

NOTICE OF APPLICATIONS FOR LICENSE
VILLAGE OF KRONENWETTER

NOTICE IS HEREBY GIVEN that the following applications for a license to deal in intoxicating liquor has been filed with the Kronenwetter Village Clerk:

Agent: Elizabeth A. Sitko
3374 State Highway 153
Kronenwetter, WI 54455

Location of premises to be licensed:
Sitko's Bar
3374 State Highway 153

Kronenwetter, WI 54455

Licenses applied for: Combination Class B

Agent: Scott Newbauer
912 Stonebridge Road
Kronenwetter WI 54455

Location of premises to be licensed:
51 Bar & Grill
1718 Old Highway 51

Kronenwetter, WI 54455

Licenses applied for: Combination Class B

Agent: Crystal Lemke
216 W. Ramsdell Street
Marion, WI 54950

Location of premises to be licensed:
Dollar General
1831 County Road X

Kronenwetter, WI 54455

Licenses applied for: Combination Class A

Agent: Chad Sickler
146540 Hajec Lane
Mosinee WI 54455

Location of premises to be licensed:
APG NWI LLC
DBA Village Crossing

2323 County Road X

Kronenwetter, WI 54455

Licenses applied for: Combination Class A

Agent: Randall W. Fisher
965 Gardner Park Road
Kronenwetter, WI 54455

Location of premises to be licensed:
Relocation Pub & Eatery
1801 County Road XX

Kronenwetter, WI 54455

Licenses applied for: Combination Class B

Dated this 12th day of June 2024
Bobbi Birk-LaBarge, Village Clerk

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: BOBBI JO BIRK-LABARGE, VILLAGE CLERK
FROM: POLICE LT. CHRISTOPHER SMART
SUBJECT: ALCOHOL BEVERAGE LICENSE APPLICATION—SITKO'S BAR
DATE: JUNE 18, 2024

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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*"Community Focused, People
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www.kronenwetter.org
police@kronenwetter.org

Alcohol Beverage Appointment of Agent

Date 6-11-24

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) <u>Elizabeth Sitko</u>			
2. Business Trade Name or DBA <u>Sitkos Bar</u>			
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit		5. If successor agent, provide State Permit or Municipal Retail License Number	
6. Describe the reason for appointing a successor agent, if successor is checked above.			

Part B: Agent Information

1. Last Name <u>Sitko</u>		2. First Name <u>Elizabeth</u>		3. M.I. <u>A</u>
4. Email <u>sitkosbar153@gmail.com / j-sitko@hotmail.com</u>			5. Phone <u>715-693-6672</u>	
6. Home Address <u>3374 State Hwy 153</u>			<u>715-574-3619</u>	
7. City <u>Mosinee</u>	8. State <u>WI</u>	9. Zip Code <u>54455</u>	10. Age <u>80</u>	
11. Drivers License/State ID Number <u>5320-2214-3941-03</u>			12. Drivers License/State ID State of Issuance	

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 <i>SITKO</i>		First Name <i>Elizabeth</i>		M.I. <i>A</i>
Title <i>Owner</i>	Email <i>SITKObar153@gmail.com</i>		Phone <i>715-693-6672</i>	
Signature <i>Elizabeth A. Sitko</i>			Date <i>6-11-24</i>	

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		First Name		M.I.
Signature			Date	

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: BOBBI JO BIRK-LABARGE, VILLAGE CLERK
FROM: POLICE LT. CHRISTOPHER SMART
SUBJECT: SCOTT A. NEWBAUER—ALCOHOL LICENSE RENEWAL
DATE: JUNE 18, 2024

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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www.kronenwetter.org
police@kronenwetter.org

Alcohol Beverage
Appointment of AgentDate
6-14-24

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)

51 BAR + GRILL

2. Business Trade Name or DBA

51 BAR + GRILL

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

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

Part B: Agent Information

1. Last Name

NEWBACHER

2. First Name

SCOTT

3. M.I.

A

4. Email

XZRENT@1967@GMAIL.COM

5. Phone

715-292-7150

6. Home Address

912 STONE BRIDGE RD

7. City

KRONENWURTER

8. State

WI

9. Zip Code

54455

10. Age

56

11. Drivers License/State ID Number

N160-7816-7408-07

12. Drivers License/State ID State of Issuance

11004-2022 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? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
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 <i>NEUBAUER</i>	First Name <i>SCOTT</i>	M.I. <i>A</i>
Title <i>OWNER</i>	Email <i>XZZENT1967@GMAIL.COM</i>	Phone <i>715-287-7150</i>
Signature <i>Scott Neubauer</i>		Date <i>6-14-24</i>

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 <i>NEUBAUER</i>	First Name <i>SCOTT</i>	M.I. <i>A</i>
Signature <i>Scott Neubauer</i>		Date <i>6-14-24</i>

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: BOBBI JO BIRK-LABARGE, VILLAGE CLERK
FROM: POLICE LT. CHRISTOPHER SMART
SUBJECT: VILLAGE CROSSING RETAILER'S LICENSE
DATE: JUNE 18, 2024

At your request, I did a background search of Chad M. Sickler using the Wisconsin Department of Justice Crime Information Bureau (CIB) website.

No record was found for Mr. Sickler.

ded



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www.kronenwetter.org
police@kronenwetter.org

Alcohol Beverage
Appointment of Agent

Date 4-19-2024

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

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

Part B: Agent Information

1. Last Name

SICKLER

2. First Name

CHAD

3. M.I.

M

4. Email

APGNWI@GMAIL.COM

5. Phone

(715) 297-6150

6. Home Address

146540 HAJEC LN

7. City

MOSINEE

8. State

WI

9. Zip Code

54455

10. Age

50

11. Drivers License/State ID Number

S246-1137-3327-04

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*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →


Part D: Business Attestation

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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: 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 SICKLER		First Name CHAD	M.I. M
Signature 		Date 4/19/24	

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: BOBBI JO BIRK-LABARGE, VILLAGE CLERK
FROM: POLICE LT. CHRISTOPHER SMART
SUBJECT: RELOCATION BAR, INC.—ALCOHOL LICENSE RENEWAL
DATE: JUNE 18, 2024

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

CIB reports Randall Fisher was convicted of disorderly conduct in 2002.

ded



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www.kronenwetter.org
police@kronenwetter.org

Alcohol Beverage
Appointment of Agent

Date 6-11-24

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)

Relocation Bar & Grill

2. Business Trade Name or DBA

Relocation Bar & Grill

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

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

Part B: Agent Information

1. Last Name

Fisher

2. First Name

Randall

3. M.I.

W

4. Email

rfrelo285@yahoo.com

5. Phone

215-571-0285

6. Home Address

465 Gardner PK Rd

7. City

Kronenwetter

8. State

WI

9. Zip Code

54455

10. Age

39

11. Drivers License/State ID Number

F260-7396-4214-03

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*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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Last Name Fisher		First Name Randall W		M.I.
Title Pres. Owner	Email mrelo08@yahoo.com		Phone 715-571-0285	
Signature Randall W Fisher			Date 6-11-27	

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		First Name		M.I.
Signature			Date	

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: BOBBI JO BIRK-LABARGE, VILLAGE CLERK
FROM: POLICE LT. CHRISTOPHER SMART
SUBJECT: DOLLAR GENERAL—ALCOHOL LICENSE RENEWAL
DATE: JUNE 18, 2024

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

CIB shows Crystal Lemke was convicted of OWI in Waupaca County in 2005. CIB also shows Ms. Lemke was convicted in Waupaca County for Issuance of Worthless Checks in 2007.

ded



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www.kronenwetter.org
police@kronenwetter.org

Alcohol Beverage
Appointment of Agent

Date 4-10-24

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)

DOLGENCORP, LLC

2. Business Trade Name or DBA

DOLLAR GENERAL STORE #

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

N/A

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

CHANGE OF MANAGER

Part B: Agent Information

1. Last Name LEMKE	2. First Name CRYSTAL	3. M.I. R
4. Email CLEMKE@DG.COM	5. Phone (629) 215-3948	
6. Home Address 216 W RAMSDELL ST		
7. City MARION	8. State WI	9. Zip Code 54950
10. Age 43		
11. Drivers License/State ID Number L520-1168-1503-01		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*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
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 TAYLOR	First Name EMILY	M.I. C
Title CFO/LLC MANAGER	Email tax-beerandwinelicense@dollargeneral.com	Phone 615-855-4000
Signature 		Date 4/22/24

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 Lemke	First Name Crystal	M.I. R
Signature Crystal Lemke		Date 4/10/24