

Form  
**AB-200**

# Alcohol Beverage License Application

For Municipal Use Only
Municipality CITY OF DODGEVILLE
License Period JULY 1, 2026- JUNE 30, 2027

**Application Type** (check one)

Initial (New)                       Renewal

**License(s) Requested:** (up to two boxes may be checked)

Class "A" Beer ..... \$ 75       Class "B" Beer ..... \$ \_\_\_\_\_

"Class A" Liquor ..... \$ 250       Regular "Class B" Liquor \$ \_\_\_\_\_

"Class A" Liquor (cider only) \$ \_\_\_\_\_       Reserve "Class B" Liquor \$ \_\_\_\_\_

"Class C" Liquor (wine only) \$ \_\_\_\_\_       Above-Quota "Class B" Liquor ..... \$ \_\_\_\_\_

Fees	
License Fee(s)	\$ <u>375</u>
Background Check Fee	\$ <u>77</u>
Publication Fee	\$ <u>13</u>
<b>Total Fees</b>	<b>\$ <u>465</u></b>

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship) NEW HORIZONS SUPPLY COOPERATIVE		
2. Business Trade Name or DBA		
3. FEIN 39-1663129	4. Wisconsin Seller's Permit Number 456-0000086081-02	
5. 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		
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization WI	8. Date of Organization 01/01/1990	9. Wisconsin DFI Registration Number N021775
10. Premises Address 101 COUNTY RD YZ		
11. City DODGEVILLE	12. State WI	13. Zip Code 53533
14. County Iowa	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: DODGEVILLE	16. Aldermanic District
17. Premises Phone (608) 935-3190	18. Premises Email NHDODGEVILLE51@NEWHORIZONS-	19. Website NEWHORIZONSCO-OP.COM
20. Premises Description <b>Initial (New Applicants Only):</b> Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <b>Renewal Applicants Only:</b> I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>  NEW HORIZONS CONVNIENCE STORE		
21. Mailing Address (if different from premises address) 1775 4TH STREET		
22. City FENNIMORE	23. State WI	24. Zip Code 53809

**Part B: Questions**

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.       Yes       No  
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

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 CULLEN		First Name JASON		M.I. R
Title CEO		Email JASONC@NEWHORIZONSCO-OP.COM	Phone (608) 822-2848	
Signature 			Date 4-26-2026	

**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)

Alcohol Beverage License Application  
Appendix A - List of Persons Involved in the Applicant Business

**Instructions**

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications. The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

1. Legal Business Name (individual name if sole proprietorship)  
NEW HORIZONS SUPPLY COOPERATIVE
2. Business Trade Name or DBA

3. FEIN  
39-1663129

**Listing of Persons Involved in Applicant Business**

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
JASON R.	CULLEN	CEO	(608) 822-2848	JASONC@NEWHORIZONSCO-OP.COM	No Change
BRUCE D.	FRIEDERICK	DIRECTOR/PRESIDENT	(608) 723-9033	-	No Change
PAUL A.	JOHNSON	DIRECTOR/SECRETARY	(608) 922-6228	-	No Change
PETER W.	WINCH	DIRECTOR/VICE PRESIDENT	(608) 822-7806	-	No Change
MATTHEW M.	KREUL	DIRECTOR	(608) 778-7750	KREUL1979@GMAIL.COM	No Change
ANTHONY W.	ROTH	DIRECTOR	(608) 333-4408	-	No Change
JASON C.	SPARRGROVE	DIRECTOR	(608) 391-1044	-	No Change
DARIN A.	WILLIS	DIRECTOR	(608) 732-4272	-	No Change
DENNIS	CONLEY	DIRECTOR	(608) 822-3098	-	No Change
BART	MITCHELL	DIRECTOR	(608) 553-8070	SPRINGCREEKSBART@GMAIL.COM	No Change

**Application Type (check one)**

Initial (New)  Renewal

License Period  
7/1/26-6/30/27

**\*Status Definitions**

**New:** All entries on a new application or any person added to a renewal application for the first time.

**Remove:** This person no longer has a relationship to the applicant business.

**Update:** There are changes to this person's personal or contact information, or their relationship to the applicant business.

**No Change:** There are no changes to this person's personal or contact information, or their relationship to the applicant business.

# Alcohol Beverage Appointment of Agent

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE	
2. Business Trade Name or DBA	
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.	

<b>Part B: Agent Information</b>			
1. Last Name JOHNSON	2. First Name DAWN	3. M.I. M	
4. Email NHDODGEVILLE51@NEWHORIZONSCO-OP.COM		5. Phone (608) 935-3190	
6. Home Address E3208 FLOWAGE ROAD			
7. City LONE ROCK	8. State WI	9. Zip Code 53556	10. Date of Birth 11/15/1972
11. Driver's License/State ID Number J525-1737-2915-10		12. Driver's License/State ID State of Issuance WI	

<b>Part C: Agent Questions</b>	
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? See instructions for exceptions.	..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

*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 CULLEN		First Name JASON		M.I. R
Title CEO	Email JASONC@NEWHORIZONSCO-OP.COM		Phone (608) 822-2848	
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 JOHNSON		First Name DAWN		M.I. M
Signature 			Date 4-28-26	

# 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) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
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 JOHNSON		2. First Name DAWN		3. M.I. M
4. Relationship to Business (Title) MANAGER		5. Email NHDODGEVILLE51@NEWHORIZONSCO-OP.CO		6. Phone (608) 935-3190
7. Home Address E3208 FLOWAGE ROAD				
8. City LONE ROCK		9. State WI	10. Zip Code 53556	11. Date of Birth 11/15/72
12. Driver's License/State ID Number J525-1737-2915-10			13. Driver's License/State ID State of Issuance WI	

<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)				
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
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	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input 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
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  Date 4-28-26

## Alcohol Beverage Individual Questionnaire

Date  
1/6/2026

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 or renewal 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) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
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 ROTH		2. First Name ANTHONY	
		3. M.I. M W	
4. Relationship to Business (Title) DIRECTOR		5. Email	
		6. Phone (608) 333-4408	
7. Home Address 45678 MAPLE RIDGE RD			
8. City BOSCOBEL		9. State WI	10. Zip Code 53805
		11. Date of Birth 12/06/1982	
12. Drivers License/State ID Number R300-0198-2446-08		13. Drivers License/State ID State of Issuance WI	

<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) 12/06/1982
2. List in chronological order all of your addresses within the last 5 years. 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	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input 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	
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 *Anthony P. H.* Date 1/06/2026

## Alcohol Beverage Individual Questionnaire

Date 1/6/2020

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 or renewal 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) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
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 KREUL		2. First Name MATTHEW		3. M.I. M	
4. Relationship to Business (Title) DIRECTOR		5. Email krew11979@gmail.com		6. Phone (608) 778-7750	
7. Home Address 11511 COUNTY RD K					
8. City LANCASTER		9. State WI	10. Zip Code 53813		11. Date of Birth 08/13/1979
12. Drivers License/State ID Number K640-5537-9293-00			13. Drivers License/State ID State of Issuance WI K640-5537-9293-00		

<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)				
2. List in chronological order all of your addresses within the last 5 years. 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
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	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input 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	
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  
*Matthew M. Krewel*

Date  
*1/6/2026*

## Alcohol Beverage Individual Questionnaire

Date
------

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 or renewal 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) NEW HORIZONS SUPPLY COOPERATIVE	
2. Business Trade Name or DBA	
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 CONLEY		2. First Name DENNIS		3. M.I.
4. Relationship to Business (Title) DIRECTOR		5. Email		6. Phone (608) 822-3098
7. Home Address 12270 Roger Hollow				
8. City Fennimore		9. State WI	10. Zip Code 53809	11. Date of Birth 7-9-1956
12. Drivers License/State ID Number CS40-1635-6249-00			13. Drivers License/State ID State of Issuance WI	

<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)
2. List in chronological order all of your addresses within the last 5 years. 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 →



## Alcohol Beverage Individual Questionnaire

Date  
1-6-2020

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 or renewal 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) NEW HORIZONS SUPPLY COOPERATIVE	
2. Business Trade Name or DBA	
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 JOHNSON		2. First Name PAUL		3. M.I. A
4. Relationship to Business (Title) DIRECTOR - BOARD SECRETARY		5. Email		6. Phone (608) 922-6228
7. Home Address 8910 STATE ROAD 78				
8. City GRATIOT		9. State WI	10. Zip Code 53541	11. Date of Birth 11/29/1957
12. Drivers License/State ID Number J525-6815-7428-05			13. Drivers License/State ID State of Issuance WI	

<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) 11/1957
2. List in chronological order all of your addresses within the last 5 years. 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	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input 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	
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 Paul A. Johnson Date 01/06/2026

## Alcohol Beverage Individual Questionnaire

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 or renewal 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) <b>NEW HORIZONS SUPPLY COOPERATIVE</b>			
2. Business Trade Name or DBA			
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 <b>WILLS</b>		2. First Name <b>DARIN</b>		3. M.I. <b>A</b>	
4. Relationship to Business (Title) <b>DIRECTOR</b>		5. Email		6. Phone <b>(608) 732-4272</b>	
7. Home Address <b>254<sup>31</sup> HOLLAND RD</b>					
8. City <b>BELMONT</b>		9. State <b>WI</b>	10. Zip Code <b>53510</b>		11. Date of Birth <b>9-5-1981</b>
12. Drivers License/State ID Number <b>W420 1618132507</b>			13. Drivers License/State ID State of Issuance <b>WI</b>		

<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) <b>1981</b>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <b>25490 Holland Rd</b>		City <b>Belmont</b>	State <b>WI</b>	Zip Code <b>53510</b>			
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
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	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input 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
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 <i>Dan A. We</i>	Date <i>1-6-2016</i>
-------------------------------	-------------------------

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 or renewal 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) <b>NEW HORIZONS SUPPLY COOPERATIVE</b>			
2. Business Trade Name or DBA			
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 <b>CULLEN</b>		2. First Name <b>JASON</b>		3. M.I. <b>R</b>	
4. Relationship to Business (Title) <b>CEO</b>		5. Email <b>JASONC@NEWHORZIONS.CO-OP.COM</b>		6. Phone <b>(608) 822-2848</b>	
7. Home Address <b>17 PARK VIEW GLEN</b>					
8. City <b>DODGEVILLE</b>		9. State <b>WI</b>	10. Zip Code <b>53533</b>		11. Date of Birth <b>1-28-1975</b>
12. Drivers License/State ID Number <b>C450 4367 5028-05</b>			13. Drivers License/State ID State of Issuance <b>WI</b>		

<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) <b>01-1975</b>				
2. List in chronological order all of your addresses within the last 5 years. 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
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	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input 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	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

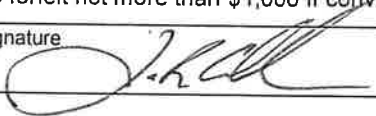
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

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



Date

1-6-2025

## Alcohol Beverage Individual Questionnaire

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

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

Your alcohol beverage application or renewal 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) <b>NEW HORIZONS SUPPLY COOPERATIVE</b>	
2. Business Trade Name or DBA	
3. Entity Type ( <i>check one</i> )	
<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 <b>FRIEDERICK</b>		2. First Name <b>BRUCE</b>		3. M.I. <b>D</b>
4. Relationship to Business (Title) <b>DIRECTOR - PRESIDENT</b>		5. Email		6. Phone <b>(608) 723-9033</b>
7. Home Address <b>511 WEBER PKWY</b>				
8. City <b>LANCASTER</b>		9. State <b>WI</b>	10. Zip Code <b>53813</b>	11. Date of Birth
12. Drivers License/State ID Number <b>F636-0646-0110-06</b>			13. Drivers License/State ID State of Issuance <b>WI</b>	

<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) <b>03/1960</b>
2. List in chronological order all of your addresses within the last 5 years. 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* →



## Alcohol Beverage Individual Questionnaire

Date 1-6-2006

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 or renewal 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) NEW HORIZONS SUPPLY COOPERATIVE	
2. Business Trade Name or DBA	
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 SPARRGROVE		2. First Name JASON		3. M.I. C
4. Relationship to Business (Title) DIRECTOR		5. Email		6. Phone (608) 391-1044
7. Home Address 9605 COUNTY RD C				
8. City WOODMAN		9. State WI	10. Zip Code 53827	11. Date of Birth 07/06/1984
12. Drivers License/State ID Number 5102-4238-4246-02			13. Drivers License/State ID State of Issuance WI	

<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) 01/09
2. List in chronological order all of your addresses within the last 5 years. 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	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" 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



Date

1-6-26

## Alcohol Beverage Individual Questionnaire

Date **1-6-26**

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 or renewal 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) NEW HORIZONS SUPPLY COOPERATIVE	
2. Business Trade Name or DBA	
3. Entity Type ( <i>check one</i> ) <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 WINCH	2. First Name PETER	3. M.I. W	
4. Relationship to Business (Title) DIRECTOR - VICE PRESIDENT	5. Email	6. Phone (608) 822-7806	
7. Home Address 12742 BROWN SCHOOL ROAD			
8. City FENNIMORE	9. State WI	10. Zip Code 53809	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance WI	

<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)
2. List in chronological order all of your addresses within the last 5 years. 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input 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
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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 	Date 1-6-26



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8946  
MADISON, WI 53708-8946

**Contact Information:**

2135 RIMROCK RD PO BOX 8946  
MADISON, WI 53708-8946  
ph: 608-266-2776 fax: 608-264-6884  
email: dorbusinessstax@revenue.wi.gov  
website: revenue.wi.gov

Letter ID L1324594464

NEW HORIZONS SUPPLY COOPERATIVE  
1775 4TH ST  
FENNIMORE WI 53809-1137

### Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** NEW HORIZONS SUPPLY COOPERATIVE  
**Business name:** 1775 4TH ST  
FENNIMORE WI 53809-1137

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

**Tax Type**

**Account Type**

**Account Number**

Sales & Use Tax

Seller's Permit

456-0000086081-02



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-327-0235  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

000064

NEW HORIZONS SUPPLY COOPERATIVE  
 1775 4TH ST  
 FENNIMORE WI 53809-1137

Letter ID L1426291120



## Wisconsin Business Tax Registration Certificate

**Expiration date:** February 29, 2028  
**Legal/real name:** NEW HORIZONS SUPPLY COOPERATIVE

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-0000086081-02
Withholding Tax	Withholding Tax	036-0000086081-03
Alternate Fuel	Alternate Fuel	520-0000086081-09

The following is a list of the business locations that you have registered with the Department of Revenue.

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
101 COUNTY ROAD YZ  
DODGEVILLE WI 53533-0000

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
11678 STATE ROAD 23  
DARLINGTON WI 53530-9209

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
12143 STATE ROAD 35  
PATCH GROVE WI 53817-0000

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
1624 4TH ST  
FENNIMORE WI 53809-1108

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
1775 4TH ST  
FENNIMORE WI 53809-1137

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
200 SPRING ST  
DE SOTO WI 54624-0000

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
227 US HIGHWAY 61  
LANCASTER WI 53813-9415

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
303 EXCHANGE ST  
BLUE RIVER WI 53518-0000

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE

The following is a list of the business locations that you have registered with the Department of Revenue.

319 US HIGHWAY 61  
LANCASTER WI 53813-9415

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
325 LILLY ST  
PLATTEVILLE WI 53818-3642

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
3631 TOWER LN  
DICKEYVILLE WI 53808-0000

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
401 ELM ST  
BOSCOBEL WI 53805-1217

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
4746 COUNTY ROAD YZ  
DODGEVILLE WI 53533-8955

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
720 LINCOLN AVE  
FENNIMORE WI 53809-1536

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
728 HWY 131  
GAYS MILLS WI 54631-0000

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
728 STATE HIGHWAY 131  
GAYS MILLS WI 54631-0000

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE



The following is a list of the business locations that you have registered with the Department of Revenue.

N9000 COUNTY ROAD J  
NEW GLARUS WI 53574-9730

456-0000086081-02  
NEW HORIZONS SUPPLY COOPERATIVE  
MARKETPLACE GROUP LLC  
180 MISTY VALLEY AVE  
GAYS MILLS WI 54631-8326

520-0000086081-09  
NEW HORIZONS SUPPLY COOPERATIVE  
1775 4TH ST  
FENNIMORE WI 53809-1137