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

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

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

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

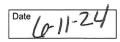
DATE:

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.





Agent Type (check one)				
Original (no fee)	☐ Successor (\$10 fee for m	unicipal licens	ees only)	
Part A: Business Inform	otion			
Legal Business Name (individual)				
1. Legal Business Name (Individu	Elizabeth Si-	HKO		
2. Business Trade Name or DBA	Sithos Bar			
3. Entity Type (check one)	☐ Limited Liability Company	у 🗆	Corporation	onprofit Organization
4. Alcohol Beverage Business Au Municipal Retail Lice		5. If successor	agent, provide State Permit or	Municipal Retail License Number
	nting a successor agent, if successor	r is checked abo	ve.	
				To the second of the way is a
Part B: Agent Information	n			
1. Last Name		2. First Name	1 - 1 - 11	3. M.I.
SHKO		80/1	2010eth	T
4. Email SHKOShar 15	30 gmail.com/	1-SIHKO	Chotmail.com	5. Phone 1)5-693-6672
6. Home Address 1	HW1 153)		115-574-3619
7. City NOSIMPP	1704	8. State	9. Zip Code 54455	10. Age 8()
11. Drivers License/State ID Num	nber 2	001	12. Drivers License/State ID	State of Issuance
11. Drivers License/State ID Num 5320 - 2214	1-3941-03			
Part C: Agent Questions				
Have you satisfied the res Submit proof of completion	ponsible beverage server trainin.	ng requiremen	t?	
Have you completed Form Submit a completed Form	n AB-100, <i>Alcohol Beverage Ind</i> AB-100 with this form.	lividual Questi	onnaire?	Yes No
Have you been a Wiscons See instructions for excep	sin resident for at least 90 contir	nuous days?	***************************************	Yes No

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.				
First Name Epli ZUDLH		M.I.		
bar 1530 gmail con	n 715-6	13-Lele72		
Signature Date Le-11-24				
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.				
First Name	2	M.I.		
	Date			
	pany with full authority and counthorized by the above-named at, I rescind all previous agent at a statements and affidavits in contain on this application may be ation on this appointment as a time full responsibility for the counterstand that I may be prosperly provided if convicted.	pany with full authority and control of the premises and uthorized by the above-named entity to authorize this induit, I rescind all previous agent appointments for this premise statements and affidavits in connection with this applicate ation on this application may be required to forfeit not more extended by a pointment as agent for the above-named ume full responsibility for the conduct of all alcohol beveraunderstand that I may be prosecuted for submitting false any person who knowingly provides materially false inform of if convicted.		

AB-101 (N. 03-24) - 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:

BOBBI JO BIRK-LABARGE, VILLAGE CLERK

FROM:

POLICE LT. CHRISTOPHER SMART

SUBJECT:

SCOTT A. NEWBAUER—ALCOHOL LICENSE RENEWAL

DATE:

JUNE 18, 2024

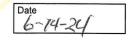
At your request, I did a background check of Scott A. Newbauer, using the Wisconsin Department of Justice Crime Information Bureau (CIB) website.

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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"Community Focused, People
First"

Alcohol Beverage Appointment of Agent



Agent Type (check one)			
Original (no fee)	☐ Successor (\$10 fee for m	unicipal licensees only)	
Part A: Business Informa	tion		
Legal Business Name (individual			
51 Bar + Gr			
2. Business Trade Name or DBA			
51 BAr +GI	£1/		
3. Entity Type (check one)	Y	•	
o. Littly Type (check one)	Limited Liability Company	☐ Corporation	☐ Nonprofit Organization
4. Alcohol Beverage Business Autl	norization (check one)	5. If successor agent, provide State Pe	ermit or Municipal Retail License Number
🔀 Municipal Retail Licen	se State Permit		
	ing a successor agent, if successor	is checked above	
	mg a caccaca agein, ii caccacac	is sitesited above.	
5 15 1 11 1			
Part B: Agent Information			
1. Last Name		2. First Name	3. M.I.
NEWBACE	$\mathbb{Z}\mathcal{R}$	Scott	A
4. Email	, ,	00011	5. Phone
X77 ENTRO	61917 Pagan	1 000	
1 - 7 2 2 1 00	1161 (C) MA.	(COM	715-297-7150
6. Home Address	TONE bridge	00	
912 5	ONE bri KEB 1	Kel	
7. City		8. State 9. Zip Code	10. Age
Promote Mit	UETTED	NI 54453	56
11. Drivers License/State ID Numb			` `
			State ID State of Issuance
N160-18	16-7408-07	11004.	- 2022 WL.

Part C: Agent Questions			
Have you satisfied the responsible Submit proof of completion.		g requirement?	Yes No
Have you completed Form A Submit a completed Form A	AB-100, <i>Alcohol Beverage Indi</i> B-100 with this form.	vidual Questionnaire?	Yes No
3. Have you been a Wisconsin		***************************************	.)

Continued \rightarrow

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 NEWBAUER	First Name Scoll		M.I.	
Title OUNER Email	ZENT 1967@ B	Phone 7/5-28	7-7150	
Signature Leolil Mes benj		Date C-14-24		
Part E: Agent Attestation				
READ CAREFULLY BEFORE SIGNING: I, the Agent , her nonprofit organization, or limited liability company and ass on the premises for the above-named business. I further and affidavits in connection with this application, and that a application may be required to forfeit not more than \$1,000.	ume full responsibility for the co understand that I may be pros any person who knowingly provi	onduct of all alcohol bevera ecuted for submitting false	age activities statements	
Last Name NEW BAUER	First Name Scott		M.I.	
Signature Level Ment Ruy		Date 6-14-24		

Part D: Business Attestation

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:

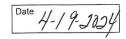
VILLAGE CROSSING RETAILER'S LICENSE

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.



Agent Type (check one)					
	(\$10 fee for muni	cipal licens	ees only)		
Part A: Business Information					
Legal Business Name (individual name if sole pro APG_NWI_LLC	prietor)				
Business Trade Name or DBA					
VILLAGE CROSSING					
3. Entity Type (check one)					
✓ Limited Lia	ability Company		Corporation	☐ Nonprofit Organiz	
4. Alcohol Beverage Business Authorization (check of Municipal Retail License State	one) 5. te Permit	If successor	agent, provide State	Permit or Municipal Retail L	icense Number
6. Describe the reason for appointing a successor a	gent, if successor is	checked abo	ove.		
			-		
Part B: Agent Information					10 MI
1. Last Name		First Name			3. M.I.
SICKLER		CHAD		T = =:	М
4. Email				5. Phone	207 6150
APGNWI@GMAIL.COM				(715)	297-6150
6. Home Address					
146540 HAJEC LN					
7. City		8. State	9. Zip Code	10. Age	
MOSINEE		WI	54455	50	
11. Drivers License/State ID Number			12. Drivers Licens	se/State ID State of Issuand	ce
S246-1137-3327-04			WI		
Part C: Agent Questions					
Have you satisfied the responsible bevera Submit proof of completion.	ge server training	requireme	nt?		Yes No
Have you completed Form AB-100, Alcohol Submit a completed Form AB-100 with this	ol Beverage Indivi	dual Quesi	ionnaire?		Yes No
3. Have you been a Wisconsin resident for a		ous 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	***************************************	First Name			M.I.
PANDIT		RAD			
Title	Email	I		Phone	
MEMBER	RADPANDIT@GMAIL.COM			(563) 676-0993	
Signature 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		First Name			M.I.
SICKLER		CHAD			M
Signature Date 4/19/24					

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.



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Agent Type (check one) Original (no fee)	Successor (\$10 fee for m	nunicinal licensees only)	THE RESERVE OF THE PROPERTY OF
☑ Original (no 100)	Guodossor (\$10 fee for fire	idincipal licensees only)	
Part A: Business Info	rmation	and the property of	
1. Legal Business Name (indi	ividual name if sole proprietor)		
2. Business Trade Name or D	DBA I II		
Kelocation :	Rar Jon'll		
3. Entity Type (check one)	Limited Liability Company	y Corporation	☐ Nonprofit Organization
4. Alcohol Beverage Business ☑ Municipal Retail L		5. If successor agent, provide State	e Permit or Municipal Retail License Number
/	pointing a successor agent, if successor	r is checked above.	
Part B: Agent Informa	ition		
1. Last Name		2. First Name	3. M.I.
tisher		Mancall	W
4. Emails of the	elo0285avahas.c	OM	5. Phone
6. Home Address			115-511-0205
165 Gardy	DU OS		12/5-511-0285
111/	DU OS	8. State 9. Zip Code	10. Age
7. City, Known offer 11. Drivers License/State ID N	VV PK Rd	8. State 9. Zip Code	10. Age
165 Gardy 7. City Krowens etter	VV PK Rd	8. State 9. Zip Code	39
7. City, Known offer 11. Drivers License/State ID N	VV PK Rd	8. State 9. Zip Code	39
7. City, Known offer 11. Drivers License/State ID N	Number - 42/4 - 03	8. State 9. Zip Code	39
7. City 7. City 11. Drivers License/State ID N F 260 = 7396 Part C: Agent Question	Number - 42/4 - 03 ons responsible beverage server training	8. State 9. Zip Code 12. Drivers Licen	ise/State ID State of Issuance
7. City 7. City 11. Drivers License/State ID N F 200 = 396 Part C: Agent Question 1. Have you satisfied the submit proof of comple 2. Have you completed For	Number - 42/4 - 03 ons responsible beverage server training	8. State 9. Zip Code 12. Drivers Licen	ise/State ID State of Issuance

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	First-Name Andall		M.I.
Title Email Mrelo	08/Dayahoo, con	Phone 7/5-50	71-0285
Signature (Randall W Fider	1	Date 4/-24	
V			
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby 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	

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.

Date / /	.11
4/-/0	-24
,	-/

Agent Type (check one)				
☐ Original (no fee) ☑ Successor (\$10 fee for r	municipal licer	nsees only)		
Part A: Business Information				
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 Compan	ıy L] Corporation	☐ Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one)	5. If successo	or agent, provide State Pe	ermit or Municipal Retail License N	Number
✓ Municipal Retail License ☐ State Permit	N/A			
6. Describe the reason for appointing a successor agent, if successor	or is checked ab	ove.		
CHANGE OF MANAGER				
				1
·				
Part B: Agent Information				
1. Last Name	2. First Name		3. M.I.	
LEMKE	CRYSTA	<u>.</u>		R
4. Email			5. Phone	
CLEMKE@DG.COM			(629)215-39	48
6. Home Address				
216 W RAMSDELL ST				
7. City	1 1	9. Zip Code	10. Age	
MARION	WI	54950	43	
11. Drivers License/State ID Number L520-1168-1503-01			tate ID State of Issuance	
LJ20-1100-1303-01		WI		
	The Production of the Producti			
Part C: Agent Questions				
 Have you satisfied the responsible beverage server trainin Submit proof of completion. 	ng requiremer	t?	🗹 Yes [_] No
				No
Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage India	vidual Questi	onnaire?	🗹 Yes [

Part D: Business Attestation				
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sure any person who knowingly provides materially if convicted.	I liability company with full authority and co y that I am authorized by the above-named ccessor agent, I rescind all previous agent a bmitting false statements and affidavits in co	ntrol of the premises and of all alcohol entity to authorize this individual to act appointments for this premises. Further, onnection with this application, and that		
Last Name	First Name	M.I.		
TAYLOR	EMILY	С		
Title	Email	Phone		
CFO/LLC MANAGER	tax-beerandwinelicense@dollargeneral.com	615-855-4000		
Signature Date 4/22/24				
Part E: Agent Attestation				
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby 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 Lenke Signature	First Name Cry Sta	1 R		
Signature () signature ()	embe	Date 4/10/24		