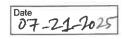
Form **AB-100**

Alcohol Beverage Individual Questionnaire



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

· sole proprietor

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

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

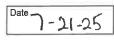
Part A: Business Information				
1. Legal Business Name (individual name if sole propriet	or)			
2. Business Trade Name or DBA Kav Kavn	a BP			
3. Entity Type (check one) Sole Proprietor Partnership	【 Limited Liability Compan	y Corporation	Nonprofit Organization	
Part B: Individual Information				
	2. First Name		3, M.I.	
1. Last Name OLI	MADH	U SUDHAN		
4. Relationship to Business (Title) AGENT 5.	YetiLLC 201	8@gmail. Con	6. Phone 920 9494144	
7. Home Address 840 LIEBMAN COUR	t,#2			
8. City Green Bay	9. State	10. Zip Code 54302	11. Date of Birth 12/29/1984	
12. Drivers License/State ID Number 0400 - 5578-4469-	00	13. Drivers License/State ID State of Issuance		
		•		
Part C: Address History				
1. Do you currently live in Wisconsin?			Yes No	
If yes, provide the month and year when you pe	ermanently moved to Wisco	onsin November, 20	2.2. (MM/YYYY)	
2. List in chronological order all of your addresses	within the last 5 years. Att	ach additional sheets if neces	sary.	
Previous Address 1 1386 KINGSTON TER #	City	state	Zip Code	
Previous Address 2	City	 		
Previous Address 3	City	City State		
Previous Address 4	City	City State Zip C		
	·			
Previous Address 5	City	City State Zip Code		
3. List all states and counties you have lived in as	an adult. Attach additional	sheets if necessary.		
State County Brown State County	State	County State	e County	
State County State County	State	County State	e County	
		Li .		

Continued →

Part D: Criminal History	HEL STORIOSP		Helm
Have you ever been convicted of any offenses (excluding for violation of any federal, Wisconsin, or another state)	ing traffic offenses unle	ess related to alcohol beverages) y or municipal ordinances?	. 🗌 Yes 💢 No
If yes to question 1, please list details of each conviction	n below. Attach additio	nal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?			Yes ⊠ No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	ating in this business of that any license issue by he prosecuted for su	due to any involvement in anoth- ued contrary to Wis. Stat. Chapt bmitting false statements and aff false information on this applicat	er 125 shall be void idavits in connection
0.00			

Form AB-101

Alcohol Beverage Appointment of Agent



Agent Type (check one)				
☐ Original (no fee) ☑ Successor (\$10 fee for n	nunicipal licer	sees only)		
Part A: Business Information				- 14
1. Legal Business Name (individual name if sole proprietor)				
2. Business Trade Name or DBA Kaukauna	BP			
3. Entity Type (check one) Limited Liability Compan	ıy 🗆	Corporation	Nonprofit Organiz	zation
4. Alcohol Beverage Business Authorization (check one)	at .	r agent, provide State Permi		icense Number
6. Describe the reason for appointing a successor agent, if successor				
Death of the original	agent	<u> </u>		
	0	-		
	*			
Part B: Agent Information				
1. Last Name	2. First Name	hu Sudhan		3. M.I.
4. Email			5. Phone	49-4144
4. Eriali Yetille 2018 @gmail- Co			120-1	49 - 7194
840 Liebman Ct. APT. 2				
840 Liebman Ct. APT. 2 7. City Green Boeg	8. State	9. Zip Code 54302	10. Date of Bi	I
11. Drivers License/State ID Number		12. Drivers License/Sta		e
0400-5578-4469-00		wis con	Sin	
Part C: Agent Questions				
Have you satisfied the responsible beverage server train Submit proof of completion.	ing requireme	nt?		Yes No
2. Have you completed Form AB-100, Alcohol Beverage Inc. Form AB-300, Alcohol Beverage Personal Questionnaire	dividual Ques (permittee)?	tionnaire (licensee) or] Yes 🔲 No
Have you been a Wisconsin resident for at least 90 continuous See instructions for exceptions.	nuous days?	ar ar - ar	<u>X</u>	Yes No

Part [D :	Business A	Attestation
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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 Nam	« Kafle			First Name			M.I. P
Title	1ember	(Owner)	Email ye	tillc@2018@	9 mailson	Phone 920 - 9	49-4144
Signature	÷	Ser.	ge-	1	Date 07/	17/25	-

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	Olis	First Name Madhu	Sudhan	M.I.
Signature	Malle	.,	Date 07/17/2	5-