For the license period beginning: July 1 2023 ending: June 30 2024  For the license period beginning: July 1 2023 ending: June 30 2024  TYPE OF License Reduces Te Readures Te Name    County of	L	KRONENWETTE	R VILLAGE OF,	1582 KRONENWETT	ER DR, KRONENWE	TTER, WI, 54455	22543
Southmit to municipal clark. Read instructions on page 3.}   For the license period beginning. July 1 2023   ending: June 30 2024   file Number 61-0852764   TYPE OF LICE REQUESTE   Class A beer   Class Deer   Cl	ene	wal Alcoho	ol Beverag	e License Ap	plication	Applicant's Wisconsin Seller's Pe	rmit Number
For the license period beginning: July 1 2023 ending: June 30 2024 (wind day yyr)    County of   Town of   Village of   City o	ubmit t	to municipal cleri	c. Read instruct	ions on page 3.)	•	456-0000208845-05	5
To the Governing Body of the:   Village of	r the lic	cense period bea	inning July 12	2023 and in a	lune 30 2024		
To the Governing Body of the:   Village of		- F 20g	(mm d	d yyyy)	(mm dd yyyy)	TYPE OF LICENSE	
County of MARATHON    Citas			☐ Town of	NDONES NA FETTE		REQUESTED	FEE
County of MARATHON	the Go	verning Body of	the:  Village of	KRONENWEITE	R VILLAGE OF		\$ \$200.00
Class A liquor (class A liqu			☐ City of	)			\$
Check one:   Individual   Class B liquor (cic   Class B liquor   Components   Components   Class B liquor (cic   Class B liquor (cic   Class B liquor	unty of	MARATHON		Aldorma	onia Diatable		\$
Check one:				Alderma	red by ordinance)		\$ 400 \$ N/A
Partnership   Corporation/Nonprofit Organization   Reserve Class B   Class B (Mine only Partnership   Corporation/Nonprofit Organization   Partnership   Corporation/Nonprofit Organization   Partnership   Political   Partnership	ock one	a: 🗆 Individual			-s of oraniance)		S
Complete A or B. All must complete C.  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  A. LLC or Corporation (and Agent):  Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company  Address of Corporation / Limited Liability Company  Address of Street, City or Post Office, & Zip Code  See attached  Il Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:  Bunderland  Steven  G  See Attached  Home Address (Street, City or Post Office, & Zip Code)  See Attached  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Feedors / Managers Last Name  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Fredors / Managers Last Name  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Fredors / Managers Last Name  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Fredors / Managers Last Name  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Fredors / Managers Last Name  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Fredors / Managers La	on one					Reserve Class B liquor	S
A. Individual or Partnership:  Full Name (Last)  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Address of Corporation / Limited Liability Company  In Middle Name  First)  Middle Name  Address (Street, City or Post Office, & Zip Code)  See Attached  Steven  G  See Attached  See Attached  See President / Member Last Name  (First)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Address of Premises  1831 COUNTY RD XX  Post Office & Zip Code  KRONENWET  Premises description:  Describe building or buildings where alcohol beverages are to be sold and stored only on the premises described.)				on/Nonprofit Organiz	ation	Class B (wine only) winery	\$
A. Individual or Partnership: Full Name (Last)  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  Full Name (Last)  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  A. Individual or Partnership: Full Name (Last)  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  A. Individual or Partnership: Full Legal Name of Corporation (and Agent): Full Legal Name of Corporation (Prist)  Dolgencorp, LLC  Ill corporations/organizations or limited liability company  Address of Corporation / Limited Liability Company  Address (Street, City or Post Office, & Zip Code)  See attached  First)  Middle Name)  First	npiete	A Or B. All mus	st complete C.				\$ 40
Full Name (Last)  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Address of Corporation / Limited Liability Company  (First)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  See attached  It Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:  esident / Member Last Name  First)  Middle Name)  Address (Street, City or Post Office, & Zip Code)  See Attached  See Attached  Taylor  First)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Middle Name)  Home Address (Street, City or Post Of	ndivid	lual or Partnersl	nip:				640
Full Name (Last)  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Home Address (Street, City or Post Office, & Zip Cod  (Middle Name)  Address of Corporation / Limited Liability Company (Indian Agent):  Address of Corporation / Limited Liability Company (Indian Agent):  Address of Corporation / Limited Liability Company (Indian Agent):  Address of Corporation / Limited Liability Company (Indian Agent):  It corporations/organizations or limited liability companies applying for a license to sell fermented malt bever agent Last Name  First)  Middle Name)  First)  Middle Name)  Middle Name)  Middle Name)  First)  Middle Name)	Name (L	_ast)	(First)	(Middle Name)	Home Address (Street	City or Post Office & Zie Cade)	
Home Address (Street, City or Post Office, & Zip Code	Morra "	and i				only on a cost contice, at zip Code)	
Full Name (Last)  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code 10 Mission Ridge, Attn: Tax Dept Gode, & Zip Code 10 Mission Ridge, Attn: Tax Dept Gode	wame (L	.ast)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
LLC or Corporation (and Agent):  Tull Legal Name of Corporation / Nonprofit Organization / Limited Liability Company (if did 100 Mission Ridge, Attn: Tax Dept Goo 11 corporations/organizations or limited liability companies applying for a license to sell fermented malt bever agent Last Name  First)  Middle Name)  Middle Name)  First)  Middle Name)  First)  Middle Name)  Middle Name)  First)  Middle Name)  Middle Name)  First)  Middle Name)  First)  Middle Name)  First)  Middle Name)  Middle Name)  First)  Middle Name)  First)  Middle Name)  First)  Middle Name)  Middle Name)  First)  Middle Name)  Mid	Name (L:	ast)	/Eirah		,		
LLC or Corporation (and Agent):  "ull Legal Name of Corporation / Nonprofit Organization / Limited Liability Company   Address of Corporation / Limited Liability Company (if did 100 Mission Ridge, Attn: Tax Dept Good 100 Mission Ridge, Attn: Tax Dept Good 1100 Mission Ridge, Attn: Tax	venno (m	asty	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Dolgencorp, LLC    Address of Corporation / Nonprofit Organization / Limited Liability Company   Address of Corporation / Limited Liability Company   (If dia 100 Mission Ridge, Attn: Tax Dept Good							
It corporations/organizations or limited liability companies applying for a license to sell fermented malt bever appoint an agent.   First   Middle Name   Home Address (Street, City or Post Office, & Zip Code See attached   See attached   See attached   Home Address (Street, City or Post Office, & Zip Code See attached   See Attached   Home Address (Street, City or Post Office, & Zip Code)   See Attached   Home Address (Street, City or Post Office, & Zip Code)   See Attached   Home Address (Street, City or Post Office, & Zip Code)   See Attached   Home Address (Street, City or Post Office, & Zip Code)   See Attached   Home Address (Street, City or Post Office, & Zip Code)   Home Address (Street, City or Post Office, & Zip Code)   See Attached   Home Address (Street, City or Post Office, & Zip Code)   Home Address (Street, City or Post Office, & Zip Code)   Home Address (Street, City or Post Office, & Zip Code)   Reasurer / Member Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)   Rectors / Managers Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)   Rectors / Managers Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)   Rectors / Managers Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)   Rectors / Managers Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)   Rectors / Managers Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)   Rectors / Managers Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)   Rectors / Managers Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)   Rectors / Managers Last Name   (First)   (Middle Name)   Home Address (Street, City or Post Office, & Zip Code)   Rectors / Managers Last Name   (First)   (Middle Name)   Home Address (Street, City or Post O	LC or	Corporation (ar	d Agent):				
Il corporations/organizations or limited liability companies applying for a license to sell fermented malt bever appoint an agent.  Jent Last Name EMIKE  Il Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:  Esident / Member Last Name Esident / Member Last Name Esident / Member Last Name Emily Erist)  In Middle Name) Emily Emily Emily Erist)  In Middle Name) Emily Emily Erist)  In Middle Name) Emily Emily Erist)  In Middle Name) Emily	egal Nar	me of Corporation / No	onprofit Organization /	Limited Liability Company		imited Liability Company (if different from	licensed prom
Il corporations/organizations or limited liability companies applying for a license to sell fermented malt bever aguor must appoint an agent.  Jent Last Name  EMIKE  CRYSTAL  Il Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:  esident / Member Last Name  Steven  G  See Attached  Home Address (Street. City or Post Office. & Zip Code)  See attached  First)  Middle Name)  Home Address (Street. City or Post Office. & Zip Code)  See President / Member Last Name  First)  Middle Name)  Home Address (Street. City or Post Office. & Zip Code)  Taylor  Emily  C  See attached  Home Address (Street. City or Post Office. & Zip Code)  Feetors / Member Last Name  (First)  (Middle Name)  Home Address (Street. City or Post Office. & Zip Code)  Feetors / Managers Last Name  (First)  (Middle Name)  Home Address (Street. City or Post Office. & Zip Code)  Feetors / Managers Last Name  (First)  (Middle Name)  Home Address (Street. City or Post Office. & Zip Code)  Feetors / Managers Last Name  (First)  (Middle Name)  Home Address (Street. City or Post Office. & Zip Code)  Feetors / Managers Last Name  (First)  (Middle Name)  Home Address (Street. City or Post Office. & Zip Code)  Feetors / Managers Last Name  (First)  Middle Name)  Home Address (Street. City or Post Office. & Zip Code)  Feetors / Managers Last Name  (First)  Middle Name)  Home Address (Street. City or Post Office. & Zip Code)  Feetors / Managers Last Name  (First)  Middle Name)  Home Address (Street. City or Post Office. & Zip Code)  Feetors / Managers Last Name  Frade Name  Dollar General Store # 22543  Business Phone Number  715352091  KRONENWET  Post Office & Zip Code  KRONENWET  Post Office & Zip Code  Nove Middle Name  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of all records. (Alcohol beverages may be sold and stored only on the premises described.)		<u> </u>			Too Mission Riage	, Attn: Tax Dept Goodlettsvi	lle TN 370
First)   Middle Name)   Home Address (Street. City or Post Office. & Zip Code See attached   See	rporati	ions/organization	s or limited liabili	ty companies applyin	ng for a license to sel	I fermented malt haverages an	allan interior
EMKE CRYSTAL See attached  ID Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:  Builder I Member Last Name						nemented mait beverages an	d/or intoxica
See attached   Steven   G   See Attached   See President / Member Last Name   First )   Middle Name   Home Address (Street, City or Post Office, & Zip Code)   See President / Member Last Name   First )   Middle Name   Home Address (Street, City or Post Office, & Zip Code)   See attached		me	1	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Sunderland Steven G See Attached  Persident / Member Last Name First) Middle Name)  See Attached  Home Address (Street, City or Post Office, & Zip Code)  See attached  Home Address (Street, City or Post Office, & Zip Code)  Taylor Emily C See attached  Home Address (Street, City or Post Office, & Zip Code)  H							
Sunderland Steven G See Attached  First) Middle Name) See President / Member Last Name First) Middle Name)  First) Middle Name)  First) Middle Name)  First)  First) Middle Name)  First)  First) Middle Name)  First)  First) Middle Name)  First) Middle Name) Middle Name)  First) Middle Name) Middle Name) Middle Name) Middle Name Middle Name) Middle Name) Middle Name) Middle Name) Middle Name Middle Name) Middle Name) Middle Name Middle Name) Middle Name	fficer(	s) Director(s) of	Corporation an	d Members / Manag	ers of Limited Liabi	ility Company	
Sunderland Steven G See Attached  First) Middle Name) Home Address (Street, City or Post Office, & Zip Code)  First)  C See attached  Home Address (Street, City or Post Office, & Zip Code)  First)  (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  First)  (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  First)  (Middle Name)  First)  (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  First)  (Middle Name)  First)  (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  First)  (Middle Name)  First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  First)  First)  (Middle Name)  First)  First)  (Middle Name)  First)  Home Address (Street, City or Post Office, & Zip Code)  First)  First)  First)  (Middle Name)  First)  Formal Address (Street, City or Post Office, & Zip Code)  First)  Formal Address (Street, City or Post Office, & Zip Code)  First)  Fir	ent / Men	mber Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office & Zin Code)	
Taylor Emily C See attached  First) Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Feasurer / Member Last Name (Fi	derland	1	Steven	G		, , , , , , , , , , , , , , , , , , , ,	
Taylor Emily C See attached ecretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) easurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Business Information Trade Name Dollar General Store # 22543 Business Phone Number 715352091 Address of Premises 1831 COUNTY RD XX Post Office & Zip Code KRONENWET Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs? Y Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alrecords. (Alcohol beverages may be sold and stored only on the premises described.)	esident /	Member Last Name				ty or Post Office & Zin Codo)	
eacretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) easurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Business Information Trade Name Dollar General Store # 22543 Business Phone Number 715352091 Address of Premises 1831 COUNTY RD XX Post Office & Zip Code KRONENWET  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs? Y  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcrecords. (Alcohol beverages may be sold and stored only on the premises described.)	ior		Emily	C	1	y or rost office, a zip code)	
rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Rectors / Mana		mber Last Name			See attached Home Address (Street C	ity or Post Office 9 7 to Code	
rectors / Managers Last Name  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Home Address (Street, City or Post Office, & Zip Code)  Business Information  Trade Name  Dollar General Store # 22543  Business Phone Number  Address of Premises  1831 COUNTY RD XX  Post Office & Zip Code  KRONENWET  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs?  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alrecords. (Alcohol beverages may be sold and stored only on the premises described.)					Tomo Fladrass (Otreet, O	ity of Post Office, & Zip Code)	
rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  rectors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  Business Information  Trade Name Dollar General Store # 22543 Business Phone Number 715352091  Address of Premises 1831 COUNTY RD XX Post Office & Zip Code KRONENWET  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs? Y  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcrecords. (Alcohol beverages may be sold and stored only on the premises described.)	irer / Mei	mber Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office & Zin Codo	
rectors / Managers Last Name  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  Business Information  Trade Name  Dollar General Store # 22543  Business Phone Number  715352091  Address of Premises  1831 COUNTY RD XX  Post Office & Zip Code  KRONENWET  Address description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages may be sold and stored only on the premises described.)					(====, =,	ny or root office, a zip code)	
Business Information  Trade Name Dollar General Store # 22543  Address of Premises 1831 COUNTY RD XX  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs?  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages may be sold and stored only on the premises described.)	ors / Man	nagers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Business Information  Trade Name Dollar General Store # 22543  Address of Premises 1831 COUNTY RD XX  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs?  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcrecords. (Alcohol beverages may be sold and stored only on the premises described.)							
Address of Premises 1831 COUNTY RD XX  Post Office & Zip Code KRONENWET  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs?  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages may be sold and stored only on the premises described.)	rs / Man	agers Last Name	(First)	(Middle Name)	Home Address (Street, Cit	ty or Post Office, & Zip Code)	
Address of Premises 1831 COUNTY RD XX  Post Office & Zip Code KRONENWET  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs?  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages may be sold and stored only on the premises described.)						•	
Address of Premises 1831 COUNTY RD XX  Post Office & Zip Code KRONENWET  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs?  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alrecords. (Alcohol beverages may be sold and stored only on the premises described.)	siness	Information					
Address of Premises 1831 COUNTY RD XX  Post Office & Zip Code KRONENWET  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs?  Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alrecords. (Alcohol beverages may be sold and stored only on the premises described.)	ade Na	me Dollar Genera	Il Store # 225/3				
Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs?					Business Phone	Number7153520910	
Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesaler and brewpubs?	dress o	of Premises183	1 COUNTY RD XX		Post Office & Zir	Code KRONENWETTER, 54	455
Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alrecords. (Alcohol beverages may be sold and stored only on the premises described.)	es the	applicant unders	stand that they mu	ust nurchase alcohol	havaraga luf	102	
Premises description: Describe building or buildings where alcohol beverages are to be sold and stored include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of all records. (Alcohol beverages may be sold and stored only on the premises described.)	d brew	pubs?		• • • • • • • • • • • • • • • • • • • •	beverages only from		
records. (Alcohol beverages may be sold and stored only on the premises described.)	mises	description: De	scribe building o	r buildings where -L	a a la a la ta		_
of the premises described.)							oplicant mus
,	ords. (	Alcohol beverag	es may be sold a	nd stored only on th	e premises described	d.)	verages an
						•	
				Junioloung of Sal	Co area and Stock M	UUIII	

5.	Legal description (omit if street addre	ess is given on previou	s page):				
6.	a. Since filing of the last application member, officer, director, manag organization licensee been conv for violation of any federal laws, or municipality? If yes, complet	ricted of any offense	a limited liability comp s (excluding traffic off any laws of other state	enses not re	, or nonprofit lated to alcohol)	, ☐ Yes	☑ No
	b. Are <b>charges</b> for <b>any offenses</b> prothe named licensee or any other parts.	esently <b>pending</b> (eycl	uding troffic offenses				_
7						☐ Yes	☑ No
7.	Except for questions 6a and 6b, have by you on your last application for the	re there been any cha nis license? <b>If yes, ex</b>	nges in the answers t	to the questio	ns as submitted	☐ Yes	☑ No
					·		
8.	Was the profit or loss from the sale of or Franchise Tax return of the licensee	alcohol beverages for ? If not, explain	the previous year repo	rted on the W	isconsin Income	✓ Yes	□No
8							
9							
9. [	Does the applicant understand they m phone (608) 266-2776]	ust hold a Wisconsin	Seller's Permit?	• 55• • 550 • 363 • 36		✓ Yes	□No
10. E	Ooes the applicant understand that alcome the date of invoice and made ava	ohol beverage invoice ilable for inspection by	s must be kept at the I	icensed prem	ises for 2 years	☑ Yes	□No
	s the applicant indebted to any wholes						_ □ No
,	oes the applicant owe municipal prop <b>Note:</b> Renewal of licenses may be de ssessments or other fees).	erty taxes, assessmen enied pursuant to a loc	nts, or other fees? eal ordinance, if the lic	ensee owes r	nunicipal taxes,	Yes	☑ No
applic and c void, a this ap than \$	O CAREFULLY BEFORE SIGNING: Le truthfully answered to the best of the kation; that the applicant has read and correct. The undersigned further under and under penalty of state law, the application. Any person who knowingly 11,000.	made a complete ans stands that any licens	wer to each question, e issued contrary to C	and that the a chapter 125 o	he person named answers in each ir f the Wisconsin S	in the fore estance an statutes sh	going e true all be
	t Person's Name (Last, First, M.I.)		Title / Member		Date		
Signate	lor, Emily C		LLC Manager				
	Time	2	615-855-4000		Email Address tax-beerandwinelicense	@dollargeneral	com
		8	010 000-4000			g voisi goriora.	
ОВЕ	COMPLETED BY CLERK						
Date re	ceived and filed with municipal class 1934 4-19-2023 258 215	Date reported to council / b	oard	Date license gr	anted		
_icense	number issued	Date license issued		Signature of le	erk Deputy Clerk		-
T-115 (R.	5-19)	-	2 -		0		

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquid must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official
To the governing body of:    Town   Village   Or   Wetter   County of   Marathon   City
The undersigned duly authorized officer/member/manager of DOLGENCORP, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as  DOLLAR GENERAL STORE # 22543
located at 1831 County Rd. XX
appoints CRYSTAL LEMKE
(Name of Appointed Agent) N4933 4TH ST LEOPOLIS WI 54948-9740
(Home Address of Appointed Agent)
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  AGENT OF SEE ATTACHED LIST
Is applicant agent subject to completion of the responsible beverage server training course?
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 42 YRS
Place of residence last year LEOPOLIS WI
For: DOLGENCORP, LLC
By: (Name of Corp ration / Organization / Limited Liability Company)
(Signature of Officer / Member / Manager)
Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.
ACCEPTANCE BY AGENT
I, CRYSTAL LEMKE
(Print / Type Agent's Name) , hereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.
(Signature of Agent) 3/1/3 Agent's age 42
N4933 4TH ST LEOPOLIS WI 54948-9740
(Home Address of Agent)
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.
Approved on by
(Signature of Proper Local Official) (Town Chair, Village President, Police Chief)
AT-104 (R. 4-18) Wisconsin Department of Revenue

	ABBOTSFORD	diz	Current Agent
	TOMANIAMEN	IMAKALHON	54405-9693 CRYSTAL LENAVE
	JIVIAHAWK	LINCOLN	SAA87-19AC CONSTAL LEIVING
	SCHOFIELD	MARATHON	TAATS AAAD CRISIAL LEIVIKE
	WITTENBERG	CHAMANO	544/6-1118 CRYSTAL LEMKE
	OWEN		54499 CRYSTAL LEMKE
STREET	NEILLSVILLE	CLAIN	54460 CRYSTAL LEMKE
17471 715 S LAKE AVE	PHILLIPS	CLARA	54456-2148 CRYSTAL LEMKE
17575 110 STENCIL AVE EDG	EDGAR	PKICE SAME STICKS	54555-1449 CRYSTAL LEMKE
18231 202 E ELM DR	LOYAI	MARATHON	54426 CRYSTAL LEMKE
18755 472 US HWY 45 BIRI	BIRNAMMOOD	CLARK	5446-9753 CRYSTAI JEMKE
19380 211611 STATE HIGHWAY 97 CTR	STRATEORN	SHAWANO	54414 CRYSTAI I FMAKE
	ATLENC	MARATHON	54484-4328 CRYSTAL LENAVE
HIGHWAY 102	, criss	MARATHON	54411 DOOF CONCTANT TO STATE
	KIB LAKE	TAYLOR	24411-3303 CRYSTAL LEIMKE
	ROSHOLT	PORTAGE	54470-9783 CRYSTAL LEMKE
	HATLEY	MARATHON	54473-9545 CRYSTAL LEMKE
	MERRILL	NOTION	54440-9706 CRYSTAL LEMKE
	MARSHFIELD	FINCOLN	54452-2419 CRYSTAL LEMKE
22543 1831 COUNTY RD XX KRO	KRONENWETTER	MADATAM	54449-2120 CRYSTAL LEMKE

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Sunderland Home Address (street/route)			ne)	(/	middle name)	
Home Address (street/route)		Steve	n		G	
0000 11111 1 -	Post Office	9	City	. S	tate	37215
3609 Hilldale Dr.			Nashville	1-	TN	JIAIC
Home Phone Number		Age	Date of Birth	P	lace of Birth	
615-855-4000		58	02/04/1964	i	Elmhurst, IL	
The above named individual provides the form Applying for an alcohol beverage licens.  A member of a partnership which is making application for an alcohol beverage licens.  LLC Manager  (Officer / Director / Member / Manager / Age which is making application for an alcohol beverage with the form and the state of the above named individual provides the form and the state of the s	se as an <b>individual</b> .  naking application for of	r an alco gencorp (N. e. to the lice to this da affic unre of any oth	hol beverage licens LLC  The proposition of Corporation, Limited  The proposition of Corporation, Limited  The proposition of Corporation, Limited  The proposition of Corporation of Corporation  The proposition of Corporation of Corporation of Corporation  The proposition of Corporation of Corpora	se.  d Liability Company or a verages) for inces of any cou	nty	
status of charges pending. (If more room  3. Are charges for any offenses presently p for violation of any federal laws, any Wis	en court, trial date an is needed, continue or ending against you consin laws, any law	d penalty reverse  other the rs of other	r imposed, and/or of side of this form.) an traffic unrelated er states or ordinan	to alcohol bever	rages)	
Do you hold, are you making application organization or member/manager/agent obeverage license or permit?	g. for or are you an off of a limited liability c	icer, dire	ctor or agent of a c	orporation/nonpi	rofit	
Manager of -see attac	hed list				······································	No 🗌 No
<ol> <li>Do you hold and/or are you an officer, dirmember/manager/agent of a limited liabili brewery/winery permit or wholesale liquoi If yes, identify.</li> </ol>	ector, stockholder, a ity company holding r, manufacturer or re	gent or e	and Type of License/Fermit,	son or corporatio	on or	
b. Do you hold and/or are you an officer, dir member/manager/agent of a limited liabili brewery/winery permit or wholesale liquol if yes, identify.	ector, stockholder, a ity company holding r, manufacturer or re	gent or e or apply ctifier pe	and Type of License/Fermit,	son or corporatio	on or	
Do you hold and/or are you an officer, direction member/manager/agent of a limited liability brewery/winery permit or wholesale liquor of yes, identify.  (Name of Wholes in Chronological Cartesian in Chronologi	ector, stockholder, a ity company holding r, manufacturer or re ale Licensee or Permittee) al order last two emp	gent or e or apply ctifier pe	ind Type of License/Fermit, mploye of any pers ing for a wholesale rmit in the State of	son or corporation beer permit, Wisconsin?	on or	
Do you hold and/or are you an officer, dirmember/manager/agent of a limited liabilibrewery/winery permit or wholesale liquor of yes, identify.  (Name of Wholes Named individual must list in chronological Employer's Name	ector, stockholder, a ity company holding r, manufacturer or re ale Licensee or Permittee) al order last two emp loyer's Address	gent or e or apply ctifier pe	mploye of License/Fermit, mploye of any pers ing for a wholesale rmit in the State of	oon or corporation beer permit, Wisconsin?  (Address By Cit,	on or	
i. Do you hold and/or are you an officer, direction member/manager/agent of a limited liability brewery/winery permit or wholesale liquor of yes, identify.  (Name of Wholes in Chronologica Employer's Name  Dollar General Corporation 100	ector, stockholder, a ity company holding r, manufacturer or re  ale Licensee or Permittee) al order last two employer's Address  O Mission Ridge	gent or e or apply ctifier pe	mploye of License/Fermit, mploye of any pers ing for a wholesale rmit in the State of	oson or corporation beer permit, Wisconsin?  (Address By City  mployed From 9/09/2014	On or Yes	
Do you hold and/or are you an officer, direction member/manager/agent of a limited liability brewery/winery permit or wholesale liquor of yes, identify.  (Name of Wholes in Chronologica Employer's Name  Dollar General Corporation 100	ector, stockholder, a ity company holding r, manufacturer or re ale Licensee or Permittee) al order last two emp loyer's Address	gent or e or apply ctifier pe	mploye of License/Fermit, mploye of any pers ing for a wholesale rmit in the State of	oon or corporation beer permit, Wisconsin?  (Address By Cit,	On or Yes	

### Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name	e)	(first name		/:		
Taylor		Emily	7	(middle	name)	
Home Address (street/route)	Post Office	<u>سااااا</u> ا	City	С		
1805 Otter Creek Rd.				State	Zip Code	
Home Phone Number		1.	Nashville	TN	37215	
615-855-4000		Age	Date of Birth	Place of	Birth	
013-033-4000		46	03/19/76	Nas	hville, TN	
The above named individual provides the Applying for an alcohol beverage lice.  A member of a partnership which is a partnership which is making application for an a showe paged individual provides the	ense as an <b>individual</b> s making application fo of <u>Dol</u> (Agent) Icohol beverage licens	or an alcoh Ig <u>encorp,</u> (Nai e.	ol beverage license.  LLC  me of Corporation, Limited Liability	r Company or Nonpro	viit Organization)	
The above named individual provides the	of following information	to the lice	nsing authority:			
How long have you continuously resi	ded in Wisconsin prior	to this dat	e? <u>N/A</u>			
Have you ever been convicted of any violation of any federal laws, any Wie	offenses (other than to	raffic unrel	ated to alcohol beverage	es) for		
violation of any federal laws, any Wis or municipality?	consin laws, any laws	of any oth	er states or ordinances o	of any county		
status of charges pending. (If more ro	om is needed, continue of	nd penalty <i>n reverse si</i>	imposed, and/or date, dide of this form.)	escription and	Yes	✓ No
3. Are charges for any offenses present	v pending against you	(other tha	n traffic uprolated to also	- L - L L		
ariy loderar laws, arry	VISCOUSIN ISWS ANVIOL	NC Of Othor	rototoo amamali			
			· · · · · · · · · · · · · · · · · · ·	any county of	□ Voo	□ N-
					Yes	✓ No
Do you hold, are you making application or member/manager/age	on for or are you an of	ficer, direc	tor or agent of a corpora	tion/nonprofit		
- 3 - Heart of Member/Manager/age	DLOLA IIMITEA IIANIIN/ e	nmnanuh	aldina an analis c		ſ	
The state of the s					✓ Yes	No
If yes, identify. Manager of -see at	ached list					
Do you hold and/or are you an officer, member/manager/agent of a limited lie	director stockholder s	e, Location ar	nd Type of License/Permit)			
brewery/winery permit or wholesale lid	UOI, manufacturer or re	g or applyit actifier nor	mit in the State of Mi	permit,		
If yes, identify.	,	counct bei	THE STATE OF WISCO	onsin?	Yes	✓ No
(Name of Wh	olesale Licensee or Permittee)					
<ol><li>Named individual must list in chronolog</li></ol>	gical order last two em	plovers	(2	Address By City and (	County)	
Linployer's Name	mployer's Address	j-1- j -1 -1 -	Employed	From	T-	
Dollar General Corporation	100 Mission Ridge		April 19		™ Present	
	mployer's Address		Employed		To To	
					,,,	
READ CAREFULLY BEFORE SIGNING: been truthfully answered to the best of the application; that the applicant has read and correct. The undersigned further understant materials penalty of state law, the applicant materials. Any person who knowingly provides not applicant materials.	made a complete answ ds that any license issu	ver to each	n question, and that the a n question, and that the a ny to Chapter 125 of the halse statements and affice application may be requ	is the person n answers in each Wisconsin Stat	named in the form instance are national to the control of the cont	true and

#### ACTION BY WRITTEN CONSENT OF THE SOLE MEMBER OF DOLGENCORP, LLC

Pursuant to the Kentucky Limited Liability Company Act, the undersigned, being the sole member of Dolgencorp, LLC (the "Company"), effective this 4<sup>th</sup> day of February, 2022, does hereby consent to and take the following action as evidenced by the signature below.

WHEREAS, effective December 3, 2021, Bethany Malakelis resigned as Assistant Treasurer of the Company.

WHEREAS, the sole member desires to elect the Company's managers and officers for the 2022 fiscal year.

NOW, THEREFORE, BE IT RESOLVED, that the following named persons hereby are elected or re-elected, as applicable, to serve as managers of the Company for the 2022 fiscal year or until his or her earlier resignation or removal:

Steven G. Sunderland Emily C. Taylor

FURTHER RESOLVED, that each of the following named persons hereby are elected or re-elected, as applicable, to the office(s) listed below to serve for the 2022 fiscal year or until his or her earlier resignation or removal:

Steven G. Sunderland

Chief Executive Officer

John W. Garratt

Chief Financial Officer and Secretary

Anthony Zuazo

Executive Vice President, Global Supply Chain

Barbara L. Springer

Vice President and Treasurer

Hiren Mehta

Assistant Treasurer

The undersigned, being the sole member, hereby consents to and adopts the foregoing resolutions as of the day and year first above written.

DOLLAR GENERAL CORPORATION Sole Member

John W. Garratt

Executive Vice President, Chief Financial Officer

tore Number	Date Licensed	hich LLC Officers Steven Sunderlar Address	City	
5866	40786	2410 1ST CENTER AVE	BRODHEAD	Z
5871		1827 17TH AVE. (STATE HWY 40)	BLOOMER	53520-194
6413	40690	1150 SERVICE RD	KIEL	54724-158
6432		1210 E MAIN ST	OMRO	53042-128
6440		313 S 4th Street	Abbotsford	5496
6477		1131 MARQUETTE AVE	SOUTH MILWAUKEE	5440
6482		320 N MAIN ST	RIVER FALLS	53172-252
6509		991 MARQUETTE DR	KEWAUNEE	54022-234
6535		1320 W WISCONSIN AVE UNIT	APPLETON	54216-177
6554		902 W MAIN ST	WAUPUN	54914-328
6563		1152 S MILITARY AVE	GREEN BAY	53963-120:
6571		905 E DIVISION ST		54304-214
6586		745 E FOND DU LAC ST	WAUTOMA	54982-1035
6588		103 BRALICK WAY	RIPON	54971-9570
6604		1102 LAWE ST	OCONTO	54153-1978
6627		360 S MAIN ST	KAUKAUNA	54130-1553
6637		510 S US HIGHWAY 141	CLINTONVILLE	54929-1632
6639		301 N SHAWANO ST	CRIVITZ	54114-0250
6775		31 E CENTER ST	NEW LONDON	54961
6787		83 S JOHN PAUL RD	JUNEAU	53039-1311
6861		28 E LAKE ST	MILTON	53563-1224
6867		8 SWIGGUM RD	LAKE MILLS	53551-1607
6870		25 W LINCOLN ST	WESTBY	54667-8413
6887		05 S 8TH ST	ADAMS	53910-9460
6914		231 WATER AVE	WATERTOWN	53094-4724
6960		400 IHM ST	HILLSBORO	54634-4308
6966		39 S CHURCH ST	LANCASTER	53813-9442
6972			BERLIN	54923-2144
7401		9050 DEWEY ST	WHITEHALL	54773-8525
9836		05 W 9TH ST N	LADYSMITH	54848-1252
9967		.09 CAMERON ST	EAU CLAIRE	54703-4947
10001		060 E PINE ST	EAGLE RIVER	54521-2075
10001		10 COUNTRYSIDE PKWY	MONDOVI	54755-5013
10102		20 E WASHINGTON ST	WEST BEND	53095-2608
10102		8 N 4TH ST	TOMAHAWK	54487-1349
		RIVERSIDE SQ	PRAIRIE DU CHIEN	53821-9642
10118 10132		5 E MAIN ST	BLACK RIVER FALLS	54615-1469
10132		3 JEFFERSON ST	CAMBRIDGE	53523-9150
		1 W GRAND AVE	WISCONSIN RAPIDS	54495-2606
10408		4 W COTTAGE GROVE RD	COTTAGE GROVE	53527-9213
10422		L W JAMES ST	COLUMBUS	53925-1027
10517		3 S CECIL ST	BONDUEL	54107-9292
10540		L4 4TH AVE S	PARK FALLS	54552-1919
10595		GRAND AVE	SCHOFIELD	54476-1118
10602		S MAIN ST	PARDEEVILLE	53954-9119
10921	44110 257	9 NORTH ST	EAST TROY	53120-1260

10945	44068 530 W Ryan St	BRILLION	54110-119
10954	40690 701 W MAIN ST	MARSHALL	53559-898
11052	40715 314 W BROADWAY ST	BLAIR	54616-936
11710	40673 211 WISCONSIN AVE S	FREDERIC	54837-465
11718	40626 619 W WARREN ST	REDGRANITE	54970-939
12489	40659 110 PROGRESS DR	RANDOLPH	53956-145
12677	40856 821 COPPER FALLS DR	MELLEN	54546
12858	40864 9040 N BOUNDARY RD	SOLON SPRINGS	54873-8100
13173	40935 24199 STATE RD 35 70	SIREN	54872
13175	41148 1135 APPLETON RD	MENASHA	54952-1905
13248	41145 880 SPRUCE ST	BALDWIN	54002-3264
13348	41183 717 N. MAIN ST	LODI	53555-1259
13463	41254 5088 N HWY 51	MERCER	54547
13775	41541 961 MARKET ST.	NEKOOSA	54457-1078
13790	41276 309 GENESEE ST.	WITTENBERG	54499
13946	41254 412 W. NORTH ST. PLAINFIEI	LD PLAINFIELD	54966-9296
14069	41660 19919 WINNEBAGO ROAD	GALESVILLE	
14302	41715 216 BELKNAP ST	SUPERIOR	54630 54880-2964
14362	41641 N3887 STATE RD 55	FREEDOM	
14365	41834 515 WALTER STREET	MAZOMANIE	54130
14373	41649 830 FRENCH ST	PESHTIGO	53560-9224
14377	41638 207 N HWY 27	CADOTT	54157-1459
14977	41849 303 DOUGLAS DRIVE	BROOKLYN	54727-9300
15009	41908 510 GRANDVIEW AVENUE	CAMPBELLSPORT	53521-9046
15039	41892 1560 15TH AVE	UNION GROVE	53010
15049	41904 1520 HERITAGE BLVD.	WEST SALEM	53182-1529
15938	42191 802 WAGNER DR	ROBERTS	54669
15975	42186 200 ANN ST.	WATERLOO	54023-8648
15996	42206 121 W. 3RD ST.	OWEN	53594-1167
16020	42328 928 240TH STREET	OSCEOLA	54460
16028	42220 614 NORTH MECHANIC STREE		54020
16447	42417 111 E. DIVISION STREET		53502-9563
16673	42536 4500 FAIRGROUNDS RD	NEILLSVILLE	54456-2148
16744	42657 229 STATE HWY 13	AMHERST	54406
16966	42580 213 INDUSTRIAL DRIVE	NEKOOSA	54457-8702
17048	42688 700 S STATE RD 35	MARION	54950-8719
17126	42635 603 E BRIDGE ST	LUCK	54853-9079
17471	43109 715 S LAKE AVE	NEW LISBON	53950-1076
17495	43006 215 E STATE RD 70	PHILLIPS	54555-1449
17575	43019 110 STENCIL AVE	GRANTSBURG	54840
17613	42886 322 WALWORTH ST	EDGAR	54426
17654	42863 761 COMMERCIAL AVE	GENOA CITY	53128-2173
17665	42776 33651 US HWY 14	GREEN LAKE	54941
17792	42950 260 N MAIN ST	LONE ROCK	53556-9220
17883		COCHRANE	54622-7000
18223	42587 333 PROSPECT AVENUE	NORTH FOND DU LAC	54937-1466
18230	43109 129 W FOLLETT DR	COLOMA	54930
	43019 1856 ANDERSON ST	THREE LAKES	54562

18231		202 E ELM DR	LOYAL	54446-975
18255		8020 SOUTH 70 EAST	SAINT GERMAIN	5455
18341		507 N MAIN ST	ORFORDVILLE	53576
18396		N 18770 US HIGHWAY 141 8	PEMBINE	54156
18451		9991 E CENTENNIAL RD	POPLAR	54864
18463		103 S BRIDGE ST	MANAWA	54949-9510
18554		5687 4TH AVE	PITTSVILLE	54466-9361
18755		472 US HWY 45	BIRNAMWOOD	54414
18788		1341 E MAIN ST	ARCADIA	54612-3704
18814		10127 N COUNTY HIGHWAY K	HAYWARD	54843-2261
18858		523 S MAIN ST	NESHKORO	54960
18894		7513 STATE HWY 51	MINOCQUA	54548
18984		16894 W 3RD ST N	STONE LAKE	54876
19038	43406	6499 N RIVERSIDE DR (HWY 51)	JANESVILLE	53546
19323		102 E NORTHLAND AVE	APPLETON	54911-2125
19380		211611 STATE HIGHWAY 97	STRATFORD	54484-4328
19382	43283	1619 ACADEMY ST	ELROY	53929-1018
19383	43292 4	125 HAGEN ST	CASHTON	54619-8031
19452	43270 5	504 S HAMMOND ST	MERRILLAN	
19533	43329 7	7447 MAIN ST	DANBURY	54754
19724	43404 7	741 PINE ST	ATHENS	54830-8413
19877	43543 7	10 W ARTHUR AVE	BRUCE	54411-9305
19884		215 STATE HWY 102	RIB LAKE	54819-9452
19970		J11133 HWY 45	ELCHO	54470
19998	43522 7	33 W STATE ST	FOX LAKE	54428
20022	43510 2	05 S GRAND AVE	EMBARRASS	53933
20091	43724 N	4260 STH Rd 49	Poy Sippi	54933-5015
20120	43784 14	4727 Valley Rd	Argyle	54967
20206		80 MAIN ST	GRESHAM	53504
20213	43648 31	15 E MAIN ST	HORTONVILLE	54128-9572
20230	43733 60	09 N Main St	Black Creek	54944
20333		715 N Clark Street	Radisson	54106
20418		86 W GRAND AVE	ROSHOLT	54867
20419		00 State Rd	Hatley	54473
20610		3 Dodge Street	Mineral Point	54440
20759		4 Washington Street	Horicon	53565
20767		300 CO Hwy A	Iron River	53032
20867		22 Mishicot Rd		54847
20870		7 E Main St	Two Rivers	54241
20873		6 High Street	Mishicot	54228
21000		9 W. Fond du Lac St	Wrightstown	54180
21045		41 Main Street	Ripon	54971
21051		D E. 2nd Street	Green Bay	54302
21068		9 8th St South	Merrill	54452
21082		) Lincoln Avenue	Wisconsin Rapids	54494
21191		E Main St	Fennimore	53809
21320		163 County Rd A	Suring	54174
		200 County Nu A	Elkhorn	53121

21339	44096 120 EAST STREET	Boyceville	
21568	44053 1003 First St	Plum City	5472
21655	44091 26237 W. Mondovi Street	Eleva	5476
21656	44062 E7512 Grey Goose Trail	Fremont	5473
21658	43998 235 E Main Street	Lena	5494
21714	44383 101 S 1st Street	Cameron	5413
21736	44456 580 Gravity Court	Waterford	5482
21836	44012 344 STH 11	Shullsburg	5318
21847	44014 1126 S COMMERCIAL ST	NEENAH	53586
21851	44005 1010 W College Ave	Appleton	54956
21853	43906 707 N Central Ave	Marshfield	54914
21854	43942 225 N Washington St	Kimberly	54449
21860	44056 32 E Johnson Street	Fond du Lac	54136
21864	43914 5430 Century Ave	Middleton	54935
21868	44376 303 E Main St	Cobb	53562
21877	44110 3459 Springfield	Lake Geneva	53526
21943	44329 N1411 Clover Rd	Genoa City	53147
21987	43958 1026 E. Commerce Blvd	Slinger	53128
22014	44366 408 South Old 53 St	New Auburn	53086
22163	44110 23797 Indee Blvd		54757
22345	44365 W10900 Kottke Rd	Independence	54747
22346	44546 820 Roosevelt Road	Crivitz	54114
22466	44508 W355 S9084 E Godfrey Ln	Niagara	54151
22497	44398 450 S Broadway ST	Eagle	53119
22543	44441 1831 County Rd XX	Stanley	54768
22544	44508 1101 North Wisconsin Street	Kronenwetter	54455
22586	44509 501 E Wisconsin St	- sit trasmington	53074
22627	44707 545 County Road B	Portage	53901
22629	44456 401 South Water Street	Woodville	54028
22801	44474 106 N Royal Avenue	Wilton	54670
22944	44509 607 E Highland Drive	Gays Mills	54631
23005	44714 E220 Menomonie St	Oconto Falls	54154
23042	44684 1326 County Hwy DK	Elk Mound	54739
23070	44665 W6324 Hwy 35	Brussels	54204
23115	44733 2815 Plover Rd	Bay City	54723
23174	44753 4427 N Branch St	Wisconsin Rapids	54494
23464	44726 500 E State Rd 60	Wabeno	54566
23490	44726 100 County Road G	Hustisford	53034
23595	44712 500 Saint Cecelia Rd	Beaver Dam	53916
23681		Butternut	54514
23731	44840 8519 S Loop Rd	Larsen	54947
23863	44869 305 N Algoma St	Birchwood	54817
23970	44846 17210 Emma Lea Ln	Lakewood	54238
24016	44895 7363 N WI 58	New Lisbon	53950
21010	44761 441 S Calumet Dr	Valders	54245

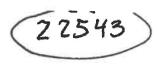
## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last LEMKF.	name) (first na	no. Co.	(middle	name)
Home Address (street/route)	CRYST	AL	1	R
	Post Office	City	State	Zip Code
N4933 4TH ST		LEOPOLIS	E-7 T	
Home Phone Number	Age	Date of Birth	WI Place of	54948
(615) 855-4000	42	01/03/1981		
ha ahawa a la u u	il.		MIDO	CONSIN
he above named individual provides	s the following information as a per	son who is (check one):		
Toppiying for an alconol beverage	e license as an individual.			
A member of a partnership which	ch is making application for an alco	that heverage license		
1 1701141	of DOLGENCO	)RP T.I.C		
(Officer / Director / Member / Mana	ger / Agent) (N	ame of Corporation, Limited Liability Compan	cas Names (	
which is making application for a	n alcohol beverage license.	the state of the s	or Nonproti	t Urganization)
he <i>above named individual</i> provides  How long have you continuously s	une rollowing information to the lic	ensing authority:		
How long have you continuously re	esided in Wisconsin prior to this da	ite? 42 YEARS		
Have you ever been convicted of a	any offenses (other than traffic unre	elated to alcohol beverages) for		
			ounty	
or municipality?				··· Yes
			on and	163
111111111111111111111111111111111111111	don't is needed, continue on reverse :	side of this form.)	on and	
Are charges for any offenses prese for violation of any federal laws an	ently pending against you (other that	an traffic unrelated to alcohol bey	(eranes)	
		***********		Yes 🔀
If yes, describe status of charges p	ending.			163
Do you hold, are you making applic organization or member/manager/a	eation for or are you an officer, direct	ctor or agent of a corporation/no	nprofit	
				Yes T
If yes, identify. AGENT OF SE	TE WITHCHED TIST			
Do you hold and/or are you an office	(Name, Location a	nd Type of License/Permit)		
you all office	er, director, stockholder, agent or e	mploye of any person or corpora	tion or	
member/manager/agent of a limited				
	ligurous services of	rmit in the State of Minnes		
brewery/winery permit or wholesale	liquor, manufacturer or rectifier per	THE THE STATE OF WISCONSINY.		· Yes
brewery/winery permit or wholesale If yes, identify.	inquor, manufacturer or rectifier per	THE State of Wisconsin?.		· Yes 🗸 N
brewery/winery permit or wholesale if yes, identify.  (Name of	Wholesale Licensee or Respitable			
brewery/winery permit or wholesale If yes, identify.  (Name of Named individual must list in chrono	Wholesale Licensee or Permittee)  logical order last two employers.	(Address By		
brewery/winery permit or wholesale If yes, identify.  (Name of Named individual must list in chrono	Wholesale Licensee or Permittee) logical order last two employers. Employer's Address			unty)
brewery/winery permit or wholesale If yes, identify.  (Name of Named individual must list in chrono imployer's Name OOLLAR GENERAL	Wholesale Licensee or Permittee) logical order last two employers. Employer's Address GOODLETTSVILLE, TN	(Address By	City and Cod	unty)
brewery/winery permit or wholesale If yes, identify.  (Name of Named individual must list in chrono Employer's Name  DOLLAR GENERAL Employer's Name	Wholesale Licensee or Permittee) logical order last two employers. Employer's Address GOODLETTSVILLE, TN Employer's Address	(Address By	City and Cod	unty)
brewery/winery permit or wholesale If yes, identify.	Wholesale Licensee or Permittee) logical order last two employers. Employer's Address GOODLETTSVILLE, TN	(Address By Employed From 08/14/201	City and Coo	unty)

**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.

Fal (em luc (Signature of Named Individual)





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: 608-224-5761 email: DORBusinessTex@wisconsin.gov website: revenue.wl.gov

Letter ID

L0001392976

DOLGENCORP, LLC 100 MISSION RDG **GOODLETTSVILLE TN 37072-2171** 

### Wisconsin Department of Revenue Seller's Permit

Legal/real name:

DOLGENCORP, LLC

**Business name:** 

**DOLLAR GENERAL STORE #22543** 

1831 COUNTY ROAD XX

KRONENWETTER WI 54455-7933

- 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

456-0000208845-05