Form AB-200

For Municipal Use Only
Municipality VOV
License Period 71175 - 10 30 210

License(s) Requested: (up to two boxes may be checked)			Fees			
☐ Class "A" Beer	Class "B" Beer \$	Lic	ense Fe	es	\$ 500.0	00
□ "Class A" Liquor \$ □	☐ "Class B" Liquor \$	Ba	ckground	d Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Pu	blication	Fee	\$ 46	.00
Class C" Liquor (wine only) \$		То	tal Fees		\$ 540.0	00
Part A: Premises/Business Information	1					
1. Legal Business Name (individual name if sole pro	prietorship)					
ELIZABE+H,	A. SITKO					
2. Business Trade Name or DBA						
SITKOS BAR	4. Wisconsin S	'allar's Parmit	Number		***	
3. FEIN	4. WISCONSIN S	eller s Perriil	Number			-
5. Entity Type (check one)						
Sole Proprietor Partnership	☐ Limited Liability Company	Corpo	ration	Nonpro	fit Organiza	ation
6. State of Organization	7. Date of Organization			DFI Registration		
						>
9. Premises Address						-
3374 HWY 153						
10. City	1.1. %	11.	State	12. Zip Code		-
KRONGNOGTECR		Lu		54453		4
13. County MARATHON	14. Governing Municipality: City of: KRONENWETT		Village	15. Aldermani	c District	
16. Premises Phone	17. Premises Email		18. Web	site	711.11	
7/5-693-647	Sitkosgiastest & Yohne	om				
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	buildings where alcohol beverages are including living quarters. Authorized al-	e produced, so cohol beverag	e activitie	s and storage o	and related of records ma	records ay occur
2) TORY FRAME BOILD! 20. Mailing Address (if different from premises address	ng with 13 edvoor Ly	stair K	etchen-L	iving room	1 Bed 100	PC.
20. Mailing Address (if different from premises addre	ess)			BATHROOM.	on latitle	och
				·		
21. City		22.	. State	23. Zip Code		
Part B: Questions						
Has the business (sole proprietorship, partnyiolating federal or state laws or local ordinal.)	ership, limited liability company, o ances? Exclude traffic offenses unl	r corporatior ess related t	n) been c o alcoho	onvicted of beverages.	Yes	No
If yes, list the details of violation below. Atta	ch additional sheets if necessary.					
Law/Ordinance Violated	Location		Tr	al Date		
Penalty Imposed		Was senten	ce comp	leted?	Yes	☐ No
Law/Ordinance Violated	Location		Tr	ial Date		
Penalty Imposed		Was senten	ce comp	leted?	Yes	☐ No

Are charges for any offenses pen beverages.	ding against the business?	Exclude traffic offer	nses unless related to alc	cohol Yes	√ No
If yes, describe the nature and sta	atus of pending charges usir	g the space below	v. Attach additional sheets	as needed.	
3. Is the applicant business or any o	of its officers, directors, mer	nbers, agent, emp	loyees, owners, or other	related	
individuals or entities a restricted If yes, provide the name of the re	I investor with any interest in estricted investor and descri	n an alcohol bever be the nature of th	age producer or distribut ne interest.	tor? Yes	⊠ No
•					
4. Is the applicant business owned but If yes, provide the name(s) and Fl	by another business entity?.	owners below. Att	ach additional sheets as	Yes	X No
4a. Name of Business Entity		4b. Business Ent			
5. Have the partners, agent, or sole this license period? Submit proof	proprietor satisfied the respond	onsible beverage s	erver training requiremen	nt for	□No
6. Is the applicant business indebted					M No
7. Does the applicant business owe					⊠ No
Part C: Individual Information			X		
List the name, title, and phone number fo Question 4: sole proprietor, all officers, di managers, and agent of a limited liability	rectors, and agent of a corporat	ion or nonprofit organ	s in the applicant business on its in the applicant business of a partical partners of a par	or businesses listed tnership, and all me	in Part B, embers,
Include Form AB-100 for each person list	ed below. Corporations and LL	Cs must appoint an a	agent by including Form AB-	101.	
Last Name	First Name	Title		Phone	
			and the state of t		U) \$10
Dort D. Attactation					
Part D: Attestation One of the following must sign and a	ttest to this application:				
	eneral partner of a partnersh	p • one cor	porate officer • one	member of an LI	LC
READ CAREFULLY BEFORE SIGNING	: Under penalty of law, I have a	nswered each of the	e above questions complete	ly and truthfully. I a	agree that
I am acting solely on behalf of the application rights and responsibilities conferred by the	ant business and not on behalf ne license(s), if granted, will no	of any other individu	ual or entity seeking the lice ther individual or entity. I ac	nse. Further, I agre	e that the
according to the law, including but not lir to any portion of a licensed premises dur	nited to, purchasing alcohol be	verages from state a	authorized wholesalers. I un	derstand that lack	of access
revocation of this license. I understand the	hat any license issued contrary	to Wis. Stat. Chapt	er 125 shall be void under p	penalty of state law	. I further
understand that I may be prosecuted for singly provides materially false information	submitting false statements and n on this application may be re	affidavits in connect quired to forfeit not n	tion with this application, and nore than \$1,000 if convicted	d that any person w d.	/ho know-
Last Name		t Name		M.I.	
Seche		Dezabeth		17	<u>}</u>
Title (04.2 a) 5 c	Email	1-+10		Phone	
Signature C	SITKO	Squestest (1)	9 m 2.1. Con	715693662	2
Elezanth A	Dethe		may 20-2025		
Part E: For Clerk Use Only			0		
Date Application Was Filed With Clerk L	icense Number		Date License Granted	Date License Issu	neq
Signature of Clerk/Deputy Clerk			Date Provisional L	icense Issued (if ap	plicable)
			2012	, (up	,



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 $\sqrt{\gamma}$

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.



Form

AB-200

	For Municipal Use Only	
Munic	ipality VOK	
Licens	se Period	ut

_icense(s) Requested: (up to two boxes may		Fees			
☐ Class "A" Beer \$ [Class "B" Beer \$ 100	License Fees	\$ 500,00		
☐ "Class A" Liquor \$ [☐ "Class B" Liquor \$ <u>400</u>	Background Check Fee	\$		
Glass A" Liquor (cider only) \$ [Reserve "Class B" Liquor \$	Publication Fee	\$ 40,00		
Glass C" Liquor (wine only) \$		Total Fees	\$ 540,00		
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole production) 51 BAP + BAN					
2. Business Trade Name or DBA RESTRAU	T.				
3. FEIN 81-1588914	4. Wisconsin Se	ller's Permit Number 1029073648-07	١.		
5. Entity Type (check one)	Limited Liability Company		ofit Organization		
Sole Proprietor Partnership 6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registrat			
N N N	2-25-2016	PO54288			
9. Premises Address 1718 Bussiness Hw					
10. City		11. State 12. Zip Code	55		
13. County MARATHON	14. Governing Municipality: City City of:		ic District		
16. Premises Phone	17. Premises Email	18. Website			
715-693-6123 19. Premises Description - Describe the building or	N/A	NA			
are kept. Describe all rooms within the building only on the premises described in this applicating the second of the premises described in this application. A B A B A B A B A B A B A B A B A B A	, including living quarters. Authorized alco on. Attach a map or diagram and addition Mみい BAアーロールングリング ター	ohol beverage activities and storage	of records may occur		
9 10 Stepart has designed to the second	ess)				
912 STEWEbildGE 21. City Kronepwetter		22. State 23. Zip Code W L 5443	55		
Part B: Questions			Many of the property of the second		
Has the business (sole proprietorship, part violating federal or state laws or local ordin If yes, list the details of violation below. Atta	nances? Exclude traffic offenses unle	corporation) been convicted of ess related to alcohol beverages.	Yes X No		
Law/Ordinance Violated	Location	Trial Date			
Penalty Imposed	1	Was sentence completed?	Yes X No		
Law/Ordinance Violated	Location	Trial Date			
Penalty Imposed	, i	Was sentence completed?	Yes X No		
		A LUCY CONTRACTOR OF THE PARTY			

		33: Exclude traine of	ionoco amoco rolatoa to	alcohol Yes No
If yes, describe the nature and sta	atus of pending charges	s using the space bel	ow. Attach additional she	ets as needed.
Is the applicant business or any of individuals or entities a restricted	investor with any inter	est in an alcohol bev	verage producer or distri	ner related butor? Yes X No
If yes, provide the name of the re	stricted investor and d	escribe the nature o	f the interest.	,
4. Is the applicant business owned by	by another business ent	ity?	Attack additional abouts	Yes No
If yes, provide the name(s) and F 4a. Name of Business Entity	EIN(s) of the business (4b. Business		as needed.
id, riding of Business Linky				
5. Have the partners, agent, or sole this license period? Submit proof	proprietor satisfied the of completion	responsible beverag	e server training requiren	nent for Yes No
6. Is the applicant business indebted	d to any wholesaler bey	ond 15 days for beer	or 30 days for liquor/win	e? Yes 🔣 No
7. Does the applicant business owe	past due municipal pro	perty taxes, assessm	nents, or other fees?	Yes X No
Part C: Individual Information				
List the name, title, and phone number for Question 4: sole proprietor, all officers, di managers, and agent of a limited liability	rectors, and agent of a co company. Attach additions	rporation or nonprofit of all sheets if necessary.	rganization, all partners of a	partnership, and all members,
Include Form AB-100 for each person list				AB-101. Phone
Last Name	First Name	5.1	itle	
NENBAUER	Scott		OWNES	715-297-7150
			A SECTION OF THE SECT	
		1		
Part D: Attestation				
One of the following must sign and a			corporate officer	one member of an LLC
One of the following must sign and a • sole proprietor • one g	eneral partner of a parti	nership • one have answered each o	f the above questions comp	one member of an LLC
One of the following must sign and a • sole proprietor • one g READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applic	eneral partner of a parti : Under penalty of law, I l cant business and not on l	nership • one have answered each or behalf of any other indi	f the above questions comp vidual or entity seeking the	letely and truthfully. I agree that license. Further, I agree that the
One of the following must sign and a sole proprietor one g READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applic rights and responsibilities conferred by taccording to the law, including but not li	eneral partner of a parti : Under penalty of law, I leant business and not on leading to the license(s), if granted, we mited to, purchasing alco	nership • one have answered each or behalf of any other indi will not be assigned to hol beverages from sta	f the above questions comp vidual or entity seeking the another individual or entity. Ite authorized wholesalers.	letely and truthfully. I agree that license. Further, I agree that the I agree to operate this business I understand that lack of access
One of the following must sign and a sole proprietor one g READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applic rights and responsibilities conferred by to according to the law, including but not li to any portion of a licensed premises du revocation of this license. I understand	eneral partner of a parti : Under penalty of law, I l cant business and not on l he license(s), if granted, v mited to, purchasing alcol ring inspection will be dec that any license issued or	nership • one have answered each or behalf of any other indi will not be assigned to hol beverages from sta emed a refusal to allow ontrary to Wis. Stat. Ch	the above questions comp vidual or entity seeking the another individual or entity. Ite authorized wholesalers. inspection. Such refusal is papter 125 shall be void und	letely and truthfully. I agree that license. Further, I agree that the I agree to operate this business I understand that lack of access a misdemeanor and grounds for der penalty of state law. I further
One of the following must sign and a sole proprietor one go READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applic rights and responsibilities conferred by t according to the law, including but not lit to any portion of a licensed premises du	eneral partner of a parti : Under penalty of law, I I cant business and not on I he license(s), if granted, va- mited to, purchasing alcolaring inspection will be de- that any license issued co submitting false statemer	nership • one have answered each or behalf of any other indiwill not be assigned to hol beverages from statemed a refusal to allow ontrary to Wis. Stat. Chats and affidavits in conbe required to forfeit new to make the statement of the statemen	f the above questions comp vidual or entity seeking the another individual or entity. Ite authorized wholesalers. inspection. Such refusal is napter 125 shall be void und nection with this application	letely and truthfully. I agree that license. Further, I agree that the I agree to operate this business I understand that lack of access a misdemeanor and grounds for der penalty of state law. I further, and that any person who know-ricted.
One of the following must sign and a	eneral partner of a parti : Under penalty of law, I I cant business and not on I he license(s), if granted, va- mited to, purchasing alcolaring inspection will be de- that any license issued co submitting false statemer	nership • one have answered each or behalf of any other indi will not be assigned to hol beverages from sta emed a refusal to allow ontrary to Wis. Stat. Ch its and affidavits in con	f the above questions comp vidual or entity seeking the another individual or entity. Ite authorized wholesalers. inspection. Such refusal is napter 125 shall be void und nection with this application	letely and truthfully. I agree that license. Further, I agree that the I agree to operate this business I understand that lack of access a misdemeanor and grounds for der penalty of state law. I further, and that any person who know-ricted.
One of the following must sign and a sole proprietor one grade one one grade on a configuration of the application of the law, including but not lit to any portion of a licensed premises durevocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information. Last Name	eneral partner of a partical partner of a partical from the license (s), if granted, with the license (s), if granted, with the license (s), if granted, with the decision will be decision that any license issued consumitting false statements on on this application may	nership • one have answered each or behalf of any other indiwill not be assigned to sholl beverages from statemed a refusal to allow ontrary to Wis. Stat. Chats and affidavits in conbe required to forfeit not should be seen to s	f the above questions comp vidual or entity seeking the another individual or entity. Ite authorized wholesalers. inspection. Such refusal is napter 125 shall be void und nection with this application ot more than \$1,000 if conv	letely and truthfully. I agree that license. Further, I agree that the I agree to operate this business I understand that lack of access a misdemeanor and grounds for der penalty of state law. I further, and that any person who know-ricted. M.I. Phone
One of the following must sign and a sole proprietor one grade one one grade on a configuration of the application of the law, including but not lit to any portion of a licensed premises durevocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information. Last Name	eneral partner of a particle. 3: Under penalty of law, I leant business and not on the license(s), if granted, with the decision of the license in the decision will be decision that any license issued of submitting false statements on on this application may	nership • one have answered each or behalf of any other indiwill not be assigned to sholl beverages from statemed a refusal to allow ontrary to Wis. Stat. Chats and affidavits in conbe required to forfeit not should be seen to s	f the above questions comp vidual or entity seeking the another individual or entity. Ite authorized wholesalers. inspection. Such refusal is napter 125 shall be void und nection with this application ot more than \$1,000 if conv	letely and truthfully. I agree that license. Further, I agree that the I agree to operate this business I understand that lack of access a misdemeanor and grounds for der penalty of state law. I further, and that any person who know-ricted. M.I. Phone
One of the following must sign and a sole proprietor one grace one grace on the sole proprietor one grace on the sole proprietor one grace on the sole proprietor of the application of the law, including but not lite to any portion of a licensed premises durevocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information. Last Name	eneral partner of a particle. 3: Under penalty of law, I leant business and not on the license(s), if granted, with the decision of the license in the decision will be decision that any license issued of submitting false statements on on this application may	nership • one have answered each or behalf of any other indiwill not be assigned to hol beverages from statemed a refusal to allow ontrary to Wis. Stat. Chats and affidavits in conbe required to forfeit necessity.	f the above questions comp vidual or entity seeking the another individual or entity. Ite authorized wholesalers. inspection. Such refusal is napter 125 shall be void und nection with this application ot more than \$1,000 if conv	letely and truthfully. I agree that license. Further, I agree that the I agree to operate this business I understand that lack of access a misdemeanor and grounds for der penalty of state law. I further, and that any person who know-ricted. M.I. M.I.
One of the following must sign and a sole proprietor one grade control one grade and a sole proprietor one grade and a sole proprietor one grade and responsibilities conferred by the according to the law, including but not lite to any portion of a licensed premises durevocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information. Last Name Title Characteristics **Title** **Title**	eneral partner of a particle. 3: Under penalty of law, I leant business and not on the license(s), if granted, with the decision of the license in the decision will be decision that any license issued of submitting false statements on on this application may	nership • one have answered each or behalf of any other indiwill not be assigned to hol beverages from statemed a refusal to allow ontrary to Wis. Stat. Chats and affidavits in conbe required to forfeit necessity.	f the above questions comp vidual or entity seeking the another individual or entity. Ite authorized wholesalers. inspection. Such refusal is napter 125 shall be void und nection with this application ot more than \$1,000 if conv	letely and truthfully. I agree that license. Further, I agree that the I agree to operate this business I understand that lack of access a misdemeanor and grounds for der penalty of state law. I further, and that any person who know-ricted. M.I. Phone
One of the following must sign and a sole proprietor one grade one one grade on the sole proprietor one grade of the application of the application of the law, including but not little one portion of a licensed premises durevocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information. Last Name Title CHARGO AND	eneral partner of a particle. 3: Under penalty of law, I leant business and not on the license(s), if granted, with the decision of the license in the decision will be decision that any license issued of submitting false statements on on this application may	nership • one have answered each or behalf of any other indiwill not be assigned to hol beverages from statemed a refusal to allow ontrary to Wis. Stat. Chats and affidavits in conbe required to forfeit necessity.	f the above questions comp vidual or entity seeking the another individual or entity. Ite authorized wholesalers. inspection. Such refusal is napter 125 shall be void und nection with this application ot more than \$1,000 if conv	letely and truthfully. I agree that license. Further, I agree that the I agree to operate this business I understand that lack of access a misdemeanor and grounds for der penalty of state law. I further, and that any person who know-ricted. M.I. Phone
One of the following must sign and a sole proprietor one grade one one grade of the application of the application of the application of the law, including but not little to any portion of a licensed premises durevocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information. Last Name Title Signature Part E: For Clerk Use Only Date Application Was Filed With Clerk	eneral partner of a particular penalty of law, I leant business and not on the license(s), if granted, with the grant of the license of the l	nership • one have answered each or behalf of any other indiwill not be assigned to hol beverages from statemed a refusal to allow ontrary to Wis. Stat. Chats and affidavits in conbe required to forfeit necessity.	f the above questions composition of the above questions composition or entity seeking the another individual or entity. It is authorized wholesalers. Inspection. Such refusal is papter 125 shall be void understion with this application of more than \$1,000 if converged to the second of the secon	letely and truthfully. I agree that license. Further, I agree that the I agree to operate this business I understand that lack of access a misdemeanor and grounds for der penalty of state law. I further, and that any person who know-ricted. M.I. Phone 715-247-205



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 7m

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.



Form AB-200

For	Munic	ipal	Use Only
Municipality	V	0	K
License Perio	d	6	130/26

License(s) Requested: (up to two boxes may be checked)			Fees				
☑ Class "A" Beer	Class "B" Beer	\$	Lice	ense Fe	es	\$ 80	G(
✓"Class A" Liquor \$ 500	"Class B" Liquor	\$	Вас	kground	d Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B" Liqu	or \$	Puk	Publication Fee \$ 40			5
Class C" Liquor (wine only) \$			Tot	al Fees		\$ 8 4	D
Part A: Premises/Business Information			- 140 				
Legal Business Name (individual name if sole prop APG NWI LLC	netorship)						
2. Business Trade Name or DBA VILLAGE CROSSING		2017					
3. FEIN			eller's Permit I		The second secon		
93-2356924		456-10	31481943-				
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liability Cor	mpany	Corpor	ation	Nonpro	fit Organiz	ation
6. State of Organization	7. Date of Organization		8. W	/isconsin	DFI Registration	on Number	
WI	07/13/2023			A1080	84		
9. Premises Address 2323 COUNTY RD X							
10. City			11. 5	State	12. Zip Code		4
KRONENWETTER			W	State	54455		
	14. Governing Municipality: of: KRONENW		Town	Village	15. Aldermani	c District	
16. Premises Phone 715-298-9845	17. Premises Email			18. Web	site		
	APGNWI@GMA						dd.
 Premises Description - Describe the building or the are kept. Describe all rooms within the building, in only on the premises described in this application 	ncluding living quarters. Aut	horized ald	cohol beverage	activities	s and storage o	and related f records m	ay occur
SALES IN CONVENIENCE STORE AT	Γ 2323 COUNTY RE	X AND	STORAG	E IN C	CAR WASH	ł	
EQUIPMENT ROOM AT SAME ADDR	ESS						
20. Mailing Address (if different from premises addres P.O BOX 13	ss)						
21. City WOODRUFF				State VI	23. Zip Code 54568		
Part B: Questions							***************************************
Has the business (sole proprietorship, partner violating federal or state laws or local ordinary)	ership, limited liability con nces? Exclude traffic offe	mpany, or	corporation) ess related to	been co	onvicted of beverages.	Yes	No
If yes, list the details of violation below. Attac	h additional sheets if neo	cessary.					
Law/Ordinance Violated	Location			Tri	al Date		
Penalty Imposed			Was sentenc	e compl	eted?	Yes	☐ No
Law/Ordinance Violated	Location			Tri	al Date		
Penalty Imposed			Was sentenc	e compl	eted?	Yes	☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes beverages.						es 🕽 No	
If yes, describe the nature and st	tatus of pending cl	narges (using the space belo	ow. Attach	additional sheets	as needed.	
560							
Is the applicant business or any individuals or entities a restricted If yes, provide the name of the restricted to	d investor with an	y interes	st in an alcohol bev	erage pro	ducer or distribut	related for? Y	es \sqrt{No}
4. Is the applicant business owned If yes, provide the name(s) and F	by another busine EIN(s) of the busi	ss entity ness er	y? tity owners below.	Attach add	ditional sheets as	needed.	es 📝 No
4a. Name of Business Entity			4b. Business I	Entity FEIN			
5. Have the partners, agent, or sole this license period? Submit proof	proprietor satisfier of completion	d the re	esponsible beverage	e server tr	aining requiremer	nt for	es 🗌 No
6. Is the applicant business indebte							es 🔽 No
7. Does the applicant business owe	past due municip	al prope	erty taxes, assessm	ents, or o	ther fees?	\ Y	es No
Part C: Individual Information					*		
List the name, title, and phone number f Question 4: sole proprietor, all officers, of managers, and agent of a limited liability	directors, and agent	of a corp	oration or nonprofit or	ions in the aganization,	applicant business of a par	or businesses li tnership, and a	sted in Part B, Il members,
Include Form AB-100 for each person lis	sted below. Corpora	tions and	LLCs must appoint a	n agent by	including Form AB-	1	
Last Name	First Name		Т	itle		Phone	
PANDIT	RAD			MEME	MEMBER		6-0993
CHAUDHARY	ATHE			MEME	BER	301-980-2576	
POUDEĽ	AAYU	SHA		AGENT		781-42	27-6135
Part D: Attestation							
One of the following must sign and							-110
• sole proprietor • one g	general partner of			corporate		e member of a	
I am acting solely on behalf of the applii rights and responsibilities conferred by according to the law, including but not I to any portion of a licensed premises durevocation of this license. I understand understand that I may be prosecuted foingly provides materially false information.	cant business and r the license(s), if gra imited to, purchasin uring inspection will that any license iss r submitting false sta	not on be nted, wil g alcoho be deem ued con atements	half of any other indivalent of a I not be assigned to a I beverages from stated and a refusal to allow trary to Wis. Stat. Ch	ridual or en nother indi e authorize inspection. apter 125 s nection with	utity seeking the lice vidual or entity. I a ed wholesalers. I ur Such refusal is a m shall be void under i this application, an	nse. Further, I gree to operate nderstand that I nisdemeanor ar penalty of state d that any pers	agree that the this business ack of access of grounds for alaw. I further
Last Name	on on the approach		First Name				M.I.
PANDIT			RAD		····		
Title MEMBER		Email RAD	PANDIT@GMA	IL.COM		Phone 563-676- 0	993
Signature file for				Date 4/18	3/2024		
Part E: For Clerk Use Only			* *				
Date Application Was Filed With Clerk	License Number			Date Li	cense Granted	Date License	
Signature of Clerk/Deputy Clerk			The state of the s		Date Provisional L	icense Issued	(if applicable)



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.



Form AB-200

For Municipal Use Only				
Municipality				
License Period				

License(s) Requested: (up to two boxes may be checked)			Fees			
☐ Class "A" Beer	🗓 Class "B" Beer \$ 🗓	D Lice	ense Fe	es	\$5.00.00	
Glass A" Liquor	(Class B" Liquor \$	160 Ba	ckground	d Check Fee	\$	
Class A" Liquor (cider only) \$ [Reserve "Class B" Liquor \$_	Pul	blication	Fee	\$ 40.00	
☐ "Class C" Liquor (wine only) \$		Tot	al Fees		\$ 540.00	
Part A: Premises/Business Informatio	n					
1. Legal Business Name (individual name if sole pro						
2. Business Trade Name or DBA RCLOCATION Pub + EA	tery					
3. FEIN 39 - 1369719		Seller's Permit I		970	0-03	
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liability Company	□ Corpor	otion	□ Nonnro	fit Organization	
6. State of Organization	7. Date of Organization			DFI Registration	fit Organization	
WISCONIN	1985			3		
9. Premises Address 1801 Hay XX		•				
10. City KRONENWEHER		11. S	State	12. Zip Code 5 445 5	5	
13. County MARA Thow	14. Governing Municipality: City of: LRONCN WEG	Town M	Village	15. Aldermanio	District	
16. Premises Phone 715 - 359 - 0810	17 Premises Email		18. Webs	site		
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. Performance Review All PROPERTY AT 1801 Hwy XX KRONENWETTER						
20. Mailing Address (if different from premises addre	ess)	41				
21. City		22. 8	State	23. Zip Code		
Part B: Questions						
Has the business (sole proprietorship, partness) violating federal or state laws or local ordinal	ership, limited liability company, ances? Exclude traffic offenses ur	or corporation) less related to	been co alcohol	nvicted of beverages.	Yes 🔼 No	
If yes, list the details of violation below. Atta	ch additional sheets if necessary.					
Law/Ordinance Violated	Location	,	Tria	l Date		
Penalty Imposed		Was sentence	e comple	eted?	Yes No	
Law/Ordinance Violated	Location		Tria	I Date		
Penalty Imposed		Was sentence	e comple	eted?	Yes No	

Are charges for any offenses pending a beverages.	against the business	? Exclude traffic	offenses un	less related to alc	cohol Yes	✓ No
If yes, describe the nature and status of	of pending charges u	ising the space be	elow. Attach	additional sheets	s as needed.	
3. Is the applicant business or any of its individuals or entities a restricted inve	officers, directors, m	nembers, agent, e	employees,	owners, or other	related	[7] No.
If yes, provide the name of the restrict	ed investor and des	scribe the nature	of the intere	est.	ior res	[A] No
4. In the applicant business surred by an	- Al					
 Is the applicant business owned by and If yes, provide the name(s) and FEIN(s 	of the business entity) of the business entity	tity owners below	. Attach add	litional sheets as	needed.	⊠ No
4a. Name of Business Entity		4b. Business	Entity FEIN	¥		
5. Have the partners, agent, or sole propr	ietor satisfied the re-	sponsible bevera	ne server tr	aining requiremen	nt for	
this license period? Submit proof of co	mpletion				🔀 Yes	No
6. Is the applicant business indebted to a7. Does the applicant business owe past						✓ No
Part C: Individual Information		ity taxes, assessi	ments, or or	ner iees?	····· ∐ Yes	No No
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability company.	s, and agent of a corpo	oration or nonprofit of	organization,	applicant business of a par	or businesses listed tnership, and all me	in Part B, embers,
Include Form AB-100 for each person listed be	low. Corporations and	LLCs must appoint	an agent by	including Form AB-	101.	
Last Name	First Name		Title		Phone	
FISHER	RANDAII U	N. FISHER	PRE	TREAS	715-571-0	
FISHER	JACQUELYI	U FISHER	Sec +	TREAS	715-574-	4142
Part D: Attestation						
One of the following must sign and attest						
	I partner of a partner		corporate of		member of an L	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant bu	isiness and not on beh	nalf of any other ind	ividual or en	tity seeking the lice	nse. Further, I agre	e that the
rights and responsibilities conferred by the lice according to the law, including but not limited	ense(s), if granted, will	not be assigned to	another indi-	vidual or entity. I ag	gree to operate this	business
to any portion of a licensed premises during in	spection will be deeme	ed a refusal to allow	inspection.	Such refusal is a m	isdemeanor and gr	ounds for
revocation of this license. I understand that ar understand that I may be prosecuted for submi	tting false statements	rary to Wis. Stat. Cl and affidavits in cor	napter 125 s inection with	hall be void under this application, an	penalty of state law d that any person w	/. I further /ho know-
ingly provides materially false information on the	his application may be	required to forfeit r	not more than	n \$1,000 if convicte	d.	
Last Name F15her		First Name RANDALI	,		M.I.	J,
Title 1	Email	7171.00			Phone	
PRESI dent	15	reloal	JAhoo.	com	Phone 715-571-00	385
Signature)			Date	17 70	75	
Part E: For Clerk Use Only	7.7		ruy	29,102	2)	
	e Number		Date Lic	cense Granted	Date License Issu	ıed
5/23/2025					2 200	
Signature of Clerk/Deputy Clerk				Date Provisional L	icense Issued (if ap	plicable)
				i e		



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 77

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.



22543

1582 KRONENWETTER DR, 0

KRONENWETTER, WI 54455

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality

License Period
7/1/2025-6/30/2026

License(s) Requested: (up to two boxes may be checked)			Fees				
Class "A" Beer \$ 300	Class "B" Beer .	\$	License Fee	es	\$ 800	Water	
"Class A" Liquor \$ 500	☐ "Class B" Liquor	\$	Background	Check Fee	\$ N/A		
"Class A" Liquor (cider only) \$		B" Liquor \$	Publication	Fee	\$ \$40.0	00	
Class C" Liquor (wine only) \$			Total Fees		\$ 840.00		
Part A: Premises/Business Informat Legal Business Name (individual name if sole Dolgencorp, LLC Business Trade Name or DBA							
Dollar General Store # 22 3. FEIN 61-0852764 5. Entity Type (check one)	2543	456-0000	ler's Permit Number 208845-05	□ Nonprof	īt Organiza	ation	
Sole Proprietor Partnership	Limited Liabi 7. Date of Organization			DFI Registratio			
6. State of Organization KY	10/09/200						
9. Premises Address 1831 COUNTY RD XX	(
10. Gity KRONENWETTER			11. State	12. Zip Code	54455		
13. County MARATHON		icipality:	1 101111 1 111129	15. Aldermanio	District		
16. Premises Phone 17. Premises Email			18. Website				
(615) 855-4000 19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this applications of the premises described in the p	g or buildings where alco	ters. Authorized aico	roduced, sold, stored hol beverage activities al sheets if necessary	,	, , , , , , , , , , , , , , , , , , , ,	recor ay occ	
20. Mailing Address (if different from premises a Attn: Tax Licensing, 100		e	22. State	23. Zip Code			
21. City GOODLETTSVILLE			IN	37072			
Part B: Questions							
Has the business (sole proprietorship, proviolating federal or state laws or local or lf yes, list the details of violation below. A state of the control of the contr	dinances? Exclude tra	anic onerises unles	corporation) been cas related to alcoho	onvicted of l beverages.	Yes	!	
Law/Ordinance Violated Location			Vendor #373435				
Penalty Imposed			Invoice #202622543BLBWCITY56 Batch #29951 \$800.00				
Law/Ordinance Violated	Location		Ť				
Penalty Imposed		v	Vas sentence comp	leted?	Yes		

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 Yes volume 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 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?									
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									
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	LECS must appoi	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 attes	to this application:								
• sole proprietor • one gener READ CAREFULLY BEFORE SIGNING: Un I am acting solely on behalf of the applicant I rights and responsibilities conferred by the lic according to the law, including but not limites to any portion of a licensed premises during revocation of this license. I understand that I understand that I may be prosecuted for subr ingly provides materially false information on	al partner of a partner of a partner der penalty of law, I ha business and not on be cense(s), if granted, wild to, purchasing alcohomspection will be deem any license issued con mitting false statements	ive answered each half of any other in the line of any other in the line of th	n of the above questions comple ndividual or entity seeking the lic to another individual or entity. I state authorized wholesalers. I t ow inspection. Such refusal is a Chapter 125 shall be void unde	sense. Further, I agree that the agree to operate this business understand that lack of access misdemeanor and grounds for r penalty of state law. I further and that any person who knowted.					
Last Name First				M.I.					
TAYLOR				C					
Title Email Phone FVP- MERCH (CMO) TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM (615) 855-4000									
EVP- MERCH (CMO) Signature	IAX-	BEERANDWINELI	Date 4-10-25						
mull 7									
Part E: For Clerk Use Only Date License Granted Date License Issued									
Date Application Was Filed With Clerk License Number			Date License Granted	Date License Granted Date License Issued					
Signature of Clerk/Deputy Clerk Date Provisional License Issued (if applicate									
AB-200 (R. 1-25)		-2-							



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 7m

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.

