

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	VOL
License Period	7/1/25 - 6/30/26

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

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ 400 ~~400~~
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ 400 ~~400~~
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 500.00
Background Check Fee	\$
Publication Fee	\$ 40.00
Total Fees	\$ 540.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

ELIZABETH A. SITKO

2. Business Trade Name or DBA

SITKOS BAR

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

- ☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

3374 HWY 153

10. City

KRONENWETTER

11. State

WI

12. Zip Code

54453

13. County

MARATHON

14. Governing Municipality: ☐ City ☐ Town ☒ Village
of: KRONENWETTER

15. Aldermanic District

16. Premises Phone

715-693-647

17. Premises Email

Sitkosgratest@yahoo.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

2 STORY FRAME BUILDING with 13 bedroom 4 1/2 story Kitchen-Living room 1 Bedroom
BATH Room on 1st floor

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone

Part D: Attestation

One of the following must sign and attest to this application:

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

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

Last Name <i>Seth</i>		First Name <i>Elizabeth</i>		M.I. <i>A</i>
Title <i>OWNER</i>		Email <i>Sethosgreates@gmail.com</i>	Phone <i>715 693 6622</i>	
Signature <i>Elizabeth A Seth</i>			Date <i>May 20-2025</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>5/21/2025</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Kronenwetter Police Department

1582 Kronenwetter Drive
Kronenwetter, WI 54455
Phone: (715) 693-4215
Fax: (715) 693-4228

Terry McHugh
CHIEF OF POLICE

Christopher Smart
LIEUTENANT

MEMORANDUM

TO: JENNIFER POYER, VILLAGE CLERK
FROM: CHIEF TERRY MCHUGH *tm*
SUBJECT: ALCOHOL BEVERAGE LICENSE APPLICATION—SITKO'S BAR
DATE: MAY 21, 2025

At your request, I did a background check of Elizabeth A. Sitko, using the Wisconsin Department of Justice Crime Information Bureau (CIB) website.

There are no CIB records for Ms. Sitko.

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www.kronenwetter.org
police@kronenwetter.org

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	VOK
License Period	July 1, 2025 - Jun 30, 2026

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

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ 400.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 500. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 40. ⁰⁰
Total Fees	\$ 540. ⁰⁰

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) ST Bar & Grill			
2. Business Trade Name or DBA Tavern & Restaurant			
3. FEIN 81-1588914		4. Wisconsin Seller's Permit Number 456-1029073648-02	
5. 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			
6. State of Organization WISCONSIN		7. Date of Organization 2-25-2016	
8. Wisconsin DFI Registration Number P054288			
9. Premises Address 1718 BUSINESS HWY 51			
10. City KRONENWETTER		11. State WI	
12. Zip Code 54455		13. County MARATHON	
14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: KRONENWETTER		15. Aldermanic District	
16. Premises Phone 715-693-6123		17. Premises Email N/A	
18. Website N/A		19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. KITCHEN FULL BASEMENT, MAIN BAR, DINING AREA, POOLABLE AREA, FULL DECK & FULL BACK YARD.	
20. Mailing Address (if different from premises address) 912 STONKBRIDGE Rd			
21. City KRONENWETTER		22. State WI	
23. Zip Code 54455		24. Aldermanic District	
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated		Location	
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
NEUBAUER	SCOTT	OWNER	715-297-7150

Part D: Attestation

One of the following must sign and attest to this application:

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

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

Last Name NEUBAUER	First Name SCOTT	M.I. A.
Title OWNER	Email K22ENT1967@gmail.com	Phone 715-297-7150
Signature <i>Scott Neubauer</i>		Date 5-19-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/21/2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Kronenwetter Police Department

1582 Kronenwetter Drive
Kronenwetter, WI 54455
Phone: (715) 693-4215
Fax: (715) 693-4228

Terry McHugh
CHIEF OF POLICE

Christopher Smart
LIEUTENANT

MEMORANDUM

TO: JENNIFER POYER, VILLAGE CLERK
FROM: CHIEF TERRY MCHUGH *Tm*
SUBJECT: SCOTT A. NEWBAUER—ALCOHOL LICENSE RENEWAL
DATE: MAY 21, 2025

At your request, I did a background check of Scott A. Newbauer, using the Wisconsin Department of Justice Crime Information Bureau (CIB) website.

CIB records show Mr. Newbauer was arrested by the Oneida County Sheriff in 1999 for Possession of THC, Possession of Controlled Substance, and Possess Drug Paraphernalia. All charges were dismissed pursuant to a deferred prosecution agreement. CIB also shows Mr. Newbauer was arrested by the Kronenwetter Police Department in 2012 for substantial battery and disorderly conduct, which were dismissed. CIB also shows a bail jumping conviction in 2013.

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police@kronenwetter.org

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	VOK
License Period	7/1/25 - 6/30/26

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

- ☒ Class "A" Beer \$ 300 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 800
Background Check Fee	\$
Publication Fee	\$ 40
Total Fees	\$ 840

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

APG NWI LLC

2. Business Trade Name or DBA

VILLAGE CROSSING BP

3. FEIN

93-2356924

4. Wisconsin Seller's Permit Number

456-1031481943-02

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

07/13/2023

8. Wisconsin DFI Registration Number

A108084

9. Premises Address

2323 COUNTY RD X

10. City

KRONENWETTER

11. State

WI

12. Zip Code

54455

13. County

MARATHON

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: KRONENWETTER

15. Aldermanic District

16. Premises Phone

715-298-9845

17. Premises Email

APGNWI@GMAIL.COM

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

**SALES IN CONVENIENCE STORE AT 2323 COUNTY RD X AND STORAGE IN CAR WASH
EQUIPMENT ROOM AT SAME ADDRESS**

20. Mailing Address (if different from premises address)

P.O BOX 13

21. City

WOODRUFF

22. State

WI

23. Zip Code

54568

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


Last Name	First Name	Title	Phone
PANDIT	RAD	MEMBER	563-676-0993
CHAUDHARY	ATHER	MEMBER	301-980-2576
POUDEL	AAYUSHA	AGENT	781-427-6135

Part D: Attestation

One of the following must sign and attest to this application:

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

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

Last Name PANDIT	First Name RAD	M.I.
Title MEMBER	Email RADPANDIT@GMAIL.COM	Phone 563-676-0993
Signature 		Date 4/18/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/1/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Kronenwetter Police Department

1582 Kronenwetter Drive
Kronenwetter, WI 54455
Phone: (715) 693-4215
Fax: (715) 693-4228

Terry McHugh
CHIEF OF POLICE

Christopher Smart
LIEUTENANT

MEMORANDUM

TO: JENNIFER POYER, VILLAGE CLERK
FROM: CHIEF TERRY MCHUGH *TM*
SUBJECT: VILLAGE CROSSING RETAILER'S LICENSE
DATE: MAY 21, 2025

At your request, I did a background search of Aayusha Poudel Ather Chaudhry, and Rad Pandit using the Wisconsin Department of Justice Crime Information Bureau (CIB) website.

CIB shows "No Records Found" for all three individuals.

ded



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www.kronenwetter.org
police@kronenwetter.org

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 400
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 400
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>500.00</u>
Background Check Fee	\$
Publication Fee	\$ <u>40.00</u>
Total Fees	\$ <u>540.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>LOCATION BAR, INC.</u>			
2. Business Trade Name or DBA <u>RELOCATION Pub + Eatery</u>			
3. FEIN <u>39-1369719</u>		4. Wisconsin Seller's Permit Number <u>456-0000292700-03</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WISCONSIN</u>		7. Date of Organization <u>1985</u>	
8. Wisconsin DFI Registration Number			
9. Premises Address <u>1801 Hwy XX</u>			
10. City <u>KRONENWEHER</u>		11. State <u>WI</u>	12. Zip Code <u>54455</u>
13. County <u>MARATHON</u>		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>KRONENWEHER</u>	
15. Aldermanic District			
16. Premises Phone <u>715-359-0810</u>		17. Premises Email <u>rtre10@yahoo.com</u>	
18. Website			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Restaurant, Bar area, kitchen, storage, 2 dining areas</u> <u>All property at 1801 Hwy XX KRONENWEHER</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

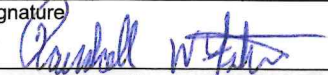
Last Name	First Name	Title	Phone
Fisher	RANDALL W. Fisher	President	715-571-0285
Fisher	JACQUELYN Fisher	Sec + TREAS	715-574-4142

Part D: Attestation

One of the following must sign and attest to this application:

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

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

Last Name Fisher		First Name RANDALL		M.I. W.
Title President		Email rfrelo@yahoo.com		Phone 715-571-0285
Signature X 			Date May 23, 2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/23/2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Kronenwetter Police Department

1582 Kronenwetter Drive
Kronenwetter, WI 54455
Phone: (715) 693-4215
Fax: (715) 693-4228

Terry McHugh
CHIEF OF POLICE

Christopher Smart
LIEUTENANT

MEMORANDUM

TO: JENNIFER POYER, VILLAGE CLERK
FROM: CHIEF TERRY MCHUGH *TM*
SUBJECT: RELOCATION BAR, INC.—ALCOHOL LICENSE RENEWAL
DATE: JUNE 4, 2025

At your request, I did a background check of Randall W. Fisher and Jacquelyn A. Fisher using the Wisconsin Department of Justice Crime Information Bureau (CIB) website.

CIB reports Randall Fisher was convicted of disorderly conduct in 2002. There are no records reported for Jacquelyn A. Fisher.

ded



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www.kronenwetter.org
police@kronenwetter.org

6-30-26

KRONENWETTER VILLAGE OF

1582 KRONENWETTER DR, 0

KRONENWETTER, WI 54455

22543

Form
AB-200**Alcohol Beverage License
Application****For Municipal Use Only**

Municipality

VOK

License Period

7/1/2025-6/30/2026

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

- ☒ Class "A" Beer \$ 300 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

License Fees	\$ 800
Background Check Fee	\$ N/A
Publication Fee	\$ \$40.00
Total Fees	\$ 840.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Dolgencorp, LLC

2. Business Trade Name or DBA

Dollar General Store # 22543

3. FEIN

61-0852764

4. Wisconsin Seller's Permit Number

456-0000208845-05

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

6. State of Organization

KY

7. Date of Organization

10/09/2008

8. Wisconsin DFI Registration Number

9. Premises Address

1831 COUNTY RD XX

10. City

KRONENWETTER

11. State

WI

12. Zip Code

54455

13. County

MARATHON

14. Governing Municipality: ☐ City ☐ Town ☐ Village

of: KRONENWETTER VILLAGE OF

15. Aldermanic District

16. Premises Phone

(615) 855-4000

17. Premises Email

TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Sq footage 8300 , consisting of sales floor and stock room

20. Mailing Address (if different from premises address)

Attn: Tax Licensing, 100 Mission Ridge

21. City

GOODLETTSVILLE

22. State

TN

23. Zip Code

37072

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if

Law/Ordinance Violated

Location

Vendor #373435

Invoice #202622543BLBWCITY56

Batch #29951

\$800.00

as ☐ No

Penalty Imposed

Law/Ordinance Violated

Location

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Wisconsin Department of Revenue

- 1 -

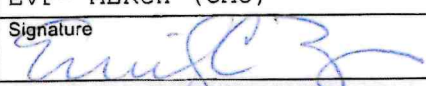
Vendor #373435

Invoice #202622543BWNEWS57

Batch #29951

\$40.00

SEPERATE CHECK
PLEASE RETURN CHECK TO:
ABBY BATEY

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary. Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
TAYLOR	EMILY	EVP-Merch (CMO)	(615) 855-4000
BRINING	ZACHARY	SVP-Store Ops	(615) 855-4000
Allen	Jessica	DISTRICT MANAGER	(615) 855-4000
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
TAYLOR		EMILY	C
Title		Email	Phone
EVP- MERCH (CMO)		TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	(615) 855-4000
Signature		Date	
		4-10-25	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/2/2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Kronenwetter Police Department

1582 Kronenwetter Drive
Kronenwetter, WI 54455
Phone: (715) 693-4215
Fax: (715) 693-4228

Terry McHugh
CHIEF OF POLICE

Christopher Smart
LIEUTENANT

MEMORANDUM

TO: JENNIFER POYER, VILLAGE CLERK
FROM: CHIEF TERRY MCHUGH *Tm*
SUBJECT: DOLLAR GENERAL—ALCOHOL LICENSE RENEWAL
DATE: MAY 21, 2025

At your request, I did a background check of Emily Taylor, Zachary Brining, and Jessica Allen (all on behalf of Dollar General Store #22543) using the Wisconsin Department of Justice Crime Information Bureau (CIB) website.

CIB shows "No Records Found" for all three individuals.

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*"Community Focused, People
First"*

www.kronenwetter.org
police@kronenwetter.org