Trip, Inc.		C1. V. II. C. D. C. C. C						
COSES WI 54603 1983 1988	Embloker 2 Marie	-	sse WI 54603 1	983	1988				
Rau Corporation 600 Sumner St., La Glosse, VVI 04000	Rau Corporation	DUU Summer St., La Ort							

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.

Jeffrey J. Wrobel

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

eriod Covered	
ol . La . a	0-6/30/2021
1111202	0-4/50/004
Date of Issuance	

	N		it is a lim the come		MUNICIPAL USE ONLY		
oplicant's Wisconsin 15-digit \$.56-0000287614-03	Sales Tax Account Number	← This mu Legal N	st be issued in the same ame of the licensee below.		I I I I I I I I I I I I I I I I I I I		
gal Name (corporation, limited lia wik Trip, Inc.				39	eral Employer Identification No. (FEIN) 0-1036365		
de or Business Name (if difference of the CWIK TRIP 777	rent than Legal Name)			60	phone Number)8-791-7385		
Business Address (License Location) 270 Broadway			Business Located In City Village	Town 92	Business Telephone 920-361-4957 County Green Lake State Zip Code		
unicipality Berlin	State Zip Code WI 54923		of: Berlin City of				
Mailing Address (if different than Business Address) P.O. Box 2107			Municipality La Crosse		VI 54602-2107		
ganization (check one Sole Proprietor Partnership Other (describe)	Wiscons Out-of-S	State Corporation – A	er date incorporated: 10/7/19 re you registered to do busin t they must purchase cigare	CSS III WISCONSIII			
Yes No	distributors, jo 2. Does the applic untaxed tobacc available from	bbers, or sub jobber ant understand that to products from an of the Wisconsin Depa	hey must obtain a Tobacco lout-of-state company? (Tolartment of Revenue at 608-10.)	Products Distribution Products I	utor permit if purchasing Distributor permit is pplication form CTP-		
Yes No	from another	retailer, including fr	at they cannot purchase/exc ansferring existing stock to they must provide employ	a non onition			
Yes No	by the Wisco	nsin Department of	Health Services: (inthant	Ttoota -			
Yes No	products and	nicotine products to	nt they may not sell, give on minors (including electron	io organisation trans	staining nicotine)?		
Yes No	6. Does the app	licant understand the	at they may not sell single of	rigarettes?	e must be kent on the		
Yes No	licensed prer Wisconsin D	nises for two years i epartment of Reven duding loss of cigar	hat cigarette and tobacco promethe date of the invoice ue/law enforcement and the ettes/tobacco products?	at failure to com	ply can result in criminal		
Yes No	8. Does the app	licant understand tha	at only cigarettes and roll-yo tice's website labeled "Dire .us/dls/tobacco-directory n				
Cigarettes / Tobacco v	vill be sold	over counter	through ve	nding machine	both		
READ CAREFULLY BEFO the applicant. Applicant agree	DRE SIGNING: Under posts to operate this business a	ecolonig to law and that is 	applicant states that each of the above rights and responsibilities conferre refusal to permit inspection. Such remay be required to forfeit not more	fusal is a misdemean	n truthfully answered to the best of the knowled granted, cannot be assigned to another. Any l or and grounds for revocation of this license		

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats. Wisconsin Department of Revenue

Renewal Alcohol Beverage License Application				Applicant's Wisconsin Seller's Permit Number 456-さのない840562		
Later Bood instructions on page 3.)				FEIN Number 2014 737 38		
For the license period beginning: July 1, 2020 ending: July 3014 2021				TYPE OF LICENSE REQUESTED	FEE	
To the Governing Body of the: Town of String City of				☑ Class A beer ☐ Class B beer ☐ Class C wine	\$ 100	
	City of		Di-4 No	Class C wince Class A liquor Class A liquor (cider only)	\$ 300	
County of (-n siecula)	ounty of				\$ N/A \$ \$	
Check one:				Reserve Class B liquor Class B (wine only) winery Publication fee		
Complete A or B. All must c	omplete C.			TOTAL FEE	<u> </u>	
A. Individual or Partnership	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	(40)2	
Full Name (Last) Cheema	1/1 1104/	(Middle Name)	Home Address (Street, City of Post Office, & Zip Code) Home Address (Street, City or Post Office, & Zip Code)			
Full Name (Last)	PRABHPRE	7 S	San Harra Address (Street	Mと_ City or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Olice)			
B. LLC or Corporation (and Full Legal Name of Corporation / Non	Agent):	Liability Company A	ddress of Corporation / L	imited Liability Company (if different	from licensed premises)	
Full Legal Name of Corporation / Non Cheoma 2 ()	neema LLC	LIADIRY COMPANY	265 B91	ca dwww St. B.	and/or intoxicating	
All corporations/organizations liquor must appoint an agent.		npanies applying	1 11 100 100	Olivior Post Office & Zin Code)		
Agent Last Name Cheema	(First) INDERJEET	K	532 Any	Ct. Berlin WI	, 54923	
All Officer(s) Director(s) of	Corporation and Me	mbers / Manage (Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
President / Member Last Name	(First) INDERJEET	K	162-2 AM	u Ct. Begili	4 WN 54923	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address Collect	City of Lost Ourgot at -1- 1	I	
Secretary / Member Last Name	PRABILIPRE E (First)	(Middle Name)	Home Address (Street	Same 28 abo City or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
	(Fire)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)					
C. Business Information			Business Ph	none Number 925 · 3	61.3711	
1. Trade Name Malc	hetske on t	3916adway	Dusiness i ii	& Zip Code Begilin M	1 54923	
2. Address of Premises 2	65 B910adW	ay 5t		rom Wisconsin wholesalers,	breweries	
and brewpubs?				rom Wisconsin wholesalers, Ye	The applicant must	
 Premises description: include all rooms include 	Describe building or ling living quarters, if	buildings where used, for the sal distored only or	alcohol beverages es, service, consur the premises desc	mption, and/or storage of ald cribed.)		
3600 SQ	iqzia st.	ay +	3600 SQ	Step Step	refe	
					 -	

MUNICIPAL USE ONLY **Application for Cigarette and** License Number Tobacco Products Retail License Period Covered 07/01/20 - 06/30/20 Submit to municipal clerk. Date of Issuance Applicant's Wisconsin 15-digit Sales Tax Account Number This must be issued in the same 600-0002018405-01 Legal Name of the licensee below. Federal Employer Identification No. (FEIN) Legal Name (corporation, limited liability company, partnership or sole proprietorship) 26-1473738 Cheema + Checma Telephone Number Trade or Business Name (if different than Legal Name) (920) 361.3711 Marchetskes on Baroadway St. Business Telephone Business Located In Business Address (License Location) (920) 361.3711 City Village 265 Bgroadwayst County State Zip Code Municipality Gronzen Lake 54923 WI Zip Code Bealin State Mailing Address (if different than Business Address) 54922 WI Organization (check one) Wisconsin Corporation - Enter date incorporated: Sole Proprietor No Out-of-State Corporation – Are you registered to do business in Wisconsin? Partnership 1,6 Other (describe) 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? Y Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is No X Yes available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue wi.gov/dorforms/ctp-129.pdf.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner? No X Yes 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org) Y Yes ∏ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)? Yes Yes No 6. Does the applicant understand that they may not sell single cigarettes? No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Yes Yes No Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers No Yes Yes and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? through vending machine over counter Cigarettes / Tobacco will be sold 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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any

por-tion 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. Any person who knowingly provides materially false information on this application may be of Corporation / Member / Manager of Limited Liability Company / Partner / Individual) required to forfeit not more than \$1,000.

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Renewal Alcohol B	Beverage Lic	ense Appl	lication	456-0000 26-75	mici Number 523 ~03	
	and instructions o	n nade 3)		FEIN Number		
(Capital to Managera	07/01/20	170 anding: 6	13012021	39-0985552		-
For the license period beginning: 0 7/01/2020 ending: 6 /30/2021				TYPE OF LICENSE REQUESTED	FEE	
	CT Taum of .			⊠ Class A beer	\$ 100.00	_
To the Governing Body of the:	☐ Village of }	Berlin		Class B beer	\$	10
To life Governing Body of the	City of			Class C wine	\$	1
6000	Lake	Aldarmania	Dist. No	Class A liquor	\$300.60	
County of Green	LUKE	(if required	by ordinance)	Class A liquor (cider only)	\$ N/A	-
		(II roquiros	2 , 2 , 3	Class B liquor	\$	4
Check one: Individual Limited Liability Company Partnership Corporation/Nonprofit Organization				Reserve Class B liquor	\$	-
			Class B (wine only) winery	\$ 12.05	\dashv	
			Publication fee	\$ 1030	-	
Complete A or B. All must	complete C.			TOTAL FEE	1 73/105	_
A. Individual or Partnership						7
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
T dil tatrio (2007)						4
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	i, City or Post Office, & Zip Code)		
Full Matrie (Eddy)						4
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	•	
Full (Value (Lasty						
		_!				
B. LLC or Corporation (and	Agent):			Links & Lishight Company /if different	from licensed premises	s)
Full Legal Name of Corporation / Nor	profit Organization / Limite	ed Liability Company	Address of Corporation /	Limited Liability Company (if different to	" WI 5492	3
1 7 11 O'r 'Da	~~~	100	110 0	reproduction of the	<u> </u>	==
All corporations/organizations	or limited liability o	ompanies applyin	g for a license to s	sell fermented malt beverages	and/or intoxicatii	ig
liquor must appoint an agent.				t, City or Post Office, & Zip Code)		\neg
Agent Last Name	(First)	(Middle Name)	Home Address (Stree	Cty F Reagrani	1 1 549	20
Lehr	dim	<i>_</i>	1 X 2806	CAY P (CDGIAN)	TP WIDI	LY
All Officer(s) Director(s) of	Corporation and N	lembers / Manag	ers of Limited Lia	ability Company:		\neg
President / Member Last Name	(First)	(Middle Name)			1. 610	
L (Barry	$\cup A$	W2189	DAKota Ave B	erlin 379	<u> 4</u> 5
KobeNSAI Vice President / Member Last Name	(First)	(Middle Name)	Illeren Addroom (Strot	at City or Post Office, & ZiD Code)		
	Gloria	m	W 2189 5	DAKOta Ave Be et, City or Post Office, & Zip Code)	RIM 5490	<u>1</u> 5
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)	11 -40	_ .
1 2 4 1		ì	W3806 C	st, City or Post Office, & Zip Code) Hy F Revaranity et, City or Post Office, & Zip Code)	6 MI 244	10
Lehr	(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)		
Treasurer / Member Last Name	(11131)	(
	(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(tillagio : tatte)				
		(Middle Name)	Home Address (Stre	et, City or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Wildate (Value)	110,1101,1111-1	•		ļ
information						
C. Business Information	1720-0-	76 m = 1	Rusiness P	hone Number 920 - 30	e1-4393	
1. Trade Name Shell	ON DIROADL	say	7	9 -/>	IL EURO	7
2. Address of Premises	703 BROAD	way, Berli	へい、Post Office	hone Number <u>920 - 30</u> & Zip Code <u>Bestin</u> from Wisconsin wholesalers,	VI 2772	_2
2, 1,43,01		et purchase alcoh	nol beverages only	from Wisconsin wholesalers,	breweries	
2 (la = 0						
Premises description: include all rooms include records. (Alcohol bever)	Describe building o ing living quarters, i ages may be sold a	r buildings where f used, for the sa nd stored only or	alcohol beverage les, service, consu the premises des	s are to be sold and stored. mption, and/or storage of alconitions.)		
Annilon	ence sto	rp -pn-	tire Stor	e		
Corroeni	THUE STU	<u>,, </u>				
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eres L

Submit to municipal clerk.

Submit to municipal cierc.	
(first name)	(middle name)
Individual's Full Name (please print) (last name)	1 ouise
Lehr 91M	State Zip Code
Home Address (street/route) A 1 2 2 4 (C) 2 7 F Post Office Reagranite	WI 54970
11/1 7 X () (0 1 + V 1 X V)	Place of Birth
Home Phone Number	1 ,
Home Phone Number 920-290-2524 62 5-3-19	58 Deletin
The above named individual provides the following information as a person who is (check one):	
	Tale
A Helliber of Acer of Serlin Of Name of Corporation, Limited Lia (Officer / Director / Member / Manager / Agent)	ODUCES TNC.
which is making application for an alcohol beverage license.	
the following information to the licensing authority:	
	16-
How long have you continuously resided in wisconsin prior to this date: How long have you continuously resided in wisconsin prior to this date: Have you ever been convicted of any offenses (other than traffic unrelated to alcohol bevee Have you ever been convicted of any offenses (other than traffic unrelated to alcohol bevee	rages) for
2. Have you ever been convicted of any offenses (other than traile difference to alcohol bord violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinance.	es of any county
violation of any federal laws, any Wisconsin laws, any laws of any other states of ordinance or municipality?	e description and
	, dozan, p
status of charges pending. (If more room is needed, continue on rovered state at the	
they father than traffic unrelated to	alcohol beverages)
 Are charges for any offenses presently pending against you (offer that trains uniformly and the charges). Are charges for any offenses presently pending against you (offer that trains uniformly and trains uniformly against you (offer that trains uniformly a	es of any county or
for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinance municipality?	Yes X
If yes, describe status of charges pending.	
If yes, describe status of charges pending. 4. Do you hold, are you making application for or are you an officer, director or agent of a co	rporation/nonprofit
4. Do you hold, are you making application for or are you an officer, director or agont of a so organization or member/manager/agent of a limited liability company holding or applying	or any other accords
haverage license or permit?	
If yes, identify. (Name, Location and Type of License/Permit)	
(Name, Location and Type of Chemical Annual Control of any ners	on or corporation or
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any pers	beer permit.
 Do you hold and/or are you an officer, director, stockholder, agent of dimploys of the property of a limited liability company holding or applying for a wholesale brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of 	Wisconsin? ☐ Yes 💯 No
brewery/winery permit or wholesale liquor, manufacturer of rectifier permit in the octain	•
If yes, identify.	(Address By City and County)
(Name of Wholesale Licensee or Permittee)	
	To To
Named individual must list in chronological order last two employers.	mployed From To
Employer's Name Employer's Address	
Employer's Name Bendin Oil 7/3 Broadway	1978 TODAY imployed From To
Employer's Name	

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.

Misignature of Named Individual)

Submit to municipal clerk.

Submit to municipal clerk.	
(first name)	(middle name)
dividual's Full Name (please print) (last name)	MARY
Rodensal Gloria City	State Zip Code
	Vin W154923
2/89 DAKOTA AVE Age Date of Birth	Place of blitts
ome Phone Number	1-1958 Berlin
920-361-4286	
a share named individual provides the following information as a person who is	(check one):
1 Applying for an alcohol beverage license as all marviage.	- Lacaco
Applying for an alcohol beverage license as an individual. A member of a partnership which is making application for an alcohol beverage. Recline	O' Products INC
X Officer / Director / Member / Manager / Agent) (Name of Corpora	tion, Limited Liability Company or Nonprofit Organization)
which is making application for an alcohol beverage license.	
the following information to the licensing auti	hority:
he above named individual provides the following information to this date? Let . How long have you continuously resided in Wisconsin prior to this date? Let	YRS
. How long have you continuously the first than traffic unrelated to a	icohol beverages) ioi
hear convicted of any offenses (other than than a trans-	or ordinances of any county
Hove you ever been convicted of any offended (2007)	i les Zur
. Have you ever been convicted of any distribution of any other states	P2
Have you ever been convicted of any officials (the states violation of any federal laws, any Wisconsin laws, any laws of any other states or municipality?	i, and/or date, description and
Have you ever been convicted of any officials (the states violation of any federal laws, any Wisconsin laws, any laws of any other states or municipality?	i, and/or date, description and
Have you ever been convicted of any official court, trial date and penalty imposed or municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed status of charges pending. (If more room is needed, continue on reverse side of this	i, and/or date, description and form.)
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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing peen truthully answered to the best of the knowledge of the signer. The signer agrees that he applicant has read and made a complete answer to each question, and that the answers in each instance are true and application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and application, that the applicant has read and made a complete answer to each question, and that the answer in each metallice 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 applicaunder penalty or state law, the applicant may be prosocited for submitting false statements and anticavition in confidence with this application may be required to forfeit not more than \$1,000.

MUNICIPAL USE ONLY Application for Cigarette and License Number **Tobacco Products Retail License** Period Covered 07/01/2020-6/30/202 Submit to municipal clerk. Date of Issuance Applicant's Wisconsin 15-digit Sales Tax Account Number This must be issued in the same Legal Name of the licensee below. 456 0000 267523 -03 Federal Employer Identification No. (FEIN) Legal Name (corporation, limited liability company, partnership or sole proprietorship) 39-098*5*552 0.7 Products Telephone Number frade or Business Name (if different than Legal Name) (920) 341-439 ON BRUKTO WAY Business Telephone Business Located In Business Address (License Location) (920) 361-4060 Town City Village Bros-OwAy 703 Zip Code State Municipality 5491 Berlin State Mailing Address (if different than Business Address) 713 BROADWAY 6-20 Organization (check one) Wisconsin Corporation – Enter date incorporated: 3 Sole Proprietor Out-of-State Corporation - Are you registered to do business in Wisconsin? ∏ No Partnership Other (describe) 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is X Yes No available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue wi.gov/dorforms/ctp-129.pdf.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner? No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org) No Yes 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)? Does the applicant understand that they may not sell single cigarettes? 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers □No and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? both through vending machine 🔀 over counter Cigarettes / Tobacco will be sold 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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any por-tion 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

ell. (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

_ n math.		oneo Annli	ication	Applicant's Wisconsin Seller's Peri	mit Number	
Renewal Alcohol Bo	everage Lice	fliac Whhi	1000	456-1020028180-05		1
Submit to municipal clerk. Rea	id instructions on	page 3./		FEIN Number 71-0862119		_
For the license period beginning	: 07/01/2020 (mm dd yyyy)	ending: <u>06/</u>	30/2021 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	1
				✓ Class A beer	\$ 100	Tobac
[Town of	or.TN		Class B beer	\$	25,0
l Fo the Governing Body of the: [☐ Village of }	(13.11)		Class C wine	\$	
	City of			☑ Class A liquor	\$ 300	
TAVE		Aldermanic	Dist. No	Class A liquor (cider only)	\$ N/A	
County of GREEN LAKE		(if required	by ordinance)	Class B liquor	\$	
		•		Reserve Class B liquor	\$	
- Ladividual	Limited Liability	Company		Class B (wine only) winer	y \$	
PURCK ONE: The marking	Corporation/Nor	profit Organizati	on	Publication fee	\$ 12.50	7
Partnership	Ooiboignam	•			\$ 42250	7
Complete A or B. All must co	mplete C.			TOTAL FEE	<u> </u>	-
A. Individual or Partnership:		(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Widdle Maine)	Trome, market			
			Address (Street	t, City or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Sileet	s one of the second		
Lin Manie (rash	ļ			City or Book Office & Zin Code)		7
	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
Full Name (Last)	(t 110-4	_				
						-3
B. LLC or Corporation (and A	Agent):	LL La Lifeta Company	Address of Corporation /	Limited Liability Company (if different	from licensed premise	es)
Full Legal Name of Corporation / Nonp	rofit Organization / Limite	d Liability Company	702 SW STH ST. LIC	CENSING DEPT. 8916, BENTONVII	LLE, AR 72716-050	00
Wal-Mart Stores East	, LP		102 517 022	" to mented malt beverages	and/or intoxicat	ing
Wal-Mart Stores East All corporations/organizations	or limited liability co	mpanies applyin	g for a license to s	sell termented mail beverages	, and or	Ū
All corporations/organizations	Of Hillifed Hepmity an	,,,,		- LOW 9 7in Code)		
liquor must appoint an agent.	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)		
Agent Last Name	TODD	ľ				
JANZEN	TODE		of Limited Lis	hility Company:		
JANZEN All Officer(s) Director(s) of C	orporation and M	embers / Manag	ers of Limited Lie	et, City or Post Office, & Zip Code)		
President / Member Last Name	(First)	(Middle Name)	Home Address (Office	<i>5.</i> , <i>5.</i> , <i>7.</i>		
				Tip Code)		
SEE ATTACHED LIST	(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)		
Vice President / Member Last Name	(1 1131)					
		(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)		
Secretary / Member Last Name	(First)	(telladia mama)				
			Home Address (Street	et, City or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	House Addices (east	-4		
Trouballot.				City or Doct Office & Zin Code)		
- Loot Nama	(First)	(Middle Name)	Home Address (Stre	et, City or Post Office, & Zip Code)	•	
Directors / Managers Last Name	1 (1 11 2 9					
		(Middle Name)	Home Address (Stre	et, City or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Hame)		_		
	<u> </u>					
C. Business Information			Dunings E	hone Number 920-361-16	500	
1. Trade Name WALMART	#1727					
		-	Post Office	& Zip Code BERLIN, WI 5	4923	
2. Address of Premises 863				from Wisconsin wholesalers,	, breweries] N o
Does the applicant under and brewpubs?	stand that they mus	st parchase aloo.		Ye	s v	
and hrewnlips?		* -		to the seal of or ord	The applicant f	nust
A Bromisos description: E	escribe building or	buildings where	alconol beverage	es are to be sold and stored. umption, and/or storage of ald scribed.)	cohol beverages	and
4. Premises description: 2	ng living quarters, it	f used, for the sa	les, service, consu	ecribed)		
include all rooms including records. (Alcohol bevera	ges may be sold a	nd stored only o	n the premises des	3011000.7		
		1 عدالمطلبيا	no 773 sg. I	t,, as well as all as	ditional 20	<u>u</u>
1 room, 1 story	ouilding, app	roximately I	.04,113 24. 1	t., as well as an ad	signated fo	r
	s and/or cand	opy location	ns in parking	lot specifically de		
online grocery p	rckup.			Wi	sconsin Department of R	evenue

AT-115 (R. 5-19)

Submit to municipal clerk.

	<i>(C. 5</i>		(middle na	ime)	
Individual's Full Name (please print) (last name)	(first name		sco	TT	
SKINNER	TIMOTHY	City	State	Zip Code	
Home Address (street/route)	Post Office	,	AR	72712	
3201 NW AVIGNON WAY		BENTONVILLE Date of Birth	Place of B		
Home Phone Number	Age	1	Urban	a. II.	
(479) 426-9349	47	03/24/1972	Olban		
The above named individual provides the form Applying for an alcohol beverage licens. A member of a partnership which is more in a partnership which is more individual. Provides the form a local provides the form in the above named individual provides the form. How long have you continuously reside. Have you ever been convicted of any or violation of any federal laws, any Wisconor municipality? If yes, give law or ordinance violated, trees.	of wAL-MART whole beverage license. blowing information to the lice d in Wisconsin prior to this defenses (other than traffic unions in laws, any laws of any o	thol beverage license. STORES EAST, LF Tame of Corporation, United Licensing authority: ate? N/A related to alcohol beverates or ordinance.	erages) for tees of any county		⊠ No
3. Are charges for any offenses presently for violation of any federal laws, any Wimunicipality?	pending against you (other t sconsin laws, any laws of ot	han traffic unrelated to her states or ordinance	alcohol beverages es of any county or	Yes	⊠ No
If yes, describe status of charges pendid. 4. Do you hold, are you making application or member/manager/agen beverage license or permit? If yes, identify. SEE ATTACHED LIST.	n for or are you all officer, of t of a limited liability compan			ol ⊠ Yes	∏ No
 Do you hold and/or are you an officer, of member/manager/agent of a limited lial brewery/winery permit or wholesale liqu 	director, stockholder, agent o	r employe of any pers	on or corporation of beer permit, Wisconsin?	Yes	⊠ No
If yes, identify.	ntesale Ucensee or Permittee)		(Address By Cily an	d County)	
6. Named individual must list in chronolog	ical order last two employer	s	ashuad Stom	То	
Complementa Marria	-wbroket a vonices	1	mployed From	PRESENT	
MAINARTING. 7	02 SW 8th ST, BENTON	V Luladan () 1	3/2019	To	
Employer's Name	mployer's Address Only employer	[1994		
WALMART INC.	- 1 I - 1 - 1 - 1 - 1				

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Van Az (Signature of Named Individual)

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(firs	t name)	Imidale	: nemej	ļ
RICE	DANI	EL	Jo	NHC	
Home Address (street/route)	Post Office	City	State	Zip Code	ļ
		CENTERTON	AR	72719	
231 FLORENCE DRIVE Home Phone Number	Age		Place	of Birth	
	1	3 11/07/1978	AUC	RORA, MO	Ì
(479) 544-7713		117077.101			
The above named individual provides the	following information as	a person who is (check or	ne):		
Applying for an alcohol beverage lice	nse as an individual.	•			
A member of a partnership which is	making application for an	alcohol beverage licens	e.		
ASSISTANT SECRETARY	of WAL-M	ART STORES EAST.	LP	61 Organization	
(Officer / Director / Member / Manager / A	gent)	(Name of Corporation, Limited	l Liability Company of Nont	oront Organization)	
which is making application for an alc	ohol beverage license.		•		•
The above named individual provides the	following information to t	he licensing authority:			
 How long have you continuously resid 	ed in Wisconsin prior to t	his date? IN/A			
a Have very aver been convicted of any	offenses (other than traff)	c unrelated to alconol be	verages) for		
the standard laws any Misc	onein laws, any laws of a	iny other states or ordina	illogs of any county	/ E3.7 ISZ	7 N.
1 to - 10 to 0					₫ No
If yes, give law or ordinance violated,	trial court, trial date and p	enaity imposed, and/or	date, description ar	nd	
status of charges pending. (If more roo	om is needed, continue on re	verse side of this form.)			
	tion and violation	har than traffic unrelated	to alcohol beverad	ies)	
Are charges for any offenses presently for violation of any federal laws, any V	y pending against you (o	of other states or ordina	nces of any county	4 .	
for violation of any federal laws, any v	VISCONSIN IAWS, any iaws	of differ dialog of a series		🗌 Yes 🛚 🔀	₫ No
to the table of sharens non-	dina				
	on for or are you an office	er, director or agent of a	corporation/nonpro	fit	
· · · · · · · · · · · · · · · · · · ·	of a limited liability cor	UDSUA HORIDING OF APPRAIN	g for any other wise		٦.,,
beverage license or permit?				🔀 Yes 🗌	_ No
If yes, identify. SEE ATTACHED L	ISTING OF LICENSES	STHE COMPANT HO	LUO		
	enevi)	Cocation and Type of Economic an	,	or or	
5. Do you hold and/or are you an officer,	director, stockholder, ag	ent or employe of any pe	rson or corporation	I OI	
المسائسة المسائسة المسائسة المسائسة المسائسة المسائسة المسائلة المسائلة المسائلة المسائلة المسائلة المسائلة الم	ability company bolding (ir annivirio ioi a wituiesa	IE DEEL POLITICA		₹ No
member/manager/agent of a limited in brewery/winery permit or wholesale li	quor, manufacturer or rec	attier permit in the State	Of Widoonshire	[_3
If yes, identify.			(Address By City	and County)	
	(holesale Licensee or Permittee)	overe	(71001000 12) 0.13	/	
6. Named individual must list in chronology	ogical order last two emp	oyers.	Employed From	То	
Employer's Name	Employer's Address	ONVILLE AR	2012	PRESENT	
WALMART INC.	702 SW 8th ST, BENT Employer's Address		Employed From	То	
Employer's Name	663 Highway	60 Monett Mu	2009	2012	•
JACK HENRY & ASSOCIATES	wo J in growing	6570			
	. Under penalty provide			of the above avection	ne ha
	. Hadar papalty provide	d by law, the undersione	d states that each	or the above question	10 110

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.

Renewal Alcohol B	everage Lic	cense Appl	ication	Applicant's Wisconsin Seller's Perm	it Number 122 144-02
(Submit to municipal clerk. Re	ad instructions o	n page 3.)		FEIN Number 300 8349	34
For the license period beginning	j: 1-1-202 (mm dd yyyy)	. <u>0</u> ending: <u>6 -</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the: County of Green LC	Town of) 🕝	7 0 1 100		Class A beer	\$
To the Coverning Body of the:	☐ Village of }	34 UI		☑ Class B beer	\$ 100
To the Coverning Eddy of the	X City of			Class C wine	\$
C 10	170	Aldormanic	: Dist. No	Class A liquor	\$
County of Green L	XXV	(if required	by ordinance)	Class A liquor (cider only)	\$ N/A
		(1) (0)		ズ Class B liquor	\$ 300
Check one: Individual	Limited Liability	y Company		Reserve Class B liquor	\$
Partnership	Corporation/No	onprofit Organizati	on	Class B (wine only) winery	\$ 12.05
[] Faltiteratile		, -		Publication fee	\$ 412-05
Complete A or B. All must co				TOTAL FEE	* 7/4-03
A. Individual or Partnership:		Tarting the sale	Name Address /Street	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Holste Address (Greek	0.0, 0.1,	
			11 Address (Street	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street)	, city of 1 out officer	
		<u> </u>	101 101	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Siree)	, city of 1 car canon, a map over-	
	S				
B. LLC or Corporation (and	Agent):	ed Liability Company	Address of Corporation /	Limited Liability Company (if different for	om licensed premises)
All a restigned organizations	or rimited liability (companies applyin	g for a license to s	ell fermented malt beverages	and/or intoxicating
liquor must appoint an agent.	Of Inthiod Halleting			- 42 0 1-1	i i
Agent Last Name*	(First)	(Middle Name)	Home Address (Street	t, City or Rost Office, & Zip Code)	EDI IU
11776111	Faruk		1047 Neu		الم الاستوارا ال
All Officer(s) Director(s) of (and i	Members / Manac	ers of Limited Lia		<u> 54</u> 7
All Officer(s) Director(s) of (Jorporation and I	(Middle Name)	Home Address (Stree	t, City or Past Office, & Zip Code)	
President / Member Last Name	(First)	,			
		(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Middle (Vaine)	Tiothor ida (, ,	
		(11) 1 N = N - m o)	Home Address (Street	et, City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Hottie Hootese (e.i.e.		ļ
			II) Address /Siros	et, City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Siles	st, Oity or 7 Soc Simon Simon	
				Office & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)	}
Directors / Managers == 1					
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)	
Directors / Wariagers Last Harris					
C. Business Information				020-261-	0809
Rollics	amo Ristor	ante.	Business P	hone Number 920-361-	1100
1. Trade Name 14113	\$ 1177E	ria	Deat Office	& Zip Code Berlin,	W) 5492
1. Trade Name BUUSS 2. Address of remises 10	2-141-1-1-11	-m1-5t.	Post Office	& Zip Gode 1201 Gri	
	ومحدد مسألك الكارا	ust nurchase alcol	nni neveraues omy	from Wisconsin wholesalers, I	preweries
Does the applicant under and brewpubs?	stanu tilat triby iti	not baronace are:		Yes	> > □ No
					The applicant must
4. Premises description: [escribe building (or buildings where	alconor beverage	es are to be sold and stored. imption, and/or storage of alcorribed.)	ohol beverages and
include all rooms includi	ng living quarters,	If used, for the sa	n the premises des	scribed.)	
1200 Q 000	calino.	ts basen	rent Sto	rage (Locked)	
pw pw	WORLD	, sound		rage (Locked)	

Renewal Alcohol B	everage L	icense Appli	ication	Applicant's Wisconsin Seller's Perr	nit Number
(Submit to municipal clerk. Rea	d instructions	on page 3.)		FEIN Number 39 - 6175	547
(Submit to municipal cierk. Rea	. 1 1		12012021	39.61 15	291
For the license period beginning			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the: [□ Town of \			Class A beer	\$
ا معادية	T Vallage of	Berlin _		Class B beer	\$ 100,00
To the Governing Body of the:	Village of			Class C wine	\$
i	A City of		, , , , , , , , , , , , , , , , , , ,	Class A liquor	\\$
County of GREEN LA	الاحد		Dist. No	Class A liquor (cider only)	\$ N/A
County of Sizeric Lin		(if required	by ordinance)	Class B liquor	\$ 300.W
				Reserve Class B liquor	\$
Check one: 🛱 Individual	☐ Limited Liabi	lity Company		Class B (wine only) winery	
Partnership	 ☐ Corporation/	Nonprofit Organizatio	no	Publication fee	\$ 72.05
	L	•			\$ 512.05
Complete A or B. All must co	omplete C.			TOTAL FEE	<u> </u>
A. Individual or Partnership:		1	Luma Address (Street	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	1111100 3	BLCT BERlin 5'	1923
WESHER	MAYNE	- Lewis	10977	OFICE STIP Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Full Name (Last)					
	(Circh)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(
			<u> </u>		
B. LLC or Corporation (and A	Agent):		Address of Cornoration	/ Limited Liability Company (if different f	from licensed premises)
Full Legal Name of Corporation / Nonp	rofit Organization / Li	mited Liability Company	dolless of Corboration ,	,	
					- Mar intoxinating
	United liability	companies applying	g for a license to s	sell fermented malt beverages	and/or intoxicating
All corporations/organizations	or limited liability	Companies applying	9		
liquor must appoint an agent.	., . <u> </u>	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)	Ì
Agent Last Name	(First)	(Mitable (Valid)	,		
All Officer(s) Director(s) of (Cornoration and	l Members / Manag	ers of Limited Lia	ability Company:	
All Officer(s) Director(s) of C	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
President / Member Last Name	(1 11 51)	· ·			
1		(1 tr L II - Diamo)	Home Address (Street	et, City or Post Office, & Zlp Code)	
Vice President / Member Last Name	(First)	(Middle Name)	1 Millo Madroco (a ii -		
	1			et, City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Stre	et, City of Post Office, & Zip Goddy	
Secretary / Member cust (14)	, ,				
		(Middle Name)	Home Address (Stre	et, City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(till a line)			
1			11 Address (Stre	eet, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Appless (one	ot, ony or the terms of	
Billiotisser				LOW- 8 7in Codo)	
Leat Namo	(First)	(Middle Name)	Home Address (Stre	eet, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(1 1101)				
			!		
C. Business Information	: 1		Business F	Shone Number 920 29	0-34 <u>5 5 </u>
1. Trade Name Buc	1245 <u> </u>		Dusiness i	Phone Number 920 29	14 UGh 2
1. 11000 11000	e- 145 H	aron	Post Office	e & Zip Code BERLIN	59125
2. Address of Premises 1	5 W 17	41010		s Minamain upologalers	breweries
Does the applicant under	rstand that they	must purchase alcoh	ıol beverages only	/ from Wisconsin wholesalers, · · · · Yes	s 🔼 🗆 No
and brewpubs?				id and stored	The applicant mus
4 Premises description: [Describe buildin	g or buildings where	alconol beverage	es are to be sold and stored. umption, and/or storage of alc escribed.)	ohol beverages and
indude all rooms includi	ng living quarte	rs, if used, for the sa	les, service, const	umpuon, artaroi storago of ale	Ü
1 (Alambal bayara	300 SHINN DE SU	id alla otoros sur	n the premises de	someon)	
1600tas: (Moone) povere	, ,	ST Flan			
records. (Alcohol bevers	n+ - 1	S Floor			

APPLICATION FOR AMUSEMENT DEVICE LICENSE

For License Year Ending June 30, 2021

State of Wisconsin County of Green Lake City of Berlin 4 100 on

TO:

Jodie Olson, City Clerk

Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

NAME OF OWNER OR MANAGE	ER OF BUSINESS: WAYNE WESNER
TATALL OF OWNERS OF THE TANK TO DE	LICENSED: 115 W Huron Berlin
RESIDENCE OF OWNER OR MA	NAGER: NAGA 36 CT. BERLIN Wis
DESCRIPTION OF DEVICES:	1. 2 - Pool Tables
D250 02 11	2. Juke Box
	3. 5 - Video
	4. Dart Beard
	5. Ticket Master
	6
	7
	8
	9
	10
DATE OF APPLICATION:	-29-2020
RECEIPT NUMBER:	

LICENSE FEE: \$10.00 PER DEVICE

Dayne Desner
SIGNATURE OF APPLICANT

Renewal Alcohol Beverage License Application Submit to municipal clerk. Read instructions on page 3.	DI Alachol B	overage Lice	ense Appli	ication	Applicant's Wisconsin Seller's Perm 456 - 0000 - 11 23 4 90	nit Number 5	
For the license period beginning: OT 1 230 ending: OB 323 mm dd 39999 mm dd 399999 mm dd 39999 mm dd	Renewal Alcohol B	everage are	nage 3)		EEIN Number		1
For the license period beginning: O1 1 230 ending: O4 227 230 23	(Submit to municipal clerk. Rea	រ ព្រះប្រជុំប្រជុំប្រ	page o.,	lanlami	39-173279	<u> </u>	_
County of Check one: Individual Limited Liability Company Check one: Individual Limited Liability Company Corporation/Nonprofit Organization Reserve Class Bilquor S. 300 Reserve Cl	For the license period beginning	1: 07 01 203 (mm dd yyyy)	<u>0</u> ending: <u>0</u> €	(mm dd yyyy)	TYPE OF LICENSE		
County of Check one: Individual Limited Liability Company Check one: Individual Limited Liability Company Corporation/Nonprofit Organization Reserve Class Bilquor S. 300 Reserve Cl		Town of > ~	7		Class A beer	1	
County of Check one: Individual Limited Liability Company Check one: Individual Limited Liability Company Corporation/Nonprofit Organization Reserve Class Bilquor S. 300 Reserve Cl		Willage of \	なを見し1N		⊠ Class B beer	\$ 100	-49
County of Check one: Individual Limited Liability Company Check one: Individual Limited Liability Company Corporation/Nonprofit Organization Reserve Class Bilquor S. 300 Reserve Cl	To the Governing Body of trie.	City of					
County of Check one: Individual Limited Liability Company Check one: Individual Limited Liability Company Corporation/Nonprofit Organization Reserve Class Bilquor S. 300 Reserve Cl	α	Z Only or		Di-t No			``
Check one: Individual Limited Liability Company Class B liquor \$ 300 \$ \$ \$ \$ \$ \$ \$ \$ \$	County of CTQ EEN LA	<u> </u>		by ordinance)	Class A liquor (cider only)	17	\dashv
Check one: Individual Elmined Liability Companization District Street, City or Post Office, & Zip Code)			(II required	by ordinariou)		\$300	_
Partnership Corporation/Nonprofit Organization Priplication fee S. 12.05 TOTAL FEE S. 172.05		🗀 Limitad Liahility (Company			\$	
TOTAL FEE 15 493.05 A. Individual or Partnership: (Pirst) (Middle Name) Home Address (Street, City or Post Office, 8. Zip Code) Full Name (Last) (Pirst) (Middle Name) Home Address (Street, City or Post Office, 8. Zip Code) Home Address (Street, City or Post Office, 8. Zip Code) Full Last) Home Address (Street, City or Post Office, 8. Zip Code) Home Address (Street, City or Post Office, 8. Zip Code) Home Address (Street, City or Post Office, 8. Zip Code) Home Address (Street, City or Post Office, 8. Zip Code) Prut Lapid Name of Corporation / Namonotic Ornarization / Limited Llability Company Address of Corporation in Address (Street, City or Post Office, 8. Zip Code) Limited Llability Company Address of Corporation and Members / Managers of Limited Llability Company Home Address (Street, City or Post Office, 8. Zip Code) Limited Llability Company Home Address (Street, City or Post Office, 8. Zip Code) Limited Llability Company Home Address (Street, City or Post Office, 8. Zip Code) Limited Llability Company Home Address (Street, City or Post Office, 8. Zip Code) Limited Llability Company Momenture Name City of Post Office, 8. Zip Code) Limited Llability Company Home Address (Street, City or Post Office, 8. Zip Code) Limited Llability Company Home Address (Street, City or Post Office, 8. Zip Code) Limited Llability Company Home Address (Street, City or Post Office, 8. Zip Code) Limited Llability Company Home Address	Cilear one.	Corporation/Non	profit Organization	on			\dashv
A. Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Legal Name of Corporation (and Agent): Full Legal Name of Corporation (Partnership) Full Legal Name of Corporation (Partnership) Full Legal Name of Corporation (Partnership) Full Legal Name of Corporation or limited Liability Company Address of Corporation (Partnership) Full Legal Name of Corporation or limited Wiability companies applying for a license to self fermented mail beverages and/or intoxicating liquor must appoint an agent. All orticare(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: Freelistent / Member Last Name (First) Home Address (Street, City or Post Office, & Zip Code) Full No. No. No.	☐ Partnership	X Corporation/1401	prom organism			\$ 12.05	\dashv
A. Individual or Partnership: Fill Name (Lest)	Complete A or B. All must co	omplete C.			TOTAL FEE	18 7 9x.05	1
Full Name (Last) Full Capital Name (Capital Name) Full Capital Name (Capital Name) Full Capital Name of Corporation (Noncrofil Oroanization / Limited Liability Company) Full Capital Name of Corporation (Noncrofil Oroanization / Limited Liability Company) Full Capital Name of Corporation (Noncrofil Oroanization / Limited Liability Company) Full Capital Name of Corporation (Noncrofil Oroanization / Limited Liability Company) All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Faget Last Name For Name (Last) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company (if different from ticensed premises) All Officer(s) Director(s) or limited Liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company (if different from ticensed premises) All Officer(s) Director(s) or Intoxicating (Intoxicating liquor must appoint an agent. Flower Address (Street, City or Post Office, & Zip Code) Freetidant / Member Last Name First) Full Name Address (Street, City or Post Office, & Zip Code) Freetidant / Managers Last Name First) Full Name Address (Street, City or Post Office, & Zip Code) Full Name Address of Freetides (Street, City or Post Office, & Zip Code) Full Name Address of Freetides (Street, City or Post Office, & Zip Code) Full Name Address of Premises (Street, City or Post Office, & Zip Code) Full Name Address of Premises (Street, City or Post Office, & Zip Code) Full Name Address (Street, City or Post Office, & Zip Code) Full Name Address (Street, City or Post Office, & Zip C				Lia Adaman (Cfroot	City or Post Office, & Zip Code)	<u> </u>	\neg
Full Name (Last) Full Corporation (and Agent): Full Copal Name of Corporation (Namoraliti Oroanization / Limited Liability Company) Address of Corporation / Limited Liability Company of different from licensed premises of Department of Limited Liability Company of different from licensed premises of Department of Limited Liability Company All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Fuel Last Name Fuel Last Name Fresident Member Last Name F		(First)	(Middle Name)	Home Address (Street	, only of 1 con content of		
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KITCHEN, DINING ROOM, BASEMENT	include all rooms include	ng living quarters, n	nd stored only o	n the premises de	umption, and/or storage of alc scribed.) BAR REM, P	ohol beverages	and M
HICKON STORES	VITAUCI DI	NING ROOM	DASEME	N (
	HILLY DI						

Submit to municipal clerk.

1 Mart name)	(first name	a)	(middle name)
ndividual's Full Name (please print) (last name)	Theodore		C
3ombinski	Post Office	City .	State Zip Code
Home Address (street/route)		BERLIN	WI 54923
WIGLT DAKOTA AVE	Age	Date of Birth	Place of Birth
Home Phone Number	66	10-21-1953	GREEN LAKE CTY
920-361-3216	60	1000	
The above named individual provides the f	ollowing information as a per	son who is (check one):	
The above named individual provides the t	se as an individual.		
☐ Applying for an alcohol beverage licen☐ A member of a partnership which is r	noting application for an alco	ohol beverage license.	
A member of a partnership which is r	Roomba's	LTD	
A member of a partnership which is the CLES I DELL (Officer / Director / Member / Manager / As	nent) 01 BOOMBOOK	Vaine of Corporation, Limited Liability Con	npany or Nonprofit Organization)
which is making application for an alc	phol beverage license.		
which is making application for an alc		consing authority:	
The above named individual provides the	following information to the ii	late?	LIFE
 How long have you continuously resident 	ed IV ANISCOURIN bullou to any	related to alcohol beverages)	for
 Have you ever been convicted of any c 	offenses (other than traile th	the extension or ordinances of a	any county
violation of any federal laws, any wisc	onsin laws, any laws of any		Yes 🔀 No
violation of any federal laws, any Wisc or municipality?	, trial date and pena	ity imposed, and/or date, des	cription and
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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/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 that \$1,000.

APPLICATION FOR AMUSEMENT DEVICE LICENSE For License Year Ending June 30, 2021

State of Wisconsin County of Green Lake City of Berlin

TO:

Jodie Olson, City Clerk

Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

articles in any prosecution of process	1 SOMBINSKI
NAME OF OWNER OR MANAG	ER OF BUSINESS: THEODORE & BOMBINSKI
72.75	TIGENTOED, 123 DIVINITY DELECTION
REGIDENCE OF OWNER OR MA	ANAGER: WIGHT DAKOTA AV PERLIN
DESCRIPTION OF DEVICES:	
DESCRIPTION OF DEVICES.	Rough PLAYER
	2. TUKE BOX
	4. FRUIT BONUS
	5. MAGICAL ODDS
	6. POOL TABLE 7. AS WESTEN VENTURE
	8. DART BOARD
	9
	10.
	. 7.0
DATE OF APPLICATION: 5	-6-2016)
RECEIPT NUMBER:	
	TAGENICE FEE: \$10.00 PER DEVICE

LICENSE FEE: \$10.00 PER DEVICE

Renewal Alcohol E	Beverage Li	cense Appl	ication	Applicant's Wisconsin Seller's Pe	3 -02
(Submit to municipal clerk. Re	ead instructions o	n page 3.)		FFIN Number	
	17-01-2	020 ending: 06	5-30-2021	82-1277211 TYPE OF LICENSE	
For the license period beginning			(mm dd yyyy)	REQUESTED	FEE
To the Governing Body of the:	□ Town of \(\cap\$\)	Revlin		Class A beer	\$
To the Governing Body of the:	☐ Village of }	100		Class B beer	\$ 100 F
	p⊸⊈ City O! /			Class C wine	\$
County of Green la	Ke.	Aldermanic	Dist. No	Class A liquor Class A liquor (cider only) \$ N/A
County of 0 vec 12 to		(if required	by ordinance)	Class B liquor	\$ 300
		•		Reserve Class B liquor	\$
Check one: 🗌 Individual	☑ Limited Liabilit	y Company	on	Class B (wine only) winer	ry \$
☐ Partnership	☐ Corporation/No	onprofit Organizati	OH	Publication fee	\$ 12.05
Complete A or B. All must o	complete C.			TOTAL FEE	<u> \$ 482.05 </u>
A. Individual or Partnership					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
, ,			A the Commit	. City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	. Cary of Post Office, a zap obs <u>oy</u>	
	(F:4)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(What are a real are a			
		_	<u> </u>		
B. LLC or Corporation (and Full Legal Name of Corporation / Non	Agent):	LILL Lille Commonly	Address of Cornoration /	I imited Liability Company (if different	from licensed premises)
1 0 a a b a b a b a b b	F-18 / / /	a. 1	1100		
All corporations/organizations liquor must appoint an agent.	or limited liability of				
Agent Last Name	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code) achyon Rol Benli	w Wi. 54923
Boeck	Frank	H_\	Worth 1	1000	
All Officer(s) Director(s) of	Corporation and I	Members / Manag	ers of Limited Lia	t, City or Post Office, & Zip Code)	
President / Member Last Name	(First)	(Mildale Mairie)	Home Address (Street	uchyan Rd Berlin	W: 54923
Boeck	Frank	H.	Home Address (Street	t, City or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Middle Name)	Halile Addless (Odoo	chyon Post Office, & Zip Code) Chyon Rol Burlin T. City or Post Office, & Zip Code)	W: 5423
Boeck		(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Wildule Maine)			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			A Livery (City	et, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Siles	st, Otty of 1 out omost a — F 1	Ì
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)	
C. Business Information				00 01	1 0000
1. Trade Name	C+ Wirlard		Business P	hone Number <u>420 36</u>	1-2002
Address of Premises	209 BAIR	way 5t	Post Office	hone Number <u>920 36</u> & Zip Code <u>5492</u>	3
2. Address of Premises	201 proud	way or a		from Wisconsin wholesalers	, breweries
r t					
include all rooms includ	ing living quarters,	ii useu, ioi ino sai and stored only or	the premises des	s are to be sold and stored. mption, and/or storage of ald cribed.)	
Marie Thomas	I was R.	r- 2 Bath	vooms - K	Hohen Area	
main Floor	LANGE COL	1011 - 1 Det	· room - Rit	itchen Airea tenen - Storage Roo	<u>ы</u>
Basement / 1	WILL IN CEO	100, 1 100			

E.

Submit to municipal clerk.

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. Officer / Director / Name of Corporation, Limited Liability Company or Nonprofit of Which is making application for an alcohol beverage license. The above named individual provides the following information to the licensing authority: 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? 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? 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? 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? 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 any other alcohol beverage license or permit.	54923 iu
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me Phone Number Coult 920 ~ 203 ~ 0350 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 Boeck's Rental LLC 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? 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? 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? If yes, describe status of charges pending. No 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? Warme, Location and Type of License/Permiti) Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or publication between the following application or corporation or publication between the proper of any person or corporation or publication between the proper of any person or corporation or publication between the proper of the permiting application or publicatio	
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The state of the s	Yes 🔀
brewery/winery permit or wholesale liquor, manufacturer of receiver permit in the state of the s	<u> </u>
If yes, identify.	
(Name of Wholesale Licensee or Permittee)	
6. Named individual must list in chronological order last two employers.	To O
Employer's Address (Saist (M. W.) - // A - //	11/20 52 1
6. Named individual must list in chronological order that the state of	1150mar
Employer's Name Employer's Name Church St Berlin Wi. 7-11-2005	To
Sentry Foods Church ST Der un WY.	Present 7-11-2011
	7-11-2011
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person application; that the applicant has read and made a complete answer to each question, and that the answers in each application; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statements.	

APPLICATION FOR AMUSEMENT DEVICE LICENSE For License Year Ending June 30, 202

State of Wisconsin County of Green Lake City of Berlin

TO: Jodie Olson, City Clerk Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

articles in any prosecution or proce	edings for violation of City Cramaticos of
NAME OF OWNER OR MANAG	ER OF BUSINESS: Frank Boeck
AND THE ALER TO BE	LICENSED: 209 Broadway St. Berlin Wi 3992
RESIDENCE OF OWNER OR MA	ANAGER: W2110 Puchyand Rol Berlin Wi. 54923
DESCRIPTION OF DEVICES:	1 Waching
	2. Video machine
	3. Video machine
	4. Video machine
	5. Video machine
J. 7000	6. Juke Box
4 10	7. Dart gare
H'	8
•	9
	9
	10
DATE OF APPLICATION: 5	-7-2020
RECEIPT NUMBER:	
RECEIPT NUMBER	LICENSE FEE: \$10.00 PER DEVICE
	Frenk Boles

SIGNATURE OF APPLICANT

Renewal Alcohol B	everage Lice	ense Appli	ication	Applicant's Wisconsin Seller's Pern U56-1028/UC678	nit Number
(Submit to municipal clerk, Re-	ad instructions on	page 5.7	10012001	106 7348353	
For the license period beginning	(mm dd yyyy)	o_ _{ending:} <u>06</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	F . 1		Class A beer	\$
To the Governing Body of the:	Usilogo of P	besti N		Class B beer	\$ 100
To the Governing Body of the:	Village of			Class C wine	\$
_ i				Class A liquor	\$ %
County of Week	akl	Aldermanic	Dist. No	Class A liquor (cider only)	\$ N/A
County of Office		(if required	by ordinance)	Class B liquor	\$ 300
U			•	Reserve Class B liquor	\$
Check one: 🔲 Individual	Limited Liability (Company		Class B (wine only) winery	
☐ Partnership	Corporation/Non	profit Organizatio	on	Publication fee	\$ 1200
<u></u>	•				\$51205
Complete A or B. All must co	omplete C.			TOTAL FEE	
A. Individual or Partnership:	(Cival)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Maria Carrey)			
			Home Address (Street:	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Unite Variesa forcer	Sity divided and the sity of t	
				D - Office & Zin Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
1 dig realities (Section					
		1			
B. LLC or Corporation (and	Agent):			if different for	rom licensed premises)
B. LLC or Corporation (and A	rofit Organization / Limited	Liability Company A	Address of Corporation / L	mited Liability Company (It office entities	O IAL 54
	بمذا المتح				
1000 8 WW	3 (A)	igo applying	for a license to se	Il fermented malt beverages	and/or intoxicating
All corporations/organizations	or limited hability co	mpanies applying	J 101 & 11001100 10 00	• • • • • • • • • • • • • • • • • • • •	
liquor must appoint an agent.		(Middle Name)	Home Address (Street,	City or Post Office & Zip Code)	1:0/15
Agent Last Name	(First)	(Wilddle Ivaine)	Million Co	thy ed XX, B	er I'M Wes
1 celicus	1 th 1214				
All Officer(s) Director(s) of (Cornoration and Me	embers / Manage	ers of Limited Liab	ility Company:	
President Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
President / Weitbet Last Ivalilo	11.		I MILTON (ounth Ld XX	perin wi
C VECENIALS.	1412hr	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Vice President / Member Last Name	(Etrst).	(Middle Name)	111/2- 100	d. W. X XV) X X	Win Wis
F Oppulie 115	WishOlder)	WHICHER	Home Address (Street,	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Hottle Modress (Street	Ony of 1 our owner, many	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				0.71 C-1-1	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Headle / Monison 2007					<u>.</u>
IN A	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(Filst)	,			
1 NJA			Uama Address (Street	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Libilie Vagi gas for ood	, only on the second	1
N/A					
C. Business Information	1 / 1		_	020-2	11-1692
/ A 45	ic Investor	o MARI	Business Ph	one Number 920 - 3	e te o
1. Trade Name	S CALL		Zeli Post Office 8	Zin Codo 1-1192	5
2. Address of Premises	So brood	say St.1	THOSE Office o	21 Code 57	
2. / (34/654 2)	the state of the same of the	f nurchaga alcoh	of heverages only fr	om Wisconsin wholesalers, l	breweries
Does the applicant under	stand that they mus	(puronase aicon	O, poro, age	Yes	□ No
and brewpubs?				to be said and stored	The applicant must
4 Premises description: [escribe building or	buildings where	alcohol beverages	are to be sold and stored.	the applicant inter-
include all rooms includi	ng living quarters, if	used, for the sal	es, service, consum	are to be sold and dorod. ption, and/or storage of alcoribed.)	
include all rooms includii records. (Alcohol bevera	iges may be sold ar	nd stored only on	the premises desc	ilibed.)	
0	Dar Da	I'M I	h kmala	77 ×	
of they ant	p)(M, 40	410/ 10	MMYU		
-1700	T - 1	-	()		

AT-115 (R. 5-19)

County of GREEN LAKE Town of T	Submit to municipal clark. Read instructions on large styles. Submit to municipal clark. Read instructions on large styles. Submit to municipal clark. Read instructions on large styles. Submit to municipal clark. Submit to municipal clark		worane Lic	ense Appli	cation	Applicant's Wisconsin Seller's Pe	ermit Number 297-02
For the license period beginning: JUV 3020 ending: SWE 30202 Type of License FEE (most dryrry) Green ar yrry) To the Governing Body of the: Town of SCUIN Town of Wallage of SCUIN Town	To the Governing Body of the: Story of Milage of Security of Secur	Renewal Alcohol De	wetwettons of	n nage 3.)		FEIN Number	16
To the Governing Body of the	Class A Beer S / 0 0	Submit to municipal clerk. Rea	J INSTRUCTIONS OF	n pago on	20.20.21		7
To the Governing Body of the	Class A Beer S / 0 0	or the license period beginning:	JUY 1, 202	D ending: <u>IVNE</u>	(mm dd yyyy)		FEE
Check one: Individual Mainted Liability Company Reserver Class B liquor S Class B l	County of GRCEN LTRC (if required by ordinance) Check one: Individual Partnership: Corporation/Nonprofit Organization Complete A or B. All must complete C. A. Individual or Partnership: (First) (Middle Name) Horne Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Horne Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): (First) (Middle Name) Horne Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): (First) (Middle Name) Horne Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): (First) (Middle Name) Horne Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): (First) (Middle Name) Horne Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): (First) (Middle Name) Horne Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): (First) (Middle Name) Horne Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (American (Street, City or Post Office, & Zip Code) B. LLC or Corporation (
Check one: Individual Partnership Corporation/Nonprofit Organization Reserver Class B liquor S Class B	County of CROWN LTRE] town or	BERUN_			
Check one: Individual Partnership Corporation/Nonprofit Organization Reserve Class B linguor S Class B Class B linguor S Class B Class B linguor S Class B Class B Class B Class B Class B l	Check one: Individual Partnership Corporation/Nonprofit Organization Check one: Individual Partnership Corporation/Nonprofit Organization Complete A or B. All must complete c. A. Individual or Partnership: (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organizations / Limited Liabitiv Company Full Legal Name of Corporation / Nonprofit Organizations / Limited Liabitiv Company Full Legal Name of Corporation / Nonprofit Organizations / Limited Liabitiv Company Full Legal Name of Corporation / Nonprofit Organizations / Limited Liabitiv Company Full Legal Name of Corporation / Nonprofit Organizations / Limited Liabitiv Company Full Legal Name of Corporation / Nonprofit Organizations or limited liability company for a license to sell fermented malt beverages and/or intoxic All corporations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxic Name of Corporation and Mombers / Managers of Limited Liabitiv Company Full Name of Corporation or limited liability companies applying for a license to sell fermented malt beverages and/or intoxic Name of Corporation and Mombers / Managers of Limited Liability Company Full Name of Corporation or limited liability companies applying for a license (Sireet, City or Post Office, & Zip Code) All Officer(s) Director(s) of Corporation and Mombers / Managers of Limited Liability Company Full Name of Corporation / Managers Name (First) (Middle Name) Home Address (Sireet, City or Post Office, & Zip Code) Name of Corporation / Managers Last Name (First) (Middle Name) Home Address (Sireet, City or Post Office, & Zip Code) Full Name of Post Office (Sizeet, City or Post Office, & Zip Code) Name of Post Office (Sizeet, City or Post Offi	o the Governing Body of the: L	J Village of		•		
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Agent Last Name CFirst First CMiddle Name First Fi	Agent Last Name Girist Agent Last Name A	JEFFS ON	- Umited liability	companies applying	g for a license to	sell fermented mait beverage	es altaror internements
Agent Last Name CFirst CMiddle Name CMiddle Name CFirst CMiddle Name CFirst CMiddle Name CMiddle Na	Agent Last Name Griest Agent Last Name A	All corporations/organizations	Of littlinen manney	001111111111111111111111111111111111111		2 Zin Code)	
All Officer(s) Directors (s) of Corporation and Members / Managers of Limited Liability Company: All Officer(s) Directors (s) of Corporation and Members / Managers of Limited Liability Company: All Officer(s) Directors (First) President / Member Last Name (First) (Middle Name) (First) (Middle Name) (First) (Middle Name) (First) (Middle Name) (Middle Na	All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: Home Address (Street, City or Post Office, & Zip Code)	liquor must appoint an agent.		(Middle Name)	Home Address (Stre	eet, City or Post Office, & Zip Code)	11 10T 54933
All Officer(s) Directors (s) of Corporation and Members / Managers of Limited Liability Company: All Officer(s) Directors (s) of Corporation and Members / Managers of Limited Liability Company: Fresident / Member Last Name	All Officer(s) Directors(s) of Corporation and Members / Managers of Limited Liability Company: All Officer(s) Directors(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)		TELLEDY	M 1	535 VA	IN HORN ST. BERL	110, WE 0 (100)
Vice President / Member Last Name Middle Name Home Address (Street, City or Post Office, & Zip Code	Vice President / Member Last Name	DENDING	JUPICICI		of Limited	lability Company:	
Vice President / Member Last Name Managers Last Name First Middle Name Home Address (Street, City or Post Office, & Zip Code	Vice President / Member Last Name	All Officer(s) Director(s) of C	orporation and	Members / Manag	Home Address (Str	eet, City or Post Office, & Zip Code)	
Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	President / Member Last Name	(First)	i .	10,507,12-1	NI HARNIST BEA	ZUN, UI 54913
Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)	A ENDING	SIEFF		O 35 VI	eet City or Post Office, & Zip Code)	
Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name	Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name	15 - Procident / Member Last Name		1'	Home Address (on	4 GARASST. BER	UN, WE 54923
Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name	Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name	SCAIN (A) 6	1 - YOUY - 1	· · · · · · · · · · · · · · · · · · ·	335 VA	not City or Post Office, & Zip Code)	
Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name	Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name	DC OD 100	(First)	(Middle Name)	Home Address (St	get, City of 1 out childer in a t	
Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name TEFE'S N THE SQUARE UCBusiness Phone Number Post Office & Zip Code BERUN, UT Address of Premises Look Office & Zip Code BERUN, UT SQUARE UCBusiness Phone Number Post Office & Zip Code BERUN, UT SQUARE Post Office & Zip Code BERUN, UT SQUARE Post Office & Zip Code BERUN, UT SQUARE Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages including living quarters, if used, for the premises described.) THO STORY BRICK	Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name TEFF'S N THE SQUACE UCBusiness Phone Number Post Office & Zip Code BERUN, WIL 59 2. Address of Premises Look CAPRON ST Post Office & Zip Code BERUN, WIL 59 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant promises description including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverage. STORY BRICH	Secretary / Member Cast Ptano	1			D + Office & Zin Code)	
Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name JEFF'S DN Titte SQUARE Last Business Phone Number Q20 - 361 - 4847 2. Address of Premises 16 N. CAPRON ST Post Office & Zip Code BERUN LuT 540 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages including living quarters, if used, for the premises described.) This STORY BRICK	Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name JEFF'S ON THE SQUARE LEBusiness Phone Number 920~361~4847 2. Address of Premises 16 N. CAPRON ST Post Office & Zip Code BERUN, UL 50 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant promises description: Describe building quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages are to be sold and s		(Circl)	(Middle Name)	Home Address (St	reet, City or Past Office, & Zip Cods)	
Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name TEFF'S N THE SQUARE LEBusiness Phone Number Post Office & Zip Code BERUN, WIL 544 2. Address of Premises 16 N. CAPRON ST Post Office & Zip Code BERUN, WIL 544 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages including living quarters, if used, for the premises described.) The STORY BRICK	Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name TEFF'S N THE SQUARE LEBusiness Phone Number Post Office & Zip Code BERUN, WI Address of Premises N N Post Office & Zip Code BERUN, WI N Post Office & Zip Code BERUN, WI Substitute Post Office & Zip Code N Post Office & Zip Code BERUN, WI Substitute Post Office & Zip Code BERU	Treasurer / Member Last Name	(Luad)	[
Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name TEFF'S N THE SQUARE LEBusiness Phone Number Post Office & Zip Code BERUN, WIL 544 2. Address of Premises 16 N. CAPRON ST Post Office & Zip Code BERUN, WIL 544 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages including living quarters, if used, for the premises described.) The STORY BRICK	Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information 1. Trade Name TEFF'S N THE SQUARE LEBusiness Phone Number Post Office & Zip Code BERUN, WI Address of Premises N N Post Office & Zip Code BERUN, WI N Post Office & Zip Code BERUN, WI Substitute Post Office & Zip Code N Post Office & Zip Code BERUN, WI Substitute Post Office & Zip Code BERU			(Middle Name)	Home Address (St	reet, City or Post Office, & Zip Code)	
C. Business Information 1. Trade Name	C. Business Information 1. Trade Name	Directors / Managers Last Name	(First)	(Wildelie I Valley)	1		
C. Business Information 1. Trade Name	C. Business Information 1. Trade Name				Home Address (S	reet, City or Post Office, & Zip Code)	
C. Business Information 1. Trade Name	C. Business Information 1. Trade Name	Directors / Managers Last Name	(First)	(Middle Name)	I lowe vacance		
2. Address of Tremises 12 19 19 19 19 19 19 19 19 19 19 19 19 19	3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweites Yes and brewpubs? 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant premises described all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages are to be sold and stored. The applicant premises described.	Directors / managers					
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3. Does the applicant understand that they must purchase accord borded. Yes A Land brewpubs?	3. Does the applicant understand that they must purchase according to the second seco	2. Address of Fremison _L	<u> </u>		Lathaugragge Of	ıly from Wisconsin wholesale	ers, breweries Yes ☑ N
4. Premises description: Describe building or buildings where alcohol beverages and/or storage of alcohol beverages is plude all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages is plude all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages.	4. Premises description: Describe building or buildings where alcohol beverage of alcohol beverage is plude all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverage is plude all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverage is pluded all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverage is pluded.	3. Does the applicant unde	rstand that they n	nust purchase alco	Holpovorager		Yes 🔼 🗀 ''
ALLI DING 1ST FLOOR + BASEMENT	BUILDING 1St FLOOR + BASEMENT	4. Premises description:	Describe building ing living quarters	or buildings when s, if used, for the sa	ales, service, con	sumption, and/or storage of lescribed.)	
DVICUITO		BUILDING	1 st p	FLOOR +	BASEMEN	i +	



Submit to municipal clerk.

			(middle name)	· ·
ndividual's Full Name (please print) (last name)	(first name)		M	
sending	Jeffery		_	o Code
ome Address (street/route)	Post Office City		1 1	54923
535 VAN HORN ST		SERLIN	Place of Birth	
ome Phone Number	1.5	e of Birth		_
920-361-4042	63	08-19-1956	GREEN	LAKE COUNTY
he above named individual provides the fold Applying for an alcohol beverage licens. A member of a partnership which is making application for an alcoholic heabove named individual provides the fold the How long have you continuously resident. Have you ever been convicted of any of violation of any federal laws, any Wiscon or municipality? If yes, give law or ordinance violated, tristatus of charges pending. (If more room)	e as an Individual. aking application for an alcohol of Jeff's on the S (Name) not beverage license. Illowing information to the license in Wisconsin prior to this date fenses (other than traffic unrelations in laws, any laws of any othe	beverage license. quare, L.L.C. of Corporation, Limited Liability sing authority: 2 63 YEA ted to alcohol beverag r states or ordinances mposed, and/or date, of	es) for of any county	
for violation of any federal laws, any Wi	SCORSIII Iawa, arry tano av av			Yes
for violation of any federal laws, any volume municipality?	ng. n for or are you an officer, direc t of a limited liability company h	tor or agent of a corpo olding or applying for a	ration/nonprofit	
for violation of any federal laws, any wind municipality?	ng. n for or are you an officer, direct t of a limited liability company h	tor or agent of a corpo olding or applying for a	ration/nonprofit any other alcohol	
for violation of any federal laws, any virunicipality? If yes, describe status of charges pendi Do you hold, are you making applicatio organization or member/manager/agen beverage license or permit? If yes, identify. Do you hold and/or are you an officer, member/manager/agent of a limited lia brewery/winery permit or wholesale liq If yes, identify.	ng. n for or are you an officer, direct tof a limited liability company holding or apply uor, manufacturer or rectifier performance of the provided in the company holding or apply uor, manufacturer or rectifier performance of the permittee of the company holding or apply uor, manufacturer or rectifier performance of the permittee of the company holding or apply uor, manufacturer or rectifier performance of the company holding or apply uor, manufacturer or rectifier performance of the company holding or apply uor, manufacturer or rectifier performance of the company holding or apply uor, manufacturer or rectifier performance of the company holding or apply uor, manufacturer or rectifier performance of the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor, manufacturer or rectifier performance or the company holding or apply uor app	tor or agent of a corpo olding or applying for a not Type of License/Permit) mploye of any person	ration/nonprofit any other alcohol or corporation or	Yes X
for violation of any federal laws, any viruminicipality? If yes, describe status of charges pendid. Do you hold, are you making application or member/manager/agendeverage license or permit? If yes, identify. Do you hold and/or are you an officer, member/manager/agent of a limited liabrewery/winery permit or wholesale liquif yes, identify. (Name of Wholesale inchronology)	ng. n for or are you an officer, direct t of a limited liability company h (Name, Location a director, stockholder, agent or e bility company holding or apply uor, manufacturer or rectifier pe	tor or agent of a corpo colding or applying for a not Type of License/Permit) mploye of any person ing for a wholesale bea remit in the State of Wis	ration/nonprofit any other alcohol or corporation or permit, sconsin?	
for violation of any federal laws, any viruminicipality? If yes, describe status of charges pendid. Do you hold, are you making application or member/manager/agendeverage license or permit? If yes, identify. Do you hold and/or are you an officer, member/manager/agent of a limited liabrewery/winery permit or wholesale liquif yes, identify. (Name of Wholesale Inchronology)	ng. n for or are you an officer, direct tof a limited liability company hadirector, stockholder, agent or ebility company holding or apply uor, manufacturer or rectifier performance or last two employers.	tor or agent of a corpo nolding or applying for a type of License/Permit) mploye of any personing for a wholesale bearmit in the State of Wis	ration/nonprofit any other alcohol or corporation or er permit, sconsin? (Address By City and o	Yes X
for violation of any federal laws, any viring municipality? If yes, describe status of charges pendid. Do you hold, are you making application or member/manager/agent beverage license or permit? If yes, identify. Do you hold and/or are you an officer, member/manager/agent of a limited liabrewery/winery permit or wholesale lique of yes, identify. Named individual must list in chronological incompletes the properties of	ng. n for or are you an officer, direct tof a limited liability company had director, stockholder, agent or ebility company holding or apply uor, manufacturer or rectifier peoplesale Licensee or Permittee) gical order last two employers.	tor or agent of a corpo colding or applying for a mod Type of License/Permit) mploye of any personing for a wholesale becommit in the State of Wiscons BELLN	ration/nonprofit any other alcohol or corporation or permit, sconsin?	Yes X

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.

Renewal Alcohol E	Beverage Lic	ense Appl	ication	Applicant's Wisconsin Seller's Period 56 - 100 3100	1236-01	
Submit to municipal clerk. Re	ead instructions on	page 3.)		FEIN Number 90-092	1656	
For the license period beginning	ng: <u>07 ~ 01 ~ 20</u>	<u>(2</u>	-30-2021 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	.0
				Class A beer	\$	\$40°00
To the Governing Body of the:	Town of J	pelin)		☑ Class B beer	\$ 160	12, V/V
To the Governing Body of the:	U village of			Class C wine	\$	M. R
	KI City or			Class A liquor	\$	۱٬۵۰٪
County of Green L	a K o		: Dist. No	Class A liquor (cider only)	\$ N/A	610,7
County of Control		(if required	by ordinance)	Class B liquor	\$ 300	7 6
	.J			Reserve Class B liquor	\$	1
Check one: Individual	Limited Liability	Company		Class B (wine only) winery		1
☐ Partnership	Corporation/Nor	profit Organizati	on	Publication fee	\$ 12.05	
					\$ 472.05	1
Complete A or B. All must o	complete C.			TOTAL FEE	1 104.0 3	_1
						7
A. Individual or Partnership	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Fuil Name (Last)	(1 1130)					_
		(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Full Name (Last)	(First)	(MIGGIE HAINS)	,			
			II Addroom (Street	City or Post Office, & Zip Code)		7
Full Name (Last)	(First)	(Middle Name)	Home Addless (direct	Oity of 1 out 2 man, 1		
					المنظ	ىر يەق
		`			Per Aid	Shu
B. LLC or Corporation (and	Agent):		. (Corneration /	Limited Liability Company (if different i	rom licensed premises	1. O
Full Legal Name of Corporation / Nor	profit Organization / Limited	d Liabliity Company	Address of Corporation	a a a a B a Baili	~,W:545	4.7
I many history	mants ILC		717 15	pon Rd. Berli	~ [UV] terdentin	رر
Lopez nosace	- limited liability co	mnanies applyin	a for a license to se	ell fermented malt beverages	and/or intoxication	ıa'
All corporations/organizations	Of Infilted lighting of	mparas -rp-y				7
liquor must appoint an agent.	/Eiroft :	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	-11000	
Agent Last Name	(First)		312 Kipe	n Rd. Berlin	<u> 54945 </u>	
LODEZ	A) dec					
All Officer(s) Director(s) of	Corporation and M	embers / Manag	ers of Limited Lia	t, City or Post Office, & Zip Code).		
President / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	54973	
	Hidee _	_	1312 KIDOL	o Ke Dello, W	0/100	
Lopel		(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	- 13e(1.	NI
Vice President / Member Last Name		l'	1151.N	Wiscorsia 9	1, S40127	
Kiver	a dessica	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	_	
Secretary / Member Last Name	(First)	(Middle Mane)				Ì
			Address (Stron)	t, City or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (direc	in Only of 1 Set 1 man		ļ
				n 75 Cado		\dashv
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)		
Directors / Managers Last (Valle	,					_
	(Fire)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	,				
C. Business Information	0		Business Ph	hone Number <u>(990) 3 6</u>	1-0831	
1. Trade Name Las	Brasas_		Dusinessi	none trained (170)	7100	
	6 Q B	Bed	(1) Post Office	& Zip Code Berlio, 1	W1 5472	1_
2. Address of Premises 2	19 1 DOG 1		_1 .15.2	4 Winconsin wholesalers	breweries_	
a. Door the applicant unde	erstand that they mus	st purchase alcoh	not beverages only	from Wisconsin wholesalers, Yes	;	No
and brewpubs?				, , , , , , , , , , , , , , , , , , , ,		4
alla piewhapa:	m	· huildinas where	alcohol beverages	s are to be sold and stored. mption, and/or storage of alc	The applicant m	นธน พ.ศ
4. Premises description:	Describe building of	Fused for the sa	les, service, consu	mption, and/or storage of alc	ohol beverages a	ano
include all rooms include	ing iving quarters, i	nd stored only of	n the premises des	cribed.) the 15 54	exed at 1	P 1-
records. (Alcohol beve	rages may be sold a	/10 DID! DIE DIE J	· (n	0	via and	
and a CC	a Canlera	15 Sel	V at B	ar niving to	OUT MILO	
Grea, OFFIL		nv	1.1 40	ar, Dinning Ro Special & Oca	Hons	
Working M	ecting Koc	M MOETE	19 10-7-6216	The state of the s		
7	لمسر	(

AT-115 (R. 5-19)

-	Submit to municipal clerk.	
	(first name)	(middle name)
Individual's Full Name (please print) (last name)	*	
Rivera	Jessica City	State Zip Code
Home Address (street/route)	Post Office	WI 54933
115A N. W.SOOGIN D.	Age Date of Birth	Place of Birth
Home Phone Number	1 35 10-19-	1994 (4) tornia
1920 A10-6749	05/10/1	
	illusing information as a person who is (check of	ne):
The above named individual provides the for	llowing information as a person who is (check or	
Applying for an alcohol beverage licens	e as air marting for an alcohol beverage licens	se.
A member of a partnership which is m	of Lopez Restaurants LLC	2 Noonfolit Organization)
/ CAS Member / Manager / Age	of Lopez Restaurants LLC (Name of Corporation, Limite	d Liability Company of Nonprofit Organization)
which is making application for an alcol	hol beverage license.	
which is making application for an arrange	using information to the licensing authority:	W 100 5
The above named individual provides the to	ollowing information to the licensing authority:	1 Jeans
How long have you continuously resident	ffenses (other than traffic unrelated to alcohol b	everages) for
2. Have you ever been convicted of any or	ffenses (other than traffic unrelated to alcohold onsin laws, any laws of any other states or ordin trail court, trial date and penalty imposed, and/or	nances of any county
violation of any rederal raws, any trans-	abuse become the beautiful and on the beautiful and the beautiful	r date, description and
If yes, give law or ordinance violated, tr	ial court, trial date and penalty imposed, and/or	. 42,
t i f charges pending. (If those root	11 10 110000-11	
	the figure of the state of the	ed to alcohol beverages)
3. Are charges for any oftenses presently	r pending against you (other than trattic difference risconsin laws, any laws of other states or ordin	ances of any county of
Le Jacoviho etatus () Gilaluso porte	and a second of	a commissionalismonistrom
4. Do you hold, are you making application	ing. on for or are you an officer, director or agent of nt of a limited liability company holding or apply	ring for any other alcohol ☐ Yes 【✔No
organization or member/manager/age	nt of a limited liability company holding or apply	
beverage license or permit?	(Name, Location and Type of License/F	Permit)
		nerson or corporation or
5 Do you hold and/or are you an officer,	director, stockholder, agent or employe of any ability company holding or applying for a whole quor, manufacturer or rectifier permit in the Sta	sale beer permit,
member/manager/agent of a limited li	ability company holding or applying for a whole quor, manufacturer or rectifier permit in the Sta	te of Wisconsin? Yes 14 No
brewery/winery permit or wholesale in	quoi, manusaciarer et la	
If yes, identify.	Wholesale Licensee or Permittee)	(Address By City and County)
6. Named individual must list in chronol	ogical order last two employers.	6 Employed From To
6. Named Individual Hust list in Silveris Name	Employer's Address	Teh All Aug 2016
Mc/malk	86 County Ked 1 W	Employed From To
Employer's Name	Employer's Address	ix June July Present
1550505	JA KING MEL. VII	9
	to the topy the undersit	gned states that each of the above questions has that he/she is the person named in the foregoing and that the answers in each instance are true and
READ CAREFULLY BEFORE SIGNING	3: Under penalty provided by law, the chooses	gned states that each of the above questions and that he/she is the person named in the foregoing and that the answers in each instance are true and er 125 of the Wisconsin Statutes shall be void, and
boon truthfully answered to the book of		and that the sold and
application: that the applicant has read -	the state of the s	er 120 of the annica-
under penalty of state law, the applicant	t may be prosecuted for submitting laise state.	n may be required to forfeit not more than \$1,000.
tion. Any person who knowingly provide	38 materially raise anothers.	

APPLICATION FOR AMUSEMENT DEVICE LICENSE For License Year Ending June 30, 2021

State of Wisconsin County of Green Lake City of Berlin

Jodie Olson, City Clerk TO: Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws. Mali 1 1

NAME OF OWNER OR MANAG	ER OF BUSINESS: Ridee Lepez
TO BE BREMISES TO RE	LICENSED: 215 KNOON Rd. Berlin, WI
ADDRESS OF TREMEDE TO DE	2:0 P. P. Beclin WI
RESIDENCE OF OWNER OR MA	ANAGER: 3/2 Ripon Rd. Berlin, WI
DESCRIPTION OF DEVICES:	1. Pennie Machine
DESCRIPTION OF THE	2. Pennie Machine
	3. Pennie Machine
	4. People Machine
	5. Juske Box
	6
	7
	8
	9
	10
DATE OF APPLICATION: 51	11/20
RECEIPT NUMBER:	
-	LICENSE FEE: \$10.00 PER DEVICE

SIGNATURE OF APPLICANT

٠.	A description of all lighting intended to be used in the outdoor activity area.
	enterbainnent kappes the
	Bond will have:
	A description of all efforts planned to be taken to mitigate the potential for unwanted
	TO THE SERVICE OF THE CONTROL OF THE
	the applicant to present technical drawings of plans of the sound and lighting system
	as part of the application.
	The band will be put under
	a tent
	A description of all efforts planned to be taken to mitigate the possibility of
	unauthorized underage persons gaining access to the premises, including any special devices to be used (such as, fencing or security cameras) and any special
	special devices to be used (such as, lending of security carnetae) and any policies to be implemented (such as utilizing extra security personnel).
	policies to so important the control of the control
	the Will Tence the area hove a security person.
	Secondly Version
	the first through the outdoor activity area
١.	A description of all efforts planned to be taken to keep the outdoor activity area
	clean.
	We will have an employee out 5d
	Cleaning the area.
	The capacity of persons able to use the outdoor activity area.
	75
	the war and in offictroat parking for the lot
	Any planned increase or decrease in off street parking for the lot.
	NO

Legal description (omit if street address	is given on previous page).		
member, officer, director, trianager or organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	as the named licensee, any member of a partite ship licensed, or any or agent for either a limited liability company licensee, or nonprofit ted of any offenses (excluding traffic offenses not related to alcohol) with which was any laws of other states, or ordinances of any county page 3	☐ Yes	⊠ No
b. Are charges for any offenses pres the named licensee or any other pe	ently pending (excluding traffic offenses not related to alcohol) against rsons affiliated with this license? If yes, explain fully on page 3	☐ Yes	ľ ∑ (No
Except for questions 6a and 6b, have by you on your last application for this	there been any changes in the answers to the questions as submitted s license? If yes, explain	☐ Yes	Дио
Was the profit or loss from the sale of a	alcohol beverages for the previous year reported on the Wisconsin Income	⊠ Yes	No
of Franchico Text			
Does the applicant understand they n [phone (608) 266-2776]	nust hold a Wisconsin Seller's Permit?	⊠ Yes	□No
	cohol beverage involces must be kept at the licensed premises for 2 years allable for inspection by law enforcement?	∤ ∑ Yes	□No
In the applicant indebted to any whole	esaler beyond 15 days for beer or 30 days for liquor?	☐ Yes	X N
	operty taxes, assessments, or other fees?	Yes	Ди
assessments or other tees).			ione ha
assessments or other fees). READ CAREFULLY BEFORE SIGNING been truthfully answered to the best of the application; that the applicant has read a	i: Under penalty provided by law, the undersigned states that each of the able knowledge of the signer. The signer agrees that he/she is the person name and made a complete answer to each question, and that the answers in each derstands that any license issued contrary to Chapter 125 of the Wisconsi applicant may be prosecuted for submitting false statements and affidavits gly provides materially false information on this application may be required. Title / Member Misty Inn Owner Phone Number Phone Number 926-229-4335	ed in the f h instance n Statutes in connect to forfeit	shall bation with
assessments or other fees). READ CAREFULLY BEFORE SIGNING been truthfully answered to the best of the application; that the applicant has read a and correct. The undersigned further unvoid, and under penalty of state law, the his application. Any person who knowing than \$1,000. Contact Person's Name (Last, First, M.L.) Signature	E. Under penalty provided by law, the undersigned states that each of the able knowledge of the signer. The signer agrees that he/she is the person name and made a complete answer to each question, and that the answers in each derstands that any license issued contrary to Chapter 125 of the Wisconsi applicant may be prosecuted for submitting false statements and affidavits gly provides materially false information on this application may be required. Title / Member Misty Inn Owner Phone Number Phone Number 926-229-4335	ed in the f h instance n Statutes in connect to forfeit	shall bation with
assessments or other fees). READ CAREFULLY BEFORE SIGNING been truthfully answered to the best of the application; that the applicant has read a and correct. The undersigned further unvoid, and under penalty of state law, the his application. Any person who knowing than \$1,000. Contact Person's Name (Last, First, M.L.)	: Under penalty provided by law, the undersigned states that each of the able knowledge of the signer. The signer agrees that he/she is the person name and made a complete answer to each question, and that the answers in each derstands that any license issued contrary to Chapter 125 of the Wisconsi applicant may be prosecuted for submitting false statements and affidavits gly provides materially false information on this application may be required. Title / Member Misty Inn Owner Phone Number Email Address	ed in the f h instance in Statutes in connect to forfeit	shall bation with

. Legal description (omit if street address is	given on previous page)					_
i. a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicted for violation of any federal laws, any V or municipality? If yes, complete page	the named licensee, ar agent for either a limite I of any offenses (exclusconsin laws, any law ge 3	ny member of a partner d liability company lice uding traffic offenses n s of other states, or ord	iot related to	any county	☐ Yes	No
Are charges for any offenses present the named licensee or any other personal	7,70				☐ Yes	⊠ No
 Except for questions 6a and 6b, have th by you on your last application for this li 	001100				☐ Yes	☑ No
Was the profit or loss from the sale of alcording or Franchise Tax return of the licensee?	ohol beverages for the p		n the Wisco	nsin Income	Yes	□No
					- Xos	□No
Does the applicant understand they mus [phone (608) 266-2776]					/	□ 140
Does the applicant understand that alco from the date of invoice and made avail-	able for mej					
react indebted to any wholes	aler beyond 15 days for	beer or 30 days for liq	uor?		☐ Yes	No No
11. Is the applicant indebted to any whole12. Does the applicant owe municipal properties. Renewal of licenses may be deassessments or other fees).						
READ CAREFULLY BEFORE SIGNING: Le been truthfully answered to the best of the leapplication; that the applicant has read and and correct. The undersigned further under void, and under penalty of state law, the application. Any person who knowingly than \$1,000.	I made a complete answ rstands that any license	ver to each question, ar issued contrary to Ch	nd that the a apter 125 of	the Wiscons	in Statutes in conne	shall be
Contact Persop's Name (Last, First, M.I.) ### Vandre Mark Signature	, P	DWN/	<i>C. Vi.</i> 17	5 - 8 - Email Address	20	
Male		920-290-	4070	ull	<i></i>	
TO BE COMPLETED BY CLERK		hoard	Date license	granted		
Date received and filled with municipal clerk 5/8/20 License number issued	Date reported to council / Light Graph Council / Date license issued	DOEI G		Clerk / Depoty Cl	erk	
AT-115 (R. 5-19)		- 2 -	1 1/1	My 1		
VI-110 fizers and						

Permit Application Outdoor Activity Areas at Alcohol Beverage Licensed Establishments

Permit application requirements. All outdoor activity area permit applications shall include the following:

owir	ıg:	L. Harris stated on
1.	The nam	e and address of the applicant, which must match the name and address stated on cant's corresponding alcohol beverage license.
	Name: _	Moro andre
	Address:	Mant's corresponding alcohol beverage licerise. Man W Qualife 14 N. Capp M St.
2.	match th	ress of the premises upon which the outdoor activity area is located, which must be address of the premises stated on the applicant's corresponding alcohol beverage address of the premises stated on the applicant's corresponding alcohol beverage
	Δddress	s: 114 W. Capran St.
3.	A descri	ption of the proposed outdoor activity area, which shall, at a minimum, molddo the
	ą.	A description of all intended activities to occur in the outdoor activity area. 5141 ng, Talking, SMoking, Drinking, Recating
	b.	A description of all plans for live or recorded entertainment proposed to occur in the outdoor activity area.
		NA
	c.	Proposed hours that the outdoor activity area will be open for use.
		11:00 A.M Close
	d.	A description of any sound amplification devices intended to be used in the outdoor activity area.
		None

anl endezvous

	Legal description (omit if street address is g	iven on previous page):	·			
6.	a. Since filing of the last application, has tember, officer, director, manager or a organization licensee been convicted for violation of any federal laws, any W or municipality? If yes, complete pag	he named licensee, an gent for either a limited of any offenses (exclusions any laws as as any laws	y member of a partierent disability company licens uding traffic offenses not soft of other states, or ordinates.	ee, or nonprofit related to alcohol) ances of any county		×νο
	 b. Are charges for any offenses present the named licensee or any other person 	1	•		Yes	XN
7.	Except for questions 6a and 6b, have the by you on your last application for this lic	S(133) , ,			☐ Yes	ΧN
8.	Was the profit or loss from the sale of alco or Franchise Tax return of the Ilcensee? If	hol beverages for the pl not, explain	revious year reported on the	he Wisconsin Income	Yes	
9					Yes	
10	. Does the applicant understand that alcoh from the date of invoice and made availa	ol beverage involces m ble for inspection by lav	ust be kept at the floenser v enforcement?	d premises for 2 years	Yes	
11	. Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for liquor	?	[] Yes	
1:	 Does the applicant owe municipal prope (Note: Renewal of licenses may be den assessments or other fees). 	rty taxes, assessments ied pursuant to a local	or other fees? ordinance, if the licensee	owes municipal taxes,	Yes	
b a a v tl t	EAD CAREFULLY BEFORE SIGNING: Uneen truthfully answered to the best of the krapplication; that the applicant has read and produced to the produced and correct. The undersigned further undersoid, and under penalty of state law, the application. Any person who knowingly part \$1,000.	made a complete answertands that any license	er to each question, and t issued contrary to Chapt	hat the answers in eac er 125 of the Wisconsi atements and affidavits cation may be required	Statute in conne to forfeit	s shall clion v
ſ	Contact Person's Name (Last, First, M.L.) Bartol, Richard J.		Quartermaster	05/04/20 Email Address	20	
}	Signalure) Birth		Phone Number 920-361-3323	vfwpost29)25@y	ahoo
,						
I	Date received and filed with municipal clerk	Date reported to council / b	/)	te license granted gnature of Clerk / Deputy Cla		
	614177	1 121 1				

Submit to municipal clerk.

Submit to municipal clerk.	
	(mlddle name)
(first name) (first name)	R
Individuals Full Marine (production)	State Zip Code
Pel Chat I Part Office City	(m:10.2.2
Home Address (street/route)	
Der Contact It	Place of Birth Place Of Birth RER MASS
Home Phone Number 7 2 n. 19	M. FALL KIUL MING
Home Phone Number 7228 7228	40
1 470 - 1460	
The above named individual provides the following information as a person who is (check or	10).
The above named individual provides the following and individual	
Applying for an alcohol beverage license as an intervious. A member of a partnership which is making application for an alcohol beverage license as an intervious. A member of a partnership which is making application for an alcohol beverage license as an intervious.	se. 25 of the Veterans of Foreign Wars of d Liability Company or Nonprofit Organization).
Member of a particular of Wells-Krause Fost No. 2017 [V] Sen 107 - Vice - (ommander) (Oillicer / Director / Member / Manager / Agent) The United States, D	d Liability Company or Nonprolit Organization), epartment of Wisconsin
Den 101-VICE-10 Member/Manager/Agent) the United States, D	epartment of coisco.
Ct application to all alloying by the	•
which is making application to the state with the state of the state o	
The chove named individual provides the following information to the house of the later.	(CALS
The above named individual provides the following information to the library of the later. 1. How long have you continuously resided in Wisconsin prior to this date? 2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol be a later to the later than the l	everages) for
1. How long have you seem to any offenses (other than traffic unrelated to account to	ances of any county
violation of any leutral lawor and	date description and
or municipality?	dato, dosarip
If yes, give law or ordinance violated, trial count, that date and potential form.) status of charges pending. (If more room is needed, continue on reverse side of this form.)	
	de alcohol heverages)
to the perthant traffic unitable	
forges presently pending against you (other than dame	ences of any county or
3. Are charges for any offenses presently pending against you (other trial trails or ording the charges for any offenses presently pending against you (other trial trails or ording).	ances of any county or Yes No
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for violation of any lederar laws,	
for violation of any level and the municipality?	arragration/nonprofit
for violation of any lederal taxe, municipality? If yes, describe status of charges pending. If yes, describe status application for or are you an officer, director or agent of the control of the con	a corporation/nonprofit
for violation of any lederal tary, and municipality? If yes, describe status of charges pending. If yes, describe status of charges pending, an officer, director or agent of the charges pending application for or are you an officer, director or agent of the charges pending.	a corporation/nonprofit
for violation of any lederar tarrey municipality? If yes, describe status of charges pending. If yes, describe status of charges pending. Do you hold, are you making application for or are you an officer, director or agent of organization or member/manager/agent of a limited liability company holding or apply beverage license or permit?	a corporation/nonprofit ing for any other alcohol Yes No
for violation of any lederar taxe, and municipality? If yes, describe status of charges pending. If yes, describe status of charges pending. Do you hold, are you making application for or are you an officer, director or agent of organization or member/manager/agent of a limited liability company holding or apply beverage license or permit?	a corporation/nonprofit ing for any other alcohol Yes No
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for violation of any lederar tarrey and municipality? If yes, describe status of charges pending. 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 limited liability company holding or apply organization or member/manager/agent of a limited liability company holding or apply beverage license or permit? If yes, identify. (Name, Location and Type of Licenset/Part of the charge of the control of the control of the charge of the control of the charge of the c	a corporation/nonprofit ing for any other alcohol emil) person or corporation or
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for violation of any lederar tarrey municipality? If yes, describe status of charges pending. 4. Do you hold, are you making application for or are you an officer, director or agent of organization or member/manager/agent of a limited liability company holding or apply beverage license or permit? If yes, identify. (Name, Location and Type of Licenset?) 5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any member/manager/agent of a limited liability company holding or applying for a wholes brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the Stat if yes, identify.	a corporation/nonprofit Ing for any other alcohol Yes No Person or corporation or sale beer permit, e of Wisconsin? (Address By City and County)
for violation of any lederar tare, municipality? If yes, describe status of charges pending. 4. Do you hold, are you making application for or are you an officer, director or agent of organization or member/manager/agent of a limited liability company holding or apply beverage license or permit? If yes, identify. (Name, Location and Type of Licenses/P. 5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any member/manager/agent of a limited liability company holding or applying for a wholes brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State if yes, identify. (Name of Wholesale Licensee or Permittee)	a corporation/nonprofit Ing for any other alcohol Yes No Person or corporation or sale beer permit, e of Wisconsin? (Address By City and County)
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for violation of any least active, municipality? If yes, describe status of charges pending. 4. Do you hold, are you making application for or are you an officer, director or agent of organization or member/manager/agent of a limited liability company holding or apply beverage license or permit? If yes, identify. (Name, Location and Type of Licenset/Property) (Name, Location and Type of Licenset/Property) (Name, Location and Type of Licenset/Property) (Name of Wholesele Licenses or Permittee) (Name of Wholesele Licenses or Permittee) 6. Named individual must list in chronological order last two employers.	a corporation/nonprofit Ing for any other alcohol ermit) person or corporation or sale beer permit, e of Wisconsin? Yes No (Address By City and County) Employed From To 20 To Employed From To
for violation of any lederar tare, municipality? If yes, describe status of charges pending. 4. Do you hold, are you making application for or are you an officer, director or agent of a programment of a limited liability company holding or apply beverage license or permit? If yes, identify. (Name, Location and Type of Licenset Programment of a limited liability company holding or applying for a wholes brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State if yes, identify. (Name of Wholesale Licensee or Permittee) 6. Named individual must list in chronological order last two employers. [Employer's Name]	a corporation/nonprofit ing for any other alcohol ermili) person or corporation or sale beer permit, e of Wisconsin?

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 application, that the applicant has read and made a complete ensured to each question, and that the answers in each metallos are the and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and correct. The undersigned to the understands that any notines issued contrary to onapter 120 or the vidochem characters and affidavits in connection with this applicatured penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this applicaunuel penalty of state law, the applicant may be prosecuted to submitting talse statements and annualities in confident with this application. Any person who knowingly provides materially false information on this application may be required to forfelt not more than \$1,000.

Submit to municipal clerk.

		(middle nar	ne)
individual's Full Name (please print) (last name)	(first name)	Ó	
Young bauer	David	State	Zip Code
Inna Address (street/rolle)	l Office	WI	54923
1 (1) (1	erlin Berlin	Place of Pl	dh
DII DUGITANIZA 10 0	Age Date of Birth	1 170	erlin
fome Phone Number	72 09/30	1/1947 156	100710
920-361-4171	11111111111111111111		
The above named individual provides the following	ng information as a person who is <i>(chec</i>	k onθ):	
	all markings.		
Applying for an alcohol beverage license de A member of a partnership which is making Manager / Agent (Officer / Director / Member / Menager / Agent)	annication to an alcohol box as	ense. 2025 of the Veterans	of Foreign Wars of
A member of a parameter of	of Wells-Krause Post No. 2	AND OF THE ACCUANG	(Organization)
Manager / Member / Menager / Agent)	of Wells-Krause Post No. 2 The United States, everage license.	Department	of Wisconsi
which is making application for an alcohol be	everage license.		
which is making application to all account		r.	
The above named individual provides the following	ing information to the licensing details	O House	
The above named individual provides the following. 1. How long have you continuously resided in V	Wisconsin prior to this date r	of boverages) for	
o User you over been convicted of any offense	68 fortier triair aging and	withous of any county	
Have you ever been convicted of any offense violation of any federal laws, any Wisconsin or municipality?	laws, any laws of any other states of or	quianos or any	Yes X No
violation of the rounding to the rounding th		Mar data description and	_ · · · · ·
of municipality	ourt, trial date and penalty imposed, and	1	
or municipality? If yes, give law or ordinance violated, trial contents of charges nending. (If more room is not	ourt, trial date and penalty imposed, and eeded, continue on reverse side of this form	.)	
If yes, give law or ordinance violated, that of	eeded, continue on reverse side of this form	.)	
If yes, give law or ordinance violated, that do status of charges pending. (If more room is no status of charges for any offenses presently pending).	eeded, continue on reverse side of this form	.) lated to alcohol beverage:	š)
If yes, give law or ordinance violated, that do status of charges pending. (If more room is no status of charges for any offenses presently pending).	eeded, continue on reverse side of this form	.) lated to alcohol beverage:	š)
status of charges pending. (If more room is not status of charges pending.) 3. Are charges for any offenses presently pend for violation of any federal laws, any Wiscon	eeded, continue on reverse side of this form ding against you (other than traffic unre nsin laws, any laws of other states or or	.) lated to alcohol beverage: dinances of any county or	s) ☐ Yes 🎾 No
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3. Are charges for any offenses presently pend for violation of any federal laws, any Wiscon municipality? 1. To you hold, are you making application for the status of charges pending.	eeded, continue on reverse side of this form ding against you (other than traffic unre asin laws, any laws of other states or or or are you an officer, director or agent	alted to alcohol beveraged dinances of any county of a corporation/nonprofit plying for any other alcohol.	s) [] Yes \bigvee No
status of charges pending. (If more room is not status of charges pending. (If more room is not status of charges for any offenses presently pend for violation of any federal laws, any Wisconmunicipality? If yes, describe status of charges pending.	eeded, continue on reverse side of this form ding against you (other than traffic unre asin laws, any laws of other states or or or are you an officer, director or agent	alted to alcohol beveraged dinances of any county of a corporation/nonprofit plying for any other alcohol.	s) [] Yes \bigvee No
If yes, give law or ordinance violated, that do status of charges pending. (If more room is not for violation of any federal laws, any Wiscon municipality? If yes, describe status of charges pending. Do you hold, are you making application for organization or member/manager/agent of a beverage license or permit?	eeded, continue on reverse side of this formating against you (other than traffic unreasin laws, any laws of other states or or or are you an officer, director or agent a limited liability company holding or appropriate the set of	alted to alcohol beverages dinances of any county or of a corporation/nonprofit plying for any other alcoholes	ol Yes X N
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If yes, give law or ordinance violated, that do status of charges pending. (If more room is not for violation of any offenses presently pending violation of any federal laws, any Wiscon municipality? If yes, describe status of charges pending. Do you hold, are you making application for organization or member/manager/agent of a beverage license or permit? If yes, identify.	eeded, continue on reverse side of this formating against you (other than traffic unreasin laws, any laws of other states or or or are you an officer, director or agent a limited liability company holding or application, stockholder, agent or employe of a	alted to alcohol beverages dinances of any county or of a corporation/nonprofit plying for any other alcohology person or corporation	ol Yes X No
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If yes, give law or ordinance violated, that do status of charges pending. (If more room is not for violation of any federal laws, any Wiscon municipality? If yes, describe status of charges pending. Do you hold, are you making application for organization or member/manager/agent of a beverage license or permit? If yes, identify.	eeded, continue on reverse side of this formating against you (other than traffic unreasin laws, any laws of other states or or or are you an officer, director or agent a limited liability company holding or application, stockholder, agent or employe of a	alted to alcohol beverages dinances of any county or of a corporation/nonprofit plying for any other alcohology person or corporation	ol Yes X No
 If yes, give law or ordinance violated, that do status of charges pending. (If more room is not status of charges pending. (If more room is not for violation of any federal laws, any Wiscon municipality? Yes, describe status of charges pending. Do you hold, are you making application for organization or member/manager/agent of a beverage license or permit? Yes, identify. Do you hold and/or are you an officer, direct member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, identify. 	ding against you (other than traffic unreasin laws, any laws of other states or or or are you an officer, director or agent a limited liability company holding or applying for a who company holding or applying for a who manufacturer or rectifier permit in the S	alted to alcohol beverages dinances of any county of a corporation/nonprofit plying for any other alcoholesele beer permit, state of Wisconsin?	ol Yes X No
 If yes, give law or ordinance violated, that do status of charges pending. (If more room is not status of charges pending.) Are charges for any offenses presently pend for violation of any federal laws, any Wiscon municipality? If yes, describe status of charges pending. Do you hold, are you making application for organization or member/manager/agent of a beverage license or permit? If yes, identify. Do you hold and/or are you an officer, direct member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, if yes, identify. 	ding against you (other than traffic unreasin laws, any laws of other states or or or are you an officer, director or agent a limited liability company holding or applying for a who manufacturer or rectifier permit in the Staticensee or Permittee)	alted to alcohol beverages dinances of any county or of a corporation/nonprofit plying for any other alcohology person or corporation	ol Yes X No
 If yes, give law or ordinance violated, that do status of charges pending. (If more room is not for violation of any offenses presently pend for violation of any federal laws, any Wiscon municipality? Yes, describe status of charges pending. Do you hold, are you making application for organization or member/manager/agent of a beverage license or permit? Yes, identify. Do you hold and/or are you an officer, direct member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, if yes, identify. 	ding against you (other than traffic unreasin laws, any laws of other states or or or are you an officer, director or agent a limited liability company holding or applying for a who manufacturer or rectifier permit in the Staticensee or Permittee)	aled to alcohol beverages dinances of any county of of a corporation/nonprofit plying for any other alcoholesale beer permit, state of Wisconsin?	ol Yes No or Yes Yes No nd County)
 If yes, give law or ordinance violated, that do status of charges pending. (If more room is not status of charges pending.) Are charges for any offenses presently pend for violation of any federal laws, any Wiscon municipality? If yes, describe status of charges pending. Do you hold, are you making application for organization or member/manager/agent of a beverage license or permit? If yes, identify. Do you hold and/or are you an officer, direct member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, if yes, identify. (Name of Wholesale Named individual must list in chronological 	ding against you (other than traffic unreasin laws, any laws of other states or or or are you an officer, director or agent a limited liability company holding or applying for a who manufacturer or rectifier permit in the Staticensee or Permittee)	alted to alcohol beverages dinances of any county of of a corporation/nonprofit plying for any other alcoholesale beer permit, state of Wisconsin?	ol Yes No or Yes Yes No
If yes, give law or ordinance violated, that do status of charges pending. (If more room is not status of charges pending.) Are charges for any offenses presently pend for violation of any federal laws, any Wiscon municipality? If yes, describe status of charges pending. Do you hold, are you making application for organization or member/manager/agent of a beverage license or permit? If yes, identify. Do you hold and/or are you an officer, direct member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, if yes, identify. (Name of Wholesale). Remotiver's Name.	ding against you (other than traffic unreasin laws, any laws of other states or or or are you an officer, director or agent a limited liability company holding or applying for a who manufacturer or rectifier permit in the States or Permittee) I order last two employers.	iated to alcohol beverage: dinances of any county or of a corporation/nonprofit plying for any other alcoholesale beer permit, state of Wisconsin? (Address By City a From 1977 C)	ol Yes No or Yes No not Gounty)
 If yes, give law or ordinance violated, that do status of charges pending. (If more room is not status of charges pending.) Are charges for any offenses presently pend for violation of any federal laws, any Wiscon municipality? If yes, describe status of charges pending. Do you hold, are you making application for organization or member/manager/agent of a beverage license or permit? If yes, identify. Do you hold and/or are you an officer, direct member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, if yes, identify. (Name of Wholesale Named individual must list in chronological Employers Name 	ding against you (other than traffic unreasin laws, any laws of other states or or or are you an officer, director or agent a limited liability company holding or applying for a who manufacturer or rectifier permit in the States or Permittee) I order last two employers.	iated to alcohol beverage: dinances of any county or of a corporation/nonprofit plying for any other alcoholesale beer permit, state of Wisconsin? (Address By City a From 1977 C)	ol Yes No or Yes No not County)
 If yes, give law or ordinance violated, that do status of charges pending. (If more room is not for violation of any federal laws, any Wiscon municipality? Yes, describe status of charges pending. Do you hold, are you making application for organization or member/manager/agent of a beverage license or permit? 	ding against you (other than traffic unreasin laws, any laws of other states or or or are you an officer, director or agent a limited liability company holding or applying for a who manufacturer or rectifier permit in the States or Permittee) I order last two employers.	iated to alcohol beverage: dinances of any county or of a corporation/nonprofit plying for any other alcoholesale beer permit, itate of Wisconsin? (Address By City a Employed From	ol Yes No or Yes Yes No

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 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.

6.	Legal description (omit if street address is given on previous page):		
	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3	☐ Yes	⋈ No
	b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3	☐ Yes	X No
7.	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	Yes	M No
8.	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income	Ž kYes	Mo
Ο.	or Franchise Tax return of the licensee? If not, explain	N/169	
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit?	Yes	∏ No
	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?	Yes	□ No
11	. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	☐ Yes	No
	and the state of t	☐ Yes	No.
	(Note: Renewal of licenses may be defined pursuant to a local ordinance; it the meanage assessments or other fees).		
RII be ap ar vo thi	(Note: Renewal of licenses may be defined pursuant to a local criminate, it the most assessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the absent ruthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name oplication; that the applicant has read and made a complete answer to each question, and that the answers in each addition correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsir and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000. Title / Member	ove quest ed in the fo instance Statutes in connec to forfeit	ions has pregoing are true shall be tion witl
RI be ap an vo	(Note: Renewal of licenses may be defined pursuant to a local criminate, it the most assessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above the new truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name oplication; that the applicant has read and made a complete answer to each question, and that the answers in each addition of the undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsing, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000. Title / Member Date 5-5- Phone Number Email Address	ove quested in the formation instance a Statutes in connected to forfeit	ions has pregoing are true shall be shall be tion with not more
RII be ap an vo	(Note: Renewal of licenses may be defined pursuant to a local criminator, it the months assessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the absent ruthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name application; that the applicant has read and made a complete answer to each question, and that the answers in each according to the undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsing, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000. Title / Member Date 5-5 Phone Number Email Address	ove quested in the formation instance a Statutes in connected to forfeit	ions has pregoing are true shall be stion with not more
RI be ap an vo	(Note: Renewal of licenses may be defiled pursuant to a local distribution of the absence of the fees). EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the absence that he states are also the knowledge of the signer. The signer agrees that he/she is the person name splication; that the applicant has read and made a complete answer to each question, and that the answers in each decorrect. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsir oid, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000. Ontact Person's Name (Last, First, M.I.) Title / Member OWN Phone Number Phone Number Phone Number Phone Number OWN Email Address First Address OBE COMPLETED BY CLERK	ove quested in the formation instance a Statutes in connected to forfeit	ions has pregoing are true shall be shall be tion with not more
Ribe apparatus the Control of the Co	(Note: Renewal of licenses may be denied pursuant to a local cromatice, it is assessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the absent truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name polication; that the applicant has read and made a complete answer to each question, and that the answers in each docrrect. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000. Ontact Person's Name (Last, First, M.I.) Phone Number Phone Number Phone Number Date 5-5- Email Address Final Address Final Address Completed to council / board Date license granted	ove quested in the folial instance in Statutes in connect to forfeit	ions has pregoing are true shall be stion with not more
Ribe approximately the control of th	(Note: Renewal of licenses may be defiled pursuant to a local ordinance, it in a local ordinance, it is assessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above the truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name application; that the applicant has read and made a complete answer to each question, and that the answers in each additional correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsir side, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000. Ontact Person's Name (Last, First, M.I.) Title / Member ONNO Phone Number Final Address Final Address Final Address COMPLETED BY CLERK Date reported to council / board Date license granted	ove quested in the folial instance in Statutes in connect to forfeit	ions has pregoing are true shall be stion with not more

APPLICATION FOR AMUSEMENT DEVICE LICENSE For License Year Ending June 30, 2021

State of Wisconsin County of Green Lake City of Berlin

TO: Jodie Olson, City Clerk Bérlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

OT ATT OWNER ON MANIACI	ER OF BUSINESS: (Wolcie, Bernott
NAME OF OWNER OR MANAGE	
ADDRESS OF PREMISES TO BE	LICENSED: 19 IN FEAT 1 ST IDENTIFICATION
RESIDENCE OF OWNER OR MA	MAGER: 119 A N Pearl St Berlin
DESCRIPTION OF DEVICES:	1. Power Player
	2. Spooky 2
	3.SDOOKY Cash
	4. Spooky 2
	5. Deer Hunter 2
	6. Pool Table
	7. Touch Tunes
	8. Dart Board
	9. Pot o Silver
. '	10. PULLTOD
DATE OF APPLICATION: 5 -	-5-20
RECEIPT NUMBER:	
	ALO OO DED DEVICE

LICENSE FEE: \$10.00 PER DEVICE

SIGNATURE OF APPLICANT

5.	Legal description (omit if street address i	s given on previous pag	e):				
6.	a. Since filing of the last application, ha member, officer, director, manager of organization licensee been convicted for violation of any federal laws, any or municipality? If yes, complete page 1	r agent for either a limi ed of any offenses (ex Wisconsin laws, anv la	ted liability company il- cluding traffic offenses ws of other states, or c	censee, or nonp not related to a ordinances of an	icont ilcohol) y county	☐ Yes	 No
	b. Are charges for any offenses prese the named licensee or any other per	ntly pending (excluding sons affiliated with this l	traffic offenses not relicense? If yes, explai	ated to alcohol) n fully on page	against 3	☐ Yes	⊠ No
7.	Except for questions 6a and 6b, have t by you on your last application for this Agent added.	here been any changes license? If yes, explai	n			图 Yes	`.No
	1						
8.	Was the profit or loss from the sale of all or Franchise Tax return of the licensee?	cohol beverages for the	previous year reported	on the Wisconsii	Income	⊠ Yes	□No
9.	Does the applicant understand they mu [phone (608) 266-2776]	st hold a Wisconsin Sel	ler's Permit?				□No
10.	Does the applicant understand that alco	hol beverage invoices n able for inspection by la	nust be kept at the licer w enforcement?	sed premises fo	r 2 years	✓ Yes	□No
11.	Is the applicant indebted to any wholes	aler beyond 15 days for	beer or 30 days for liq	uor?		☐ Yes	⊠ No
12	Does the applicant owe municipal property (Note: Renewal of licenses may be deassessments or other fees).	erty taxes, assessments nied pursuant to a local	s, or other fees? ordinance, if the licens	ee owes munici	pal taxes,	☐ Yes	⊠ No
be ap an voi thi	AD CAREFULLY BEFORE SIGNING: Usen truthfully answered to the best of the kolication; that the applicant has read and discorrect. The undersigned further under distance, and under penalty of state law, the application. Any person who knowingly in \$1,000.	nowledge of the signer. made a complete answ stands that any license	re signer agrees that er to each question, an issued contrary to Cha red for submitting false	d that the answe opter 125 of the statements and	ers in each Wisconsin affidavits ir	instance Statutes connect	are true shall be ion with
Co	ntact Person's Name (Last, First, M.I.)		Title / Member	Date	/11/2a	2 (Y	
Sig	Closed & Lindy		Member Phone Number	Email	/11/20 Address Idanie lka		
	Lindy Dolyd		920-293-17	38 lind	y danie 1/k/	Dgmail.	Сом
_	BE COMPLETED BY CLERK						
	te received and filed with municipal clerk	Date reported to council / bo		Date license granted			•
Lic	ense number issued	Date license issued	/ 1	Signature of Clerk / I	Deputy Clark		-
L. AT-	115 (R. 5-19)	-	2 -	- /)		

Submit to municipal clerk.

	\		(middle name)	· · · - ·
Individual's Full Name (please print) (last name)	(first n	ame)	Danielle	
Cloyd	Lindy		State Zip Co	ode
Home Address (street/route)	Post Office	City		
N619 29th Ave Home Phone Number		Neshkoro	W(5 ^t	1960
Home Phone Number	Age	Date of Birth	Place of Birth	C1 1 C1 2
920-293-1738	36	2/21/84	Fond du	ac, WI 5493.
The above named individual provides the foll		person who is (check one):		
Applying for an alcohol beverage license	e as an individual .			
A member of a partnership which is ma	king application for an a	Icohol beverage license.		
Member / Manager / Agen [Officer / Director / Member / Manager / Agen	of Rivers	(Name of Corporation, Limited Liab	in pany ILC ility dompany dr Nonprofit Organi	zalion)
which is making application for an alcoh				
The above named individual provides the foll 1. How long have you continuously resided	lowing information to the	licensing authority:		
Have you ever been convicted of any offer violation of any federal laws, any Wisconsor municipality? If yes, give law or ordinance violated, trial status of charges pending. (If more room in the contract of the co	enses (other than traffic to sin laws, any laws of the laws of law	unrelated to alcohol beverage of the states or ordinance	e, description and	☐ Yes ☑ No
Are charges for any offenses presently p for violation of any federal laws, any Wise municipality? If yes, describe status of charges pendin	consin laws, any laws of 	other states or orginalices	S of any county of	☐ Yes 【 No
4. Do you hold are you making application	for or are you an officer			
organization or member/manager/agent beverage license or permit?	of a limited liability comp	any noiging of applying to	any other accords	Yes X No
organization or member/manager/agent beverage license or permit?	of a limited liability comp	cation and Type of License/Permit) It or employe of any person	n or corporation or eer permit,	,
organization or member/manager/agent beverage license or permit?	of a limited liability comp (Name, Loc rector, stockholder, agen lity company holding or a or, manufacturer or rectifi	cation and Type of License/Permit) It or employe of any person	n or corporation or eer permit,	Yes No
organization or member/manager/agent beverage license or permit?	of a limited liability comp (Name, Loc rector, stockholder, agen lity company holding or a or, manufacturer or rectifi	tany noiding of applying to callion and Type of License/Permit) at or employe of any person applying for a wholesale being permit in the State of Warrens.	n or corporation or eer permit, Visconsin?	Yes No
organization or member/manager/agent beverage license or permit?	of a limited liability comp (Name, Loc rector, stockholder, agen lity company holding or a or, manufacturer or rectifi (Sale Licensee or Permittee) cal order last two employ ployer's Address	tany noiding of applying to callon and Type of License/Permit) at or employe of any person applying for a wholesale being permit in the State of Wers.	n or corporation or eer permit, Visconsin?	☐ Yes ☑ No
organization or member/manager/agent beverage license or permit?	of a limited liability comp (Name, Loc rector, stockholder, agen lity company holding or a or, manufacturer or rectifi sale Licensee or Permittee) cal order last two employ ployer's Address 225 S. Main St. Fa	tany noiding of applying to callion and Type of License/Permit) at or employe of any person applying for a wholesale being permit in the State of Wers.	n or corporation or eer permit, Visconsin?	☐ Yes ☑ No
organization or member/manager/agent beverage license or permit?	of a limited liability comp (Name, Loc rector, stockholder, agen lity company holding or a or, manufacturer or rectifi (Stale Licensee or Permittee)	tany holding of applying to callon and Type of License/Permit) at or employe of any person applying for a wholesale being permit in the State of Wers.	n or corporation or eer permit, Visconsin?	Yes No

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.

De Cisignature of Nymed (paividual)

Permit Application Outdoor Activity Areas at Alcohol Beverage Licensed Establishments

Permit application requirements. All outdoor activity area permit applications shall include the following:

1.	the an	rme and address of the applicant, which must match the name and address stated on olicant's corresponding alcohol beverage license.
	Name:	Riverside Coffice Company LLC
	Addres	Riverside Coffice Company, LLC 170 W. Huron St., Berlin, W: 54923
2.	The admatch	ldress of the premises upon which the outdoor activity area is located, which must the address of the premises stated on the applicant's corresponding alcohol beverage
3.	A desc	ription of the proposed outdoor activity area, which shall, at a minimum, include the ng information:
	ą.	A description of all intended activities to occur in the outdoor activity area. Outdoor seating area & Give Music & beverage consumption.
	b.	A description of all plans for live or recorded entertainment proposed to occur in the outdoor activity area. Live music pariedically
	c.	Proposed hours that the outdoor activity area will be open for use.
	d.	A description of any sound amplification devices intended to be used in the outdoor activity area.

Map For Riverside Coffee Company For Outdoor Activity Permit Application Per Phone Call W/ Benjamin (1044)

Rix 128 Coffee Co

5	Legal description (omit if street address is giv	en on previous page):					
3. 3.	a. Since filing of the last application, has the member, officer, director, manager or age organization licensee been convicted of for violation of any federal laws, any Wistor municipality? If yes, complete page	e named licensee, an ent for either a limited f any offenses (excli	y member of a partner d liability company lice uding traffic offenses r	not related t dinances of	to alcohol) any county	Yes '	⊠ No
	b. Are charges for any offenses presently the named licensee or any other persons	ee (leadine +	roffin affances not relat	ted to alcoh	ol) against	☐ Yes	ĭ⊠No
	the named licensee or any other persons	alimatod with time in-	•				
7.	Except for questions 6a and 6b, have there by you on your last application for this licer	7.	n the answers to the c			Yes	□ÏNo
					<u> </u>		
8.	Was the profit or loss from the sale of alcohor Franchise Tax return of the licensee? If r	ol beverages for the proof, explain	revious year reported o	n the Wisco	onsin Income	Yes	□No
9	Does the applicant understand they must be [phone (608) 266-2776]	old a Wisconsin Selle	er's Permit?			X Yes	☐ No
10	. Does the applicant understand that alcohol from the date of invoice and made available	beverage invoices me for inspection by law	ust be kept at the licen venforcement?	sed premis	es for 2 years	Yes	
4.4	. Is the applicant indebted to any wholesale					Yes	No
12	 Does the applicant owe municipal property (Note: Renewal of licenses may be denie assessments or other fees). 	/ taxes, assessments, d pursuant to a local	or other fees? ordinance, if the licens	ee owes m	unicipal taxes,	☐ Yes	
b a a v th	EAD CAREFULLY BEFORE SIGNING: Und een truthfully answered to the best of the kno pplication; that the applicant has read and mand correct. The undersigned further understable, and under penalty of state law, the application. Any person who knowingly properties and \$1,000.	ade a complete answer ands that any license	er to each question, an issued contrary to Cha ed for submitting false e information on this ap	d that the a apter 125 of statements aplication m	nswers in each the Wisconsin and affidavits ay be required	Statute Statute in conne to forfeit	s are true s shall be ction with not more
Г	Contact Person's Name (Last, First, M.I.)		Title / Member		5/5/	2020	}
	OMICHINSKI, MICHERLE A		MEMBER. Phone Number		Email Address		
	OMICHINSKI, MICHERIE A Signatura Michelly Almichine	fer .	Phone Number 212 952	59	5/5/ Email Address Heavth	aver ye	aproo.con
-				<u></u>			
7	O BE COMPLETED BY CLERK	Date reported to council / be	oard	Date license	granted		·
	Date received and filed with municipal clerk	6/9/20)	Clampture of	Clerk / Deputy Cier	ik	
-	License number issued	Date license Issued	(A A	elec De		
Ì			2 -	- 0,000	0/	~	
1	XT-115 (R. 5-19)	_	-		•		

Submit to municipal clerk.

di idualla Full Name (please print) (last name)	(first nan	ne)	(middle n	ame)
ndividual's Full Marile (predee printy	Janet		Lyr	nn
Broesch	Post Office	City	State	Zip Code
Home Address (street/route)		Berlin	WI	54923
217 E. Park Avenue	Age	Date of Birth	Place of f	osha, WI
Iome Phone Number	53	10/08/66	Ken	osha, WI
312-218-3878	100	10/00/44		
he above named individual provides the form Applying for an alcohol beverage licens A member of a partnership which is making application for an alcohol	se as an individual . taking application for an alc of <u>The Art Ba</u>	ohol beverage license.	bility Company or Nonpro	fit Organization)
which is making application for an alee		icensing authority		
The above named individual provides the f	ollowing information to the I	detections / fig.	.	
How long have you continuously reside Have you ever been convicted of any o	a in Wieconsin Dilli la Illa	ualei i <i>n ii e a k</i> '	rages) for	
 Have you ever been convicted of any over violation of any federal laws, any Wiscons or municipality? If yes, give law or ordinance violated, trees 	onsin laws, arry laws of arry	Ottos otatos of arministra		Yes N
If yes, give law or ordinance violated, tr	fal court, that date and pen-	any impossed, arrain		
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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/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.

Submit to municipal clerk.

	Submit to municipal ciert.	
laditiduelle Full Name (please print) (last name)	(first name)	(middle name)
Illidividual 2.1 dii 14cmo Abio 200 Francy	David	Joseph
Macknick	Post Office City	State Zip Code
Home Address (street/route)	Berlin	WI 54923
136 PIERCE TI		, Piace of Birth
136 Piente ST Home Phone Number 312-237.0884	Age Date of Birth 55 0 (25/	WI 54923 164 BERWAN, IL
	lowing information as a person who is (check o	ne):
Applying for an alcohol beverage license	e as an individual.	
Applying for all alcohol beverage liberts.	aking application for an alcohol beverage licen	se.
A member of a partiership which is the	of The Art Bar, LLC	
A MENBER (Officer / Director / Member / Manager / Ager	nt) (Name of Corporation, Limite	ed Liabilily Company or Nonprofit Organization)
which is making application for an alcoh	nol beverage license.	
The above named individual provides the fo	llowing information to the licensing authority:	04145
 How long have you continuously resided 	I in Wisconsin prior to this date? Z W	everages) for
	takana /othor than trame incelaled ii) algullul v	EAGINGCO) IOI
IIIw.r\Alipoor	sem laure any laws in ally units attace of elem-	
or municipality?	al court, trial date and penalty imposed, and/or	date, description and
If yes, give law or ordinance violated, tria	is needed, continue on reverse side of this form.)	
a Anachargas for any offenses presently t	pending against you (other than traffic unrelate	d to alcohol beverages)
municipality?		∐ Yes ⊅ No
If yes, describe status of charges pendir	ng	tion hopprofit
	a for or are venion an emicer director or augus or s	a corporation/homptoni
heverage license or permit?		
If yes, identify.	(Name, Location and Type of License/Pe	ermit)
	lirector, stockholder, agent or employe of any p	person or corporation or
member/manager/agent or a limited had	olity company flouring of applying for a misles or, manufacturer or rectifier permit in the State	e of Wisconsin? 🔲 Yes 💢 N
brewery/winery permit of wholesale liqu	in the state of th	
If yes, identify.	lesale Licensee or Permittee)	(Address By City and County)
	rical order last two employers.	
	mployer's Address	Employed From To
Employer's Name	273N. MICHICAN (HUNGILLA	9 5/15 MEESON7
AMIROSI INSULANCE	imployer's Address	Employed From To
MA A CALLER HARLANDE	imployer's Address 23N. MICHICAN, LHICASILLA imployer's Address 540N. LAK SHOW Dz., LHICAGILLA	ON 1/17 1 3 (/)
1" (HCKNICK MEDIATION)	11-0	,
	Under penalty provided by law, the undersign	and states that each of the above questions h
	Under penalty provided by law, the undersign knowledge of the signer. The signer agrees the	iell states that each of the apolo dans

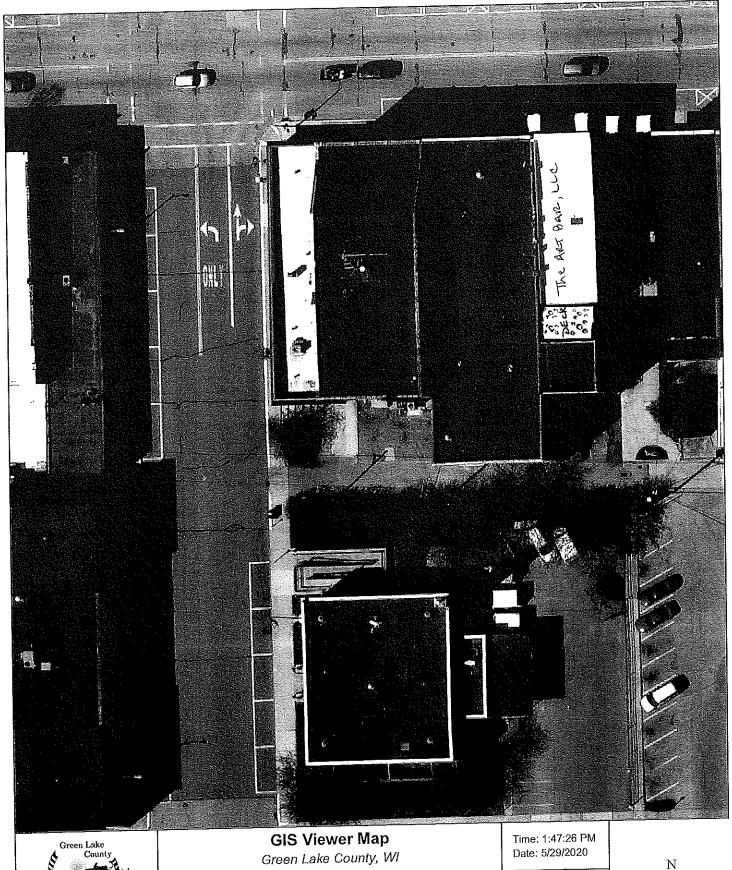
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and 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 force that \$1,000.

(Signature of Named Individual)

Permit Application Outdoor Activity Areas at Alcohol Beverage Licensed Establishments

Permit application requirements. All outdoor activity area permit applications shall include the following:

1.	The na	me and address of the applicant, which must match the name and address stated on plicant's corresponding alcohol beverage license.
	Name:	JANET BROESCH
		S. 217 E. PARKANE, BERLIN, WI 54923
2.	The ad match license	dress of the premises upon which the outdoor activity area is located, which must the address of the premises stated on the applicant's corresponding alcohol beverage
	Addres	ss: 114 N. HURON ST. BERLIN, WI 54923
3.	A desc followir	ription of the proposed outdoor activity area, which shall, at a minimum, include the ng information:
	ą.	A description of all intended activities to occur in the outdoor activity area.
		Tables & Chairs, Cocffails, beer & wine serVED.
	b.	A description of all plans for live or recorded entertainment proposed to occur in the outdoor activity area.
		NONE
	C.	Proposed hours that the outdoor activity area will be open for use.
		THURS & PRI. 3 pm - ZAM SAT. 3pm - ZAM
	d.	A description of any sound amplification devices intended to be used in the outdoor activity area.
		NONE





Note:

Geographic Information System (GIS) https://gis.co.green-lake.wi.us/



Date: June 9, 2020

TO: Common Council

From: Midge Seaman and Susan Thom

RE: 2020 – 2022 OPERATOR LICENSE APPLICATIONS

<u>BACKGROUND:</u> Bartender licenses applications, see attached list (approved by the Berlin PD)

RECOMMENDATION: Grant or deny the licenses

John	Р	Wahlers	200 Spring St	Berlin	WI	54923
Annamae	Jean	Caswell	N9417 Ladwig Ln	Berlin	WI	54923
Todd	Raymond	Janzen	476 Center St	Berlin	WI	54923
April	Lynn	Roberts	298 E Huron St	Berlin	WI	54923
James	Eric	Saldana	W4822 S Pearl Lake Rd	Redgranite	WI	54970
Austin	Laine	Peterson	143 Water St. Apt #206	Berlin	WI	54923
Stephanie	·	Koscher	149 W Huron St	Berlin	WI	54923
Charmaine		Kivi	180 E Huron St	Berlin	WI	54923
Debra	Ann	Норра	N7977 State Rd 49	Berlin	WI	54923
Dawn	Marie	Treleven	833 Harrison Ave	Omro	WI	54963
Abbey	Jayne	Freimark	123 N Wisconsin	Berlin	WI	54923
Andrew	James	Tessaro	274 N Hunter St	Berlin	WI	54923
Brieanne	Rose Lee	Chappa	W5322 State Rd 21	Wautoma	WI	54982
Timothy	Ryan	Dunn	113 W Noyes St Apt. B	Berlin	WI	54923
Linda	М	Quinonez	135 S Swetting	Berlin	WI	54923
Emily	Jean	Konrad	294 N Wisconsin	Berlin	WI	54923
Sophie	M	Wasniak	165 Smith	Berlin	WI	54923
Dawn	К	Ostrander	8696 Grams Rd	Ripon	WI	54971
Renee	Marie	Trochinski	594 Rural St	Berlin	WI	54923
Theresa	М	Sahotsky	422 LaFayette	Berlin	WI	54923
Erica	Elaine	Estrada	119 N Wisconsin St	Berlin	WI	54923
Cindy	Lou	Kemnitz	206 Mound St	Berlin	WI	54923
Joy	L	Przybyl	N1260 Cty XX	Berlin	WI	54923
Eric	W	Anderson	331 E Fond du Lac St	Ripon	WI	54971
Jessica	M	Garza	289 E Huron St	Berin	WI	54923
Cozette	Noel	Cismoski	209 N Capron St	Berlin	WI	54923
Judith	Joan	Gudex	W8403 Royal Oaks Dr	Wautoma	WI	54982
James	E	Patt	N272 Hidden Springs Dr	Neshkoro	WI	54960
Gary		Pierce	429 SW Ceresco St	Berlin	WI	54923
Beth	Elaine	Hadel	105 E Lohrville Ave	Redgranite	WI	54970
Andrew	F	Jahr	707 N Plum Ave	Marshfield	WI	54449
Melissa	Mae	Beulen	319 E Huron St	Berlin	WI	54923
Terri	Lynn	Faeh	595 Highknocker Trl	Green Lake	WI	54941
Frank	-,	Podbregar	508 E Main St	Wautoma	WI	54982
Mary	E	Nitschke	176 N Washington St	Berlin	WI	54923
Hunter	Douglas	Hurley	610 Cottonville Ct	Redgranite	WI	54970
Crystal	Anne	King	172 Oak St	Berlin	WI	54923
Nicole	M	Werdin	W4604 Buttercup Dr	Redgranite	WI	54970
Cleo	K	Johnson	840 Metomen St Apt 9	Ripon	WI	54971
Marisa	Danielle	Grizzard	495 Oak St Apt 201	Berlin	WI	54923
Derik	Kendal	Groves	W2288 Rock St	Berlin	WI	54923
Laura	L	Koeppl	561 S Evergreen St	Wautoma	WI	54982
Emily	Ann	Deppe	W2509 Hwy H	Poy Sippi	WI	54967
Darlene	Kay	Westphal	W3943 Beechnut Ln	Redgranite	WI	54970
	Reuben	Price	339B S Monroe St	Berlin	WI	54923
James	Edith	Borst	N4617 21st Dr	Wild Rose	WI	54984
Emily		Medrano	176 Jefferson St	Berlin	WI	54923
Steven	Styles		151 N Pearl St	Berlin	WI	54923
Diane	M	Kelly	475 Webster St	Berlin	WI	54923
Brandy	J	Knappenberger	14/3 Mensiel of	Deluiii	1441	31323