Form "

AB-100

Alcohol Beverage Individual Questionnaire

I	Date			
	01/	23/	/202	5

All individuals involved in the alcohol beverage business must complete this form, including:

sole proprietor

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted. Part A: Business Information

l Ai	gal Business Name (in PG NWI LLC									
	siness Trade Name or	DRA				***************************************				
1	LLAGE CROSSI									
	tity Type (check one)									
1	Sole Proprietor	☐ Partners	ship	☑ Limited	Liability Com	~~~				
L				E rimited	Liability Com	pany	Corpor	ration [Nonprofit	Organization
Part	B: Individual Info	A *** ***						~~~		
1. Las	t Name	ormation								
	POUDEL				2. First Name					3. M.I.
4. Rel	ationship to Business (Titlo		PM 1000	AAYUS	HA				
1	NAGER	(ille)		5. Email					6. Phone	
	ne Address			POUDEI	LAAYUSHA5	100	GMAIL.COM		(781)	427-613
	31 UNIVERSIT	Y ZVE								
8. City		I AVL	***************************************							
	EEN BAY				9. State		10. Zip Code		11. Date of I	Birth
		Number			MI		54302		09/06	
12. Drivers License/State ID Number P3400009582606							13. Drivers License/State ID State of Issue		te of Issuance	9
P3	13400009382606				WI					
Р3	100005502000									
Part	C: Address Histo									
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Part (C: Address Histo	in Wisconsin'	?						····· V	Yes 🗌 No
Part (C: Address Histo	in Wisconsin'	? continuo	usly lived in	. Wisconsin pr	ior to	the date of appl	ication?	Years	Yes No
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 $Continued \rightarrow$

Part D: Criminal History				
Have you ever been convicted of any or for violation of any federal, Wisconsin, or the second s	and their states laws or or any co	ounty or municipal ordinances?	s)	V
If yes to question 1, please list details of	f each conviction below. Attach ad	ditional sheets as needed	Nonconnell Control of the Control of	· ·
Law/Ordinance Violated	Location	and an oriodia da needed.	Conviction D	ate
Penalty Imposed				
		Was sentence completed?	\square Yes	V
Law/Ordinance Violated	Location	<u> </u>		
			Conviction D	ate
Penalty Imposed				
		Was sentence completed?	Yes	V
_aw/Ordinance Violated	Location		I Canadalla S	
			Conviction Da	ite
Penalty Imposed				
		Was sentence completed?		V
beverages) for violation of any federal, wordinances?	******************		🗌 Yes [VN
	******************		Yes [N
ordinances?	Under penalty of law, I have ansom participating in this business I understand that any license issued that	the space below. Attach additional the space below. Attach additional wered each of the above question due to any involvement in another used contrary to Wis. Stat. Chapter	ns completely tier of the alc	and ohol

Form AB-101

Alcohol Beverage Appointment of Agent

Date	
01,	/23/2025

☐ Original (no fee) ✓ Successor (\$10	0 fee for municipal lic	ensees only)		
		-,,		
Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor	r)			
APG NWI LLC	• 7			
2. Business Trade Name or DBA				
VILLAGE CROSSING				
3. Entity Type (check one)				
Limited Liability	Company	☐ Corporation	☐ Nonprofit Orga	nization
4. Alcohol Beverage Business Authorization (check one)	5. If succes	sor agent, provide Sta	ate Permit or Municipal Reta	il License Num
☐ Municipal Retail License ☑ State Per 3. Describe the reason for appointing a successor agent, if	mit WI-00	1629581	and a marrial par riote	iii cioense iyumi
. Last Name	2. First Nam	9		3, M.I.
Last Name POUDEL	2. First Nam AAYUSI			3. M.I.
Last Name POUDEL Email			5. Phone	3. M.I.
Last Name POUDEL Email POUDELAAYUSHA51@GMAIL.COM			5. Phone 781427	
Last Name POUDEL Email POUDELAAYUSHA51@GMAIL.COM Home Address				
Last Name POUDEL Email POUDELAAYUSHA51@GMAIL.COM Home Address 1031 UNIVERSITY AVE	AAYUSI	IA	781427	
Last Name POUDEL Email POUDELAAYUSHA51@GMAIL.COM Home Address 1031 UNIVERSITY AVE City	AAYUSI 8. State	9. Zip Code	781427	
Last Name POUDEL Email POUDELAAYUSHA51@GMAIL.COM Home Address 1031 UNIVERSITY AVE City GREEN BAY . Drivers License/State ID Number	AAYUSI	9. Zip Code 54302	781427 10. Age 28	76135
Email POUDELAAYUSHA51@GMAIL.COM Home Address 1031 UNIVERSITY AVE	AAYUSI	IA		781427
Last Name POUDEL Email POUDELAAYUSHA51@GMAIL.COM Home Address 1031 UNIVERSITY AVE City	AAYUSI 8. State	9. Zip Code 54302	781427	76135
Last Name POUDEL Email POUDELAAYUSHA51@GMAIL.COM Home Address 1031 UNIVERSITY AVE City GREEN BAY Drivers License/State ID Number P3400009582606 art C: Agent Questions	AAYUSH 8. State WI	9. Zip Code 54302 12. Drivers Lice WI	10. Age 28 nse/State ID State of Issuar	76135
Last Name POUDEL Email POUDELAAYUSHA51@GMAIL.COM Home Address 1031 UNIVERSITY AVE City GREEN BAY Drivers License/State ID Number P3400009582606 art C: Agent Questions	AAYUSH 8. State WI	9. Zip Code 54302 12. Drivers Lice WI	10. Age 28 nse/State ID State of Issuar	76135
Last Name POUDEL Email POUDELAAYUSHA51@GMAIL.COM Home Address 1031 UNIVERSITY AVE City GREEN BAY Drivers License/State ID Number P3400009582606 art C: Agent Questions Have you satisfied the responsible beverage server	8. State WI er training requireme	9. Zip Code 54302 12. Drivers Lice WI	10. Age 28 nse/State ID State of Issuar	76135

corporation, nonprofit organization, or limite beverage activities on such premises. I cert on behalf of the entity. If I am appointing a s I understand that I may be prosecuted for sany person who knowingly provides material if convicted.	ify that I am a uccessor ager	uthorized by the above-named ont, I rescind all previous agent and a statement of the state	entrol of the p entity to auth appointments	remises and norize this ind for this premi	of all alcohol ividual to act ses. Further,
Last Name		First Name			
POUDEL					M.I.
Title		AAYUSHA			
	Email			Phone	
MANAGER	POUDELAZ	AYUSHA51@GMAIL.COM			125
Signature	1	- COM	Ta .	78142763	L35
adilyal tex			Date		
Mark Market				01/23/20	25
Part E: Agent Attestation					
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability com-	e Agent , here	by accept this appointment as a	igent for the a	bove-named	corporation,

nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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

First Name

AAYUSHA

M.I.

01/23/2025

Date

application may be required to forfeit not more than \$1,000 if convicted.

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named

POUDEL Signature

Last Name

Part D: Business Attestation



LEARN 2 SERVE

CERTIFICATE OF COMPLETION

This certifies that

Aayusha Poudel

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date

Expiration Date 08/05/2026

Certificate # WI-00629581

Official Signature

Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. This certificate is non-transferable and represents the successful completion of an approved

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