

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: July 1 2023 ending: June 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of Village of City of } KRONENWETTER VILLAGE OF

County of MARATHON Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-0000208845-05	
FEIN Number 61-0852764	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ \$200.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$ 400
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 40
TOTAL FEE	\$ 640

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)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Dolgencorp, LLC	Address of Corporation / Limited Liability Company (if different from licensed premises) 100 Mission Ridge, Attn: Tax Dept Goodlettsville, TN 37072
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name LEMKE	First CRYSTAL	Middle Name	Home Address (Street, City or Post Office, & Zip Code) See attached
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name Sunderland	First Steven	Middle Name G	Home Address (Street, City or Post Office, & Zip Code) See Attached
Vice President / Member Last Name Taylor	First Emily	Middle Name C	Home Address (Street, City or Post Office, & Zip Code) See attached
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Dollar General Store # 22543 Business Phone Number 7153520910
 2. Address of Premises 1831 COUNTY RD XX Post Office & Zip Code KRONENWETTER, 54455

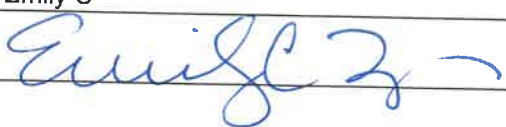
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)


8300 Sq.Ft. Stand Alone Building consisting of sales area and stock room

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) Taylor, Emily C	Title / Member LLC Manager	Date
Signature 	Phone Number 615-855-4000	Email Address tax-beerandwine@dollargeneral.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-19-2023 ^{AKA'S} 7527734	Date reported to council / board 7527735	Date license granted
License number issued 7527736	Date license issued	Signature of Clerk / Deputy Clerk 

APR 19 2023

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 liquor 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 of Kronenwetter 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
(Trade Name)

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? Yes No

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

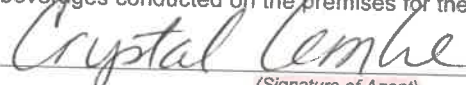
For: DOLGENCORP, LLC
(Name of Corporation / Organization / Limited Liability Company)
By: 
(Signature of Officer / Member / Manager)

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, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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.

 3/1/23 Agent's age 42
(Signature of Agent) (Date)
N4933 4TH ST LEOPOLIS WI 54948-9740 Date of birth 01/03/1981
(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 _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

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Licensed Stores	Address	City	County	Zip	Current Agent
6440	313 S 4TH ST	ABBOTSFORD	MARATHON	54405-9693	CRYSTAL LEMKE
10102	105 N 4TH ST	TOMAHAWK	LINCOLN	54487-1346	CRYSTAL LEMKE
10595	830 GRAND AVE	SCHOFIELD	MARATHON	54476-1118	CRYSTAL LEMKE
13790	309 GENESEE ST.	WITTENBERG	SHAWANO	54499	CRYSTAL LEMKE
15996	121 W. 3RD ST.	OWEN	CLARK	54460	CRYSTAL LEMKE
16447	111 E. DIVISION STREET	NEILLSVILLE	CLARK	54456-2148	CRYSTAL LEMKE
17471	715 S LAKE AVE	PHILLIPS	PRICE	54555-1449	CRYSTAL LEMKE
17575	110 STENCIL AVE	EDGAR	MARATHON	54426	CRYSTAL LEMKE
18231	202 E ELM DR	LOYAL	CLARK	54446-9753	CRYSTAL LEMKE
18755	472 US HWY 45	BIRNAMWOOD	SHAWANO	54414	CRYSTAL LEMKE
19380	211611 STATE HIGHWAY 97	STRATFORD	MARATHON	54484-4328	CRYSTAL LEMKE
19724	741 PINE ST	ATHENS	MARATHON	54411-9305	CRYSTAL LEMKE
19884	1215 STATE HIGHWAY 102	RIB LAKE	TAYLOR	54470-9783	CRYSTAL LEMKE
20418	436 W GRAND AVE	ROSHOLT	PORTAGE	54473-9545	CRYSTAL LEMKE
20419	400 STATE RD	HATLEY	MARATHON	54440-9706	CRYSTAL LEMKE
21051	710 E 2ND ST	MERRILL	LINCOLN	54452-2419	CRYSTAL LEMKE
21853	707 N CENTRAL AVE	MARSHFIELD	WOOD	54449-2120	CRYSTAL LEMKE
22543	1831 COUNTY RD XX	KRONENWETTER	MARATHON	54455	CRYSTAL LEMKE

APR 19 2023

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Sunderland		Steven		G	
Home Address (street/route)		Post Office	City	State	37215
3609 Hilldale Dr.			Nashville	TN	
Home Phone Number		Age	Date of Birth	Place of Birth	
615-855-4000		58	02/04/1964	Elmhurst, IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- LLC Manager** of **Dolgencorp, LLC**
- (Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

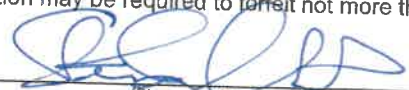
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. Manager of -see attached list
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Dollar General Corporation	100 Mission Ridge	09/09/2014	Present
Employer's Name	Employer's Address	Employed From	To

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.


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Taylor		Emily		C	
Home Address (street/route)		Post Office	City	State	Zip Code
1805 Otter Creek Rd.			Nashville	TN	37215
Home Phone Number		Age	Date of Birth	Place of Birth	
615-855-4000		46	03/19/76	Nashville, TN	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- LLC Manager** of **Dolgencorp, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

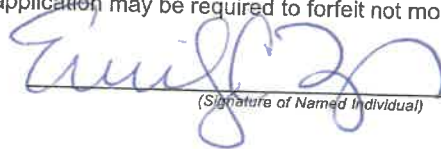
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify: Manager of -see attached list
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Dollar General Corporation	100 Mission Ridge	April 1998	Present
Employer's Name	Employer's Address	Employed From	To

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.


(Signature of Named Individual)

**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 4th 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:

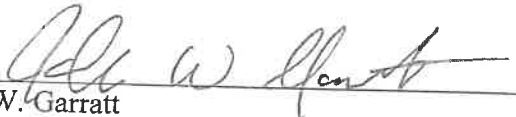
Steven G. Sunderland
Emily C. Taylor

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

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Alcohol Licensed WI Stores for which LLC Officers Steven Sunderland and Emily Taylor are Managers

Store Number	Date Licensed	Address	City	ZIP
5866	40786	2410 1ST CENTER AVE	BRODHEAD	53520-1943
5871	42086	1827 17TH AVE. (STATE HWY 40)	BLOOMER	54724-1589
6413	40690	1150 SERVICE RD	KIEL	53042-1281
6432	43515	1210 E MAIN ST	OMRO	54963
6440	44508	313 S 4th Street	Abbotsford	54405
6477	40652	1131 MARQUETTE AVE	SOUTH MILWAUKEE	53172-2526
6482	40764	320 N MAIN ST	RIVER FALLS	54022-2344
6509	40666	991 MARQUETTE DR	KEWAUNEE	54216-1772
6535	40673	1320 W WISCONSIN AVE UNIT	APPLETON	54914-3287
6554	40946	902 W MAIN ST	WAUPUN	53963-1201
6563	40770	1152 S MILITARY AVE	GREEN BAY	54304-2145
6571	40681	905 E DIVISION ST	WAUTOMA	54982-1035
6586	40722	745 E FOND DU LAC ST	RIPON	54971-9570
6588	40652	103 BRALICK WAY	OCONTO	54153-1978
6604	40759	1102 LAWE ST	KAUKAUNA	54130-1553
6627	40770	360 S MAIN ST	CLINTONVILLE	54929-1632
6637	40666	610 S US HIGHWAY 141	CRIVITZ	54114-0250
6639	43552	801 N SHAWANO ST	NEW LONDON	54961
6775	40676	331 E CENTER ST	JUNEAU	53039-1311
6787	44092	383 S JOHN PAUL RD	MILTON	53563-1224
6861	40886	528 E LAKE ST	LAKE MILLS	53551-1607
6867	40679	98 SWIGGUM RD	WESTBY	54667-8413
6870	40694	225 W LINCOLN ST	ADAMS	53910-9460
6887	40753	105 S 8TH ST	WATERTOWN	53094-4724
6914	40736	1231 WATER AVE	HILLSBORO	54634-4308
6960	40723	1400 IHM ST	LANCASTER	53813-9442
6966	40617	289 S CHURCH ST	BERLIN	54923-2144
6972	40679	19050 DEWEY ST	WHITEHALL	54773-8525
7401	40652	705 W 9TH ST N	LADYSMITH	54848-1252
9836	40687	2109 CAMERON ST	EAU CLAIRE	54703-4947
9967	40659	1060 E PINE ST	EAGLE RIVER	54521-2075
10001	40662	1010 COUNTRYSIDE PKWY	MONDOVI	54755-5013
10015	40659	1120 E WASHINGTON ST	WEST BEND	53095-2608
10102	44561	328 N 4TH ST	TOMAHAWK	54487-1349
10109	40633	28 RIVERSIDE SQ	PRAIRIE DU CHIEN	53821-9642
10118	40675	205 E MAIN ST	BLACK RIVER FALLS	54615-1469
10132	40732	213 JEFFERSON ST	CAMBRIDGE	53523-9150
10309	40674	951 W GRAND AVE	WISCONSIN RAPIDS	54495-2606
10408	40631	214 W COTTAGE GROVE RD	COTTAGE GROVE	53527-9213
10422	44110	951 W JAMES ST	COLUMBUS	53925-1027
10517	40659	243 S CECIL ST	BONDUEL	54107-9292
10540	40647	1014 4TH AVE S	PARK FALLS	54552-1919
10595	40862	830 GRAND AVE	SCHOFIELD	54476-1118
10602	40725	509 S MAIN ST	PARDEEVILLE	53954-9119
10921	44110	2579 NORTH ST	EAST TROY	53120-1260

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10945	44068	530 W Ryan St	BRILLION	54110-1197
10954	40690	701 W MAIN ST	MARSHALL	53559-8982
11052	40715	314 W BROADWAY ST	BLAIR	54616-9365
11710	40673	211 WISCONSIN AVE S	FREDERIC	54837-4658
11718	40626	619 W WARREN ST	REDGRANITE	54970-9396
12489	40659	110 PROGRESS DR	RANDOLPH	53956-1451
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. PLAINFIELD	PLAINFIELD	54966-9296
14069	41660	19919 WINNEBAGO ROAD	GALESVILLE	54630
14302	41715	216 BELKNAP ST	SUPERIOR	54880-2964
14362	41641	N3887 STATE RD 55	FREEDOM	54130
14365	41834	515 WALTER STREET	MAZOMANIE	53560-9224
14373	41649	830 FRENCH ST	PESHTIGO	54157-1459
14377	41638	207 N HWY 27	CADOTT	54727-9300
14977	41849	303 DOUGLAS DRIVE	BROOKLYN	53521-9046
15009	41908	510 GRANDVIEW AVENUE	CAMPBELLSPORT	53010
15039	41892	1560 15TH AVE	UNION GROVE	53182-1529
15049	41904	1520 HERITAGE BLVD.	WEST SALEM	54669
15938	42191	802 WAGNER DR	ROBERTS	54023-8648
15975	42186	200 ANN ST.	WATERLOO	53594-1167
15996	42206	121 W. 3RD ST.	OWEN	54460
16020	42328	928 240TH STREET	OSCEOLA	54020
16028	42220	614 NORTH MECHANIC STREET	ALBANY	53502-9563
16447	42417	111 E. DIVISION STREET	NEILLSVILLE	54456-2148
16673	42536	4500 FAIRGROUNDS RD	AMHERST	54406
16744	42657	229 STATE HWY 13	NEKOOSA	54457-8702
16966	42580	213 INDUSTRIAL DRIVE	MARION	54950-8719
17048	42688	700 S STATE RD 35	LUCK	54853-9079
17126	42635	603 E BRIDGE ST	NEW LISBON	53950-1076
17471	43109	715 S LAKE AVE	PHILLIPS	54555-1449
17495	43006	215 E STATE RD 70	GRANTSBURG	54840
17575	43019	110 STENCIL AVE	EDGAR	54426
17613	42886	322 WALWORTH ST	GENOA CITY	53128-2173
17654	42863	761 COMMERCIAL AVE	GREEN LAKE	54941
17665	42776	33651 US HWY 14	LONE ROCK	53556-9220
17792	42950	260 N MAIN ST	COCHRANE	54622-7000
17883	42587	333 PROSPECT AVENUE	NORTH FOND DU LAC	54937-1466
18223	43109	129 W FOLLETT DR	COLOMA	54930
18230	43019	1856 ANDERSON ST	THREE LAKES	54562

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18231	43124	202 E ELM DR	LOYAL	54446-9753
18255	43109	8020 SOUTH 70 EAST	SAINT GERMAIN	54558
18341	43152	507 N MAIN ST	ORFORDVILLE	53576
18396	44733	N 18770 US HIGHWAY 141 8	PEMBINE	54156
18451	43201	9991 E CENTENNIAL RD	POPLAR	54864
18463	43399	103 S BRIDGE ST	MANAWA	54949-9510
18554	43152	5687 4TH AVE	PITTSVILLE	54466-9361
18755	43122	472 US HWY 45	BIRNAMWOOD	54414
18788	43606	1341 E MAIN ST	ARCADIA	54612-3704
18814	43214	10127 N COUNTY HIGHWAY K	HAYWARD	54843-2261
18858	43200	523 S MAIN ST	NESHKORO	54960
18894	43168	7513 STATE HWY 51	MINOCQUA	54548
18984	43262	16894 W 3RD ST N	STONE LAKE	54876
19038	43406	6499 N RIVERSIDE DR (HWY 51)	JANESVILLE	53546
19323	43027	102 E NORTHLAND AVE	APPLETON	54911-2125
19380	43293	211611 STATE HIGHWAY 97	STRATFORD	54484-4328
19382	43283	1619 ACADEMY ST	ELROY	53929-1018
19383	43292	425 HAGEN ST	CASHTON	54619-8031
19452	43270	504 S HAMMOND ST	MERRILLAN	54754
19533	43329	7447 MAIN ST	DANBURY	54830-8413
19724	43404	741 PINE ST	ATHENS	54411-9305
19877	43543	710 W ARTHUR AVE	BRUCE	54819-9452
19884	43693	1215 STATE HWY 102	RIB LAKE	54470
19970	43549	N11133 HWY 45	ELCHO	54428
19998	43522	733 W STATE ST	FOX LAKE	53933
20022	43510	205 S GRAND AVE	EMBARRASS	54933-5015
20091	43724	N4260 STH Rd 49	Poy Sippi	54967
20120	43784	14727 Valley Rd	Argyle	53504
20206	43571	380 MAIN ST	GRESHAM	54128-9572
20213	43648	315 E MAIN ST	HORTONVILLE	54944
20230	43733	609 N Main St	Black Creek	54106
20333	43788	3715 N Clark Street	Radisson	54867
20418	43696	436 W GRAND AVE	ROSHOLT	54473
20419	43726	400 State Rd	Hatley	54440
20610	44039	713 Dodge Street	Mineral Point	53565
20759	44046	704 Washington Street	Horicon	53032
20767	44068	68300 CO Hwy A	Iron River	54847
20867	43777	3022 Mishicot Rd	Two Rivers	54241
20870	43850	527 E Main St	Mishicot	54228
20873	43840	376 High Street	Wrightstown	54180
21000	43724	739 W. Fond du Lac St	Ripon	54971
21045	43745	1641 Main Street	Green Bay	54302
21051	43775	710 E. 2nd Street	Merrill	54452
21068	43766	820 8th St South	Wisconsin Rapids	54494
21082	44034	640 Lincoln Avenue	Fennimore	53809
21191	43850	611 E Main St	Suring	54174
21320	44488	W5163 County Rd A	Elkhorn	53121

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21339	44096	120 EAST STREET	Boyceville	54725
21568	44053	1003 First St	Plum City	54761
21655	44091	26237 W. Mondovi Street	Eleva	54738
21656	44062	E7512 Grey Goose Trail	Fremont	54940
21658	43998	235 E Main Street	Lena	54139
21714	44383	101 S 1st Street	Cameron	54822
21736	44456	580 Gravity Court	Waterford	53185
21836	44012	344 STH 11	Shullsburg	53586
21847	44014	1126 S COMMERCIAL ST	NEENAH	54956
21851	44005	1010 W College Ave	Appleton	54914
21853	43906	707 N Central Ave	Marshfield	54449
21854	43942	225 N Washington St	Kimberly	54136
21860	44056	32 E Johnson Street	Fond du Lac	54935
21864	43914	5430 Century Ave	Middleton	53562
21868	44376	303 E Main St	Cobb	53526
21877	44110	3459 Springfield	Lake Geneva	53147
21943	44329	N1411 Clover Rd	Genoa City	53128
21987	43958	1026 E. Commerce Blvd	Slinger	53086
22014	44366	408 South Old 53 St	New Auburn	54757
22163	44110	23797 Indee Blvd	Independence	54747
22345	44365	W10900 Kottke Rd	Crivitz	54114
22346	44546	820 Roosevelt Road	Niagara	54151
22466	44508	W355 S9084 E Godfrey Ln	Eagle	53119
22497	44398	450 S Broadway ST	Stanley	54768
22543	44441	1831 County Rd XX	Kronenwetter	54455
22544	44508	1101 North Wisconsin Street	Port Washington	53074
22586	44509	501 E Wisconsin St	Portage	53901
22627	44707	545 County Road B	Woodville	54028
22629	44456	401 South Water Street	Wilton	54670
22801	44474	106 N Royal Avenue	Gays Mills	54631
22944	44509	607 E Highland Drive	Oconto Falls	54154
23005	44714	E220 Menomonie St	Elk Mound	54739
23042	44684	1326 County Hwy DK	Brussels	54204
23070	44665	W6324 Hwy 35	Bay City	54723
23115	44733	2815 Plover Rd	Wisconsin Rapids	54494
23174	44753	4427 N Branch St	Wabeno	54566
23464	44726	500 E State Rd 60	Hustisford	53034
23490	44726	100 County Road G	Beaver Dam	53916
23595	44712	500 Saint Cecelia Rd	Butternut	54514
23681	44840	8519 S Loop Rd	Larsen	54947
23731	44869	305 N Algoma St	Birchwood	54817
23863	44846	17210 Emma Lea Ln	Lakewood	54238
23970	44895	7363 N WI 58	New Lisbon	53950
24016	44761	441 S Calumet Dr	Valders	54245

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Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
LEMKE		CRYSTAL		R	
Home Address (street/route)		Post Office	City	State	Zip Code
N4933 4TH ST			LEOPOLIS	WI	54948
Home Phone Number		Age	Date of Birth	Place of Birth	
(615) 855-4000		42	01/03/1981	WISCONSIN	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- AGENT**

of DOLGENCORP, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 42 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
Waupaca County OWI 2004
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. AGENT OF SEE ATTACHED LIST
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
DOLLAR GENERAL	GOODLETTSVILLE, TN	08/14/2013	
Employer's Name	Employer's Address	Employed From	To
FAMILY DOLLAR	IOLA, WI	03/15/2013	07/15/2026

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.

Crystal Lemke
(Signature of Named Individual)

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

22543

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-224-5781
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.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

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