

**Original Alcohol Beverage
License Application**

FOR CLERKS ONLY	
Municipality	Village of Kronenwetter
License Period	23-24

License(s) Requested

- Class "A" Beer \$ _____
 "Class A" Liquor \$ _____
 Class "B" Beer \$ _____
 "Class B" Liquor \$ _____
 "Class C" Wine \$ _____
 "Class A" Liquor (Cider Only) \$ _____
 Reserve "Class B" Liquor \$ _____
 "Class B" (Wine Only) Winery \$ _____

License Fees	\$
Publication Fee	\$
Background Check	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)

APG NWI LLC

2. Trade Name or DBA

Village Crossing

3. Premises Address

2323 COUNTY ROAD X

4. County

Marathon

5. Municipality

Kronenwetter

6. Aldermanic District

7. Mailing Address (if different from premises address)

5772 New Castle Ln Bettendorf, IA 52722

8. FEIN

93-2356924

9. Wisconsin Seller's Permit Number

456103148194302

10. Premises Phone

(715) 298-9845

11. Premises Email

apgnwi@gmail.com

12. Entity Type (check one)

- Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.

Convenience store/Gas Station

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate..... Yes No

2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?..... Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin	2. Date of Registration 07/13/23
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3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors Yes No

Name of Parent Company	FEIN of Parent Company
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4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name Sickler	Agent's First Name Chad	Phone (715) 297-6150
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Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Chaudhry	Ather	Managing Member	(301) 980-2576
Pandit	Rad	Managing Member	(563) 676-0993

Part E: Attestation

Who must sign this application?

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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

Signature 	Date 08/18/2023
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Name (Last, First, M.I.) Pandit, Rad

Title Managing Member	Email radpandit@gmail.com	Phone (563) 676-0993
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Part F: For Clerk Use Only

Date application was filed with clerk SEPTEMBER 01, 2023	Date reported to governing body	Date provisional license issued (if applicable)
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Date license granted	License number	Date license issued
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Signature of Clerk/Deputy Clerk 
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Wisconsin Locations for APG NWI LLC

Park Falls BP
1130 4th Ave S
Park Falls, WI 54552

Brandy Lake BP
211 Hwy 51 N
Arbor Vitae, WI 54568

Village Crossing
2323 County Road X
Kronenwetter, WI 54455

Alcohol Beverage License Application Supplemental Questionnaire

Date 9-1-2023

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information				
1. Registered Entity Name (or individual name if sole proprietor) APG NWI LLC				
2. Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Name (Last, First, M.I.) Chaudhry, Ather, S				
2. Relationship to Registered Entity (Title) Managing Member		3. Email ather@azanpetro.com		4. Phone 301-980-2576
5. Home Address 2412 Pebblebrook Ct				
6. City Davidsonville		7. State MD	8. Zip Code 21035	9. Date of Birth 02/02/75
10. Drivers License/State ID Number c-360-073-778-088			11. Drivers License/State ID State of Issuance Maryland	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 2412 Pebblebrook Ct	
Previous City, State, Zip Davidsonville, MD 21035	Dates (MM/YYYY - MM/YYYY) 2013 to Present
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Azan Petro LLC	
Employer's Address 130 Lubrano Dr Suite 114, Anapolis MD 21401	Dates Employed (MM/YYYY - MM/YYYY) 2012 to Present
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

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

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

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

Maryland

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 0	Months
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 08/18/23
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Date 9-01-2023

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information				
1. Registered Entity Name (or individual name if sole proprietor) APG NWI LLC				
2. Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input checked="" type="checkbox"/> Limited Liability Company
			<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Name (Last, First, M.I.) Pandit, Rad				
2. Relationship to Registered Entity (Title) Managing member		3. Email radpandit@gmail.com		4. Phone 563-676-0993
5. Home Address 5772 New Castle Ln				
6. City Bettendorf		7. State IA	8. Zip Code 52722	9. Date of Birth 08/18/23 7/12/71
10. Drivers License/State ID Number 763ZZ9404			11. Drivers License/State ID State of Issuance Iowa	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 5772 New Castle Ln	
Previous City, State, Zip Bettendorf, IA 52722	Dates (MM/YYYY - MM/YYYY) 2014 to Present
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Yasoda Inc	
Employer's Address 5772 New Castle Ln Bettendorf, IA 52722	Dates Employed (MM/YYYY - MM/YYYY) 2008- Present
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

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

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

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

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No
Washington DC, Maryland, Texas, Iowa

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	0	

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

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READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 08/18/23
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Ad Preview

CLASS "A" BEER LICENSE CLASS "A" LIQUOR

Village Crossing

Agent: Chad Sickler

PO Box 338

2323 County Road X

Kronenwetter, WI 54455

Run: Sept. 17, 18, 19, 2023 WNAAXLP