



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages.  Yes  No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler?  Yes  No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion.  Yes  No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?  Yes  No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees?  Yes  No

**Part C: Individual Information**

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

**Part D: Attestation**

One of the following must sign and attest to this application:  
 • sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>U'Ren</i>		First Name <i>Laura</i>		M.I. <i>A</i>
Title <i>owner</i>	Email		Phone <i>(608) 574-1805</i>	
Signature <i>Laura A. U'Ren</i>			Date <i>5-5-26</i>	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)



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

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

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <i>Red Room Inc.</i>	
2. Business Trade Name or DBA <i>Red Room Bar &amp; Restaurant</i>	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name <i>U'Ren</i>		2. First Name <i>Laura</i>	
4. Relationship to Business (Title) <i>owner</i>		5. Email	
7. Home Address <i>811 Ridge St.</i>		6. Phone <i>608-574-1800</i>	
8. City <i>Mineral Point</i>		9. State <i>WI</i>	10. Zip Code <i>53565</i>
11. Date of Birth <i>8-13-66</i>		13. Driver's License/State ID State of Issuance <i>WI</i>	
12. Driver's License/State ID Number <i>W650 S216-679302</i>			

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin .....			(MM/YYYY) <i>8-13-66</i>
2. List in chronological order all of your addresses <b>within the last 5 years</b> . Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated <i>DWI - 1st offense</i>	Location <i>Dodgeville</i>	Conviction Date <i>2001</i>
Penalty Imposed <i>Loss of license 6 months</i>		Was sentence completed? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated <i>DWI - 2nd offense</i>	Location <i>Dodgeville</i>	Conviction Date <i>2003</i>
Penalty Imposed <i>30 days</i>		Was sentence completed? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *Sandra A. Ufer* Date *5-7-26*

# Alcohol Beverage Individual Questionnaire

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

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

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

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) <span style="font-size: 1.2em; font-family: cursive;">The Red Room</span>			
2. Business Trade Name or DBA <span style="font-size: 1.2em; font-family: cursive;">Red Room Bar + Restaurant</span>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization			

<b>Part B: Individual Information</b>			
1. Last Name <span style="font-size: 1.2em; font-family: cursive;">W. Ren</span>		2. First Name <span style="font-size: 1.2em; font-family: cursive;">Kelly</span>	
		3. M.I. <span style="font-size: 1.2em; font-family: cursive;">I</span>	
4. Relationship to Business (Title) <span style="font-size: 1.2em; font-family: cursive;">Agent</span>		5. Email	
		6. Phone <span style="font-size: 1.2em; font-family: cursive;">608-341-6999</span>	
7. Home Address <span style="font-size: 1.2em; font-family: cursive;">818 Center St</span>			
8. City <span style="font-size: 1.2em; font-family: cursive;">Mineral Point</span>		9. State <span style="font-size: 1.2em; font-family: cursive;">WI</span>	10. Zip Code <span style="font-size: 1.2em; font-family: cursive;">53565</span>
		11. Date of Birth <span style="font-size: 1.2em; font-family: cursive;">12-20-77</span>	
12. Driver's License/State ID Number <span style="font-size: 1.2em; font-family: cursive;">W650 5097 79601</span>		13. Driver's License/State ID State of Issuance <span style="font-size: 1.2em; font-family: cursive;">WI</span>	

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin .....			(MM/YYYY) <span style="font-size: 1.2em; font-family: cursive;">12-1977</span>
2. List in chronological order all of your addresses <b>within the last 5 years</b> . Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County
<span style="font-size: 1.2em; font-family: cursive;">WI</span>	<span style="font-size: 1.2em; font-family: cursive;">Iowa</span>		
State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated <i>OWI</i>	Location <i>Iowa City</i>	Conviction Date <i>12-2023</i>
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Penalty Imposed <i>lic rev</i>	Was sentence completed? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Kelly URB</i>	Date <i>5-5-24</i>
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# Alcohol Beverage Appointment of Agent

Date

<b>Agent Type</b> (check one)	
<input type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor) <b>The Red Room</b>	
2. Business Trade Name or DBA <b>Red Room Bar + Restaurant</b>	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

**Part B: Agent Information**

1. Last Name <b>U'Ren</b>	2. First Name <b>Kelly</b>	3. M.I. <b>T</b>
4. Email		5. Phone <b>608-341-6999</b>
6. Home Address <b>818 Center St</b>		
7. City <b>Mineral Point</b>	8. State <b>WI</b>	9. Zip Code <b>53565</b>
		10. Date of Birth <b>12-20-77</b>
11. Driver's License/State ID Number <b>U650 5097 79601</b>		12. Driver's License/State ID State of Issuance <b>WI</b>

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? ..... Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

See instructions for exceptions.

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Title	Email		Phone	
Signature			Date	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>U'Ben</i>		First Name <i>Kelly</i>		M.I. <i>I</i>
Signature <i>Kelly U'Ben</i>			Date <i>5-5-26</i>	



State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-0000257911-03

Legal/Real Name: THE RED ROOM, INC.

Signature

*Laura U'Ren*