

# Alcohol Beverage Individual Questionnaire

Date  
01/23/2025

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

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

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) APG NWI LLC	
2. Business Trade Name or DBA VILLAGE CROSSING	
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	

<b>Part B: Individual Information</b>			
1. Last Name POUDEL	2. First Name AAYUSHA	3. M.I.	
4. Relationship to Business (Title) MANAGER	5. Email POUDELAAYUSHA51@GMAIL.COM	6. Phone (781) 427-6135	
7. Home Address 1031 UNIVERSITY AVE			
8. City GREEN BAY	9. State WI	10. Zip Code 54302	11. Date of Birth 09/06/19
12. Drivers License/State ID Number P3400009582606		13. Drivers License/State ID State of Issuance WI	

<b>Part C: Address History</b>							
1. Do you currently reside in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Years</td> <td style="width: 30%;">Months</td> </tr> <tr> <td style="text-align: center;">6</td> <td></td> </tr> </table>	Years	Months	6	
Years	Months						
6							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 29 DARTMOUTH RD	City WALPOLE	State MA	Zip Code 02081				
Previous Address 2 1520 CRAWFORD CT	City GRANBURY	State TX	Zip Code 76048				
Previous Address 3 5504 CREEKWOOD DR	City BENBROOK	State TX	Zip Code 76109				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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.

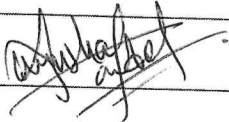
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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 E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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	01/23/2025
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# Alcohol Beverage Appointment of Agent

Date  
01/23/2025

**Agent Type** (check one)

- Original (no fee)       Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

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

APG NWI LLC

2. Business Trade Name or DBA

VILLAGE CROSSING

3. Entity Type (check one)

- Limited Liability Company       Corporation       Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License       State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

WI-00629581

6. Describe the reason for appointing a successor agent, if successor is checked above.

**Part B: Agent Information**

1. Last Name

POUDEL

2. First Name

AAYUSHA

3. M.I.

4. Email

POUDELAAYUSHA51@GMAIL.COM

5. Phone

7814276135

6. Home Address

1031 UNIVERSITY AVE

7. City

GREEN BAY

8. State

WI

9. Zip Code

54302

10. Age

28

11. Drivers License/State ID Number

P3400009582606

12. Drivers License/State ID State of Issuance

WI

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? .....  Yes  No  
Submit proof of completion.

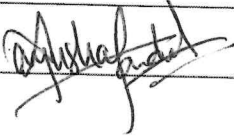
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? .....  Yes  No

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes  No  
See instructions for exceptions.

Continued →

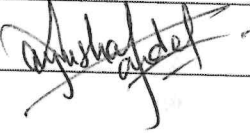
**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 POUDEL		First Name AAYUSHA	M.I.
Title MANAGER	Email POUDELAAYUSHA51@GMAIL.COM	Phone 7814276135	
Signature 		Date 01/23/2025	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-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 application may be required to forfeit not more than \$1,000 if convicted.

Last Name POUDEL		First Name AAYUSHA	M.I.
Signature 		Date 01/23/2025	



**LEARN 2 SERVE™**

## CERTIFICATE OF COMPLETION

This certifies that

**Aayusha Poudel**

is awarded this certificate for

**Wisconsin Responsible Beverage Server Training**



Completion Date  
**08/05/2024**



Expiration Date  
**08/05/2026**



Certificate #  
**WI-00629581**

Official Signature

This certificate is non-transferable and represents the successful completion of an approved 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.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | [www.360training.com](http://www.360training.com)