Form

AB-100

Alcohol Beverage Individual Questionnaire

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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	HUALTH BUILDING			THE RESERVE THE PROPERTY OF THE PARTY OF
1. Legal Business Name (individual name if sole proprietor)	- 1)	1 000 -		
PEPLIN UFW Memor	rial Pos	7 8280		
2. Business Trade Name or DBA	1	1 (4.50		
2. Business Trade Name or DBA PEPLIN VFW MEMON	al Vos	t 8280		
3. Entity Type (check one)				
	ability Company	Corporation	MN	lonprofit Organization
Dest De ladicidual Information				
Part B: Individual Information	2. First Name			3. M.I.
1. Last Name	Date	· /2		E
PIERCE	PIFI	eve	6	. Phone ((ell)
1. Last Name PIERCE 4. Relationship to Business (Title) Commander 1. Last Name 5. Email 1. PA-1	LDIZACE	a an 11.1	- A	15-693-4696
Commander 18A1	1) ERCE	- gorasico	or .	12017010
7. Home Address				
158571 SANDY Creek Rd	9. State	10. Zip Code	1	1. Date of Birth
8. City	10000			11-16-1946
12. <u>Drivers License/State ID Number</u>	WI	13. Drivers License/State	ID State	
		13. Drivers License/State	ID Glate	of issuance
1620-6654-6416-06				
Part C: Address History				
Do you currently reside in Wisconsin?				Yes ☐ No
				/
If yes to 1 above, how long have you continuously lived in	Wisconsin prior t	to the date of application	?	Years Months 7
2. List in chronological order all of your addresses within the	last 5 years. Atta	ch additional sheets if no	ecessar	у.
Previous Address 1	City		State	Zip Code
Previous Address 2	City		State	Zip Code
Previous Address 3	City		State	Zip Code
				_
Provious Address 4	City		State	Zip Code
Previous Address 4	0,			
D. J. Address F	City		State	Zip Code
Previous Address 5	City			
	L			
3. List all states and counties you have lived in as an adult. A	Attach additional	sheets if necessary.		
State County State County	State	County	State	County
WI MARAthon JOI RACINE	II	MeHenry		
State County State County	State	County	State	County
WI Portage IL SANGAM	04			
00 100m ja	. (1	

Continued \rightarrow

Part D: Criminal History				100000000
Have you ever been convicted of any offenses (excludi for violation of any federal, Wisconsin, or another state)	ng traffic offenses unle s laws or of any count	ess related to alcohol beverages) y or municipal ordinances?	. 🗌 Yes 🍃	ζNo
If yes to question 1, please list details of each convictio	n below. Attach additio	nal sheets as needed.		
Law/Ordinance Violated	Location		Conviction Date	
Penalty Imposed		Was sentence completed?	. Yes] No
Law/Ordinance Violated	Location		Conviction Date	
Penalty Imposed		Was sentence completed?	Yes] No
Law/Ordinance Violated	Location		Conviction Date	
Penalty Imposed		Was sentence completed?	Yes] No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of persheets as needed.	nother state's laws or		🗌 Yes 🕽	₹ No
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understar under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	pating in this business and that any license iss av he prosecuted for si	due to any involvement in anothused contrary to Wis. Stat. Chapubmitting false statements and a false information on this application.	iter 125 shall be fidavits in conne	void

Form

Alcohol Beverage AB-101 Appointment of Agent

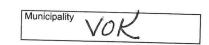
Original (no fee)	☐ Successor (\$10 fee f	for municipal lic	Censees only)			
	()	or marriorpar no	censees only)			
Part A: Business Informa					esant in the state of	
1. Legal Business Name (individua	al name if sole proprietor)					
_PEPLIN L	IFW MEMOR	i'al Po	ct 8080			
2. Business Trade Name or DBA		02	3/ 0000	,		
3. Entity Type (check one)	☐ Limited Linbility Com					
ALLIB	Limited Liability Comp	pany	Corporation	Nonp	rofit Organizat	ion
. Alcohol Beverage Business Auth		5. If succes	sor agent, provide Sta	ate Permit or Mun	icinal Retail Lice	nse Numb
Municipal Retail Licen					Par Hotali Eloc	inse munit
Describe the reason for appointi	ng a successor agent, if succe	ssor is checked	above.			
The second secon						
	An example of the second secon					
					_	
				•		
art B: Agent Information						
art B: Agent Information						
art B: Agent Information		2 First Nam				
Last Name		2. First Name			3	. M.I.
art B: Agent Information Last Name SChwartz					3	. M.I.
Last Name Schwartz		Alis	• \$ \$ @			. M.I.
Last Name Schwartz	201000	Alis		5.	3 Phone	. M.I.
Last Name Schwartz Email USChwartz@1	natera.com	Alis		i	Phone	M
Last Name Schwartz Email USChwartz@1	natera.com	Alis		i	Phone	M
Last Name SChwartz Email ASChwartz@1 Home Address	natera.com	Alis		i		M
Last Name Schwartz Email ASchwartz@1 Home Address	natera.con	Alis		i	Phone	M
Last Name Schwartz Email ASChwartz@1 Home Address 14 W. Nelson	natera.con	Alis	ssa	i	Phone	M
Last Name Schwartz Email ASChwartz@1 Home Address 14 W. Nelson City	natera.con	Alis	ssa	7	Phone 15-551-C	M
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Last Name Schwartz Email ASCHWARTZ HOME Address HW. Nelson Dity Aronenwetter	Rol	Alis	ssa	7	Phone 15-551-C	M
Last Name Schwartz Email ASCHWARTZ Home Address 14 W. Nelson City Aronenwetter Drivers License/State ID Number	Rol	8. State	9. Zip Code 54455	7	Phone 15-551-0	M
Last Name SChwartz Email ASCHWARTZ Home Address H. W. Nelson City Tonenwetter Drivers License/State ID Number	Rol	8. State	9. Zip Code 54455 12. Drivers Licer	10 nse/State ID State	Phone 15-551-0	M
Last Name Schwartz Email ASCHWARTZ ASCHWARTZ HOME Address H W. Nelson City Monenwetter Drivers License/State ID Number	Rol	8. State	9. Zip Code 54455 12. Drivers Licer	10 nse/State ID State	Phone 15-551-0	M
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Last Name Schwartz Email ASCHWARTZ ASCHWARTZ HOME Address H W. Nelson City Monenwetter Drivers License/State ID Number	Rol	8. State	9. Zip Code 54455 12. Drivers Licer	10 nse/State ID State	Phone 15-551-0	M
Last Name SChwartz Email ASCHWARTZ HOME Address HUWN NELSON City Aronenwetter Drivers License/State ID Number	Rol	8. State	9. Zip Code 54455 12. Drivers Licer	10 nse/State ID State	Phone 15-551-0	M
Last Name Schwartz Email ASCHWARTZ ASCHWARTZ ASCHWARTZ ASCHWARTZ HOME Address HOME Address HOME ADDRESS LICENSE/State ID Number S632.0137-6	Rol	8. State	9. Zip Code 54455 12. Drivers Licer	10 nse/State ID State	Phone 15-551-0	M
Last Name SChwartz Email ASCHWARTZ HOME Address 14 W. Nelson City Ar onenwetter Drivers License/State ID Number S632-0137-6	Rol	8. State	9. Zip Code 54455 12. Drivers Licer	10 nse/State ID State	Phone 15-551-0	M
Last Name SChwartz Email ASChwartz@1 ASChwartz@1 ASChwartz@1 Home Address 14 W. Nelson City Aronenwetter Drivers License/State ID Number S632.0137-6	Rd 2763-01	8. State Wi	9. Zip Code 54455 12. Drivers Licer	10 nse/State ID State	Phone 15-551-0	M
Last Name SChwartz Email ASChwartz@1 ASChwartz@1 Home Address 14 W. Nelson City Ar onenwe Her Drivers License/State ID Number S632.0137-6 Art C: Agent Questions Have you satisfied the response	Rd 2763-01	8. State Wi	9. Zip Code 54455 12. Drivers Licer	10 nse/State ID State	Phone 15-551-C	m 349
Last Name SChwartz Email ASChwartz@1 ASChwartz@1 Home Address 14 W. Nelson City Ar onenwe Her Drivers License/State ID Number S632.0137-6 Art C: Agent Questions Have you satisfied the response	Rd 2763-01	8. State Wi	9. Zip Code 54455 12. Drivers Licer	10 nse/State ID State	Phone 15-551-C	m 349
Last Name Schwartz Email ASCHWARTZ Home Address 14 W. Nelson City Tonenwetter Drivers License/State ID Number	Rd 2763-01	8. State Wi	9. Zip Code 54455 12. Drivers Licer	10 nse/State ID State	Phone 15-551-C Age 52 e of Issuance	m 349
Last Name SChwartz Email ASChwartz@1 ASChwartz@1 Home Address 14 W. Nelson City A onenwetter Drivers License/State ID Number S632-0137-6 Tr C: Agent Questions Have you satisfied the respons Submit proof of completion.	Rd 2763-01 nsible beverage server train	8. State Wi	9. Zip Code 54455 12. Drivers Licer Wis	nse/State ID State	Phone 15-551-C Age 52 of Issuance	m 349
Last Name Schwartz Email ASChwartz Home Address HW. Nelson City Aronenwetter Drivers License/State ID Number S632.0137-6 Tr C: Agent Questions Have you satisfied the resports Submit proof of completion. Have you completed Form AE	Rd 2763-01 asible beverage server train	8. State Wi	9. Zip Code 54455 12. Drivers Licer Wis	nse/State ID State	Phone 15-551-C Age 52 of Issuance	<u>m</u> 349
Last Name Schwartz Email ASChwartz Home Address 14 W. Nelson City A ronenwetter Drivers License/State ID Number Sb32.0137-6 Tt C: Agent Questions Have you satisfied the resports Submit proof of completion. Have you completed Form AE	Rd 2763-01 asible beverage server train	8. State Wi	9. Zip Code 54455 12. Drivers Licer Wis	nse/State ID State	Phone 15-551-C Age 52 of Issuance	<u>m</u> 349
Last Name SChwartz Email ASChwartz@1 ASCH	Rd 2763-01 nsible beverage server train 3-100, Alcohol Beverage In 100 with this form.	8. State Wi	9. Zip Code 54455 12. Drivers Licer Wis	10 nse/State ID State	Phone 15-551-C Age 52 of Issuance	<u>m</u> 349
SChwartz SChwartz SChwartz SChwartz SChwartz SChwartz SChwartz SCHWARTZ IN	Rd 2763-01 nsible beverage server train 3-100, Alcohol Beverage In 100 with this form.	8. State Wi	9. Zip Code 54455 12. Drivers Licer Wis	10 nse/State ID State	Phone 15-551-C Age 52 of Issuance	<u>m</u> 349
Last Name SChwartz Email ASChwartz Home Address HW. Nelson City Aronenwetter Drivers License/State ID Number S632.0137-6 Total C: Agent Questions Have you satisfied the resportation. Have you completed Form AE	Rd 2763-01 Asible beverage server trains-100, Alcohol Beverage Inc. 100 with this form.	8. State Wi	9. Zip Code 54455 12. Drivers Licer Wis	10 nse/State ID State	Phone 15-551-C Age 52 of Issuance	<i>M</i>)349

READ CAREFULLY BEFORE SIGNING: I, the Undersigned , authorize the above-named individual to act for the corporation, nonprofit organization, or limited liability company with full authority and control of the premises and beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this into on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this prem I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application who knowingly provides materially false information on this application may be required to forfeit not mor if convicted.	of all alcohol dividual to act nises. Further,
Last Name First Name	I NA I
PIERCE PATRICK	M.I.
Email Phone (Cea	06)
Commander IPA+Piznciz @ gmeil.com 215.69	2 4161
Signature Date	5-7676
29 Ivl. 20	24
Part E: Agant Attactati	
Part E: Agent Attestation	
READ CAREFULLY BEFORE SIGNING: I, the Agent , hereby accept this appointment as agent for the above-named nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol bever on the premises for the above-named business. I further understand that I may be prosecuted for submitting fals and affidavits in connection with this application, and that any person who knowingly provides materially false inform application may be required to forfeit not more than \$1,000 if convicted.	age activities
Last Name First Name	M.I.
Schwartz Hissa	\mathcal{M}
Signature / 1/380 Schwartz Date 7-29-24	

Part D: Business Attestation

AB-220

Temporary Alcohol Beverage License



License(s) Requested				
and the second s		Fees		
Tomorana #Ole Division	Temporary Class "B" Beer	License Fees	\$	10.00
Temporary "Class B" Wine		Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization Inform	nation			
Organization Name				
PEPLIN UFG	MEMORIAL T	Post 82	80	
2. Organization Ferniahent Address		0) / 020	, –	
3332 StATE	Hwy 153			
1			4. State	5. Zip Code
Kronenwe	tten			54455
6. Mailing Address (if different from p	permanent address)			
7. FEIN	8. Date of Organization/Ir	OSINER, WI	54455	-
51-0216831	8. Date of Organization/Ir	ncorporation 9.	State of Organiz	ation/Incorporation
10. Phone	10 MARCH	1976	WI	
715-693-4696	1 Dat D	1976 EQ-GMAIL		
12. Organization type (check one)	LI ATTI KRC	ECEL-GMAIL	. Com	
☐ Bona Fide Club ☐	Church		·	
☐ Lodge/Society		tion/Agricultural Society	Veter	an's Organization
	Chamber of Commerce or simila	ar Civic or Trade Organi	zation under ch	. 181, Wis. Stats.
13. Is this organization required to	hold a Wisconsin Sollar's normita			
13. Is this organization required to	Tiold a Wisconsin Seller's permit?	***************		· · · · · · · · · · · · · · · · · · ·
14. Wisconsin Seller's Permit Number	(if applicable)			
I ON				
				,
Part B: Individual Informatio	20~0 1000 RESERVED HER			
List the name, title, and phone nu (Form AB-100) for each person lis	mber for all officers, directors, an	d agent of the organizat	ion. Include an	Individual Questionneire
	and a solo in a made a damonal since	is if flecessary.		marviduai Questionnaire
Corporations must also include Al	cohol Beverage Appointment of A	gent (Form AB-101).		
Last Name	First Name	Title		Phone
D-				(GAZ)
PIERCE	PAtrick	Common	lea	715-693-4696
				17 16/2

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Part C: Event Information	godkarty v 13 Ka		
1. Name of Event (if applicable)	7		
PEPLIN UFW 8280 1	Post M	uster (MEA	of the RAFFLE
2. Dates of Operation			3. Hours of Operation
SeftenBER 8, 20		7 Am to 9 Pm	
4. Premises Address			(1)
3332 STATE Huy 15	53		
of Oily i			6. State 7. Zip Code
Kronenwetter			WI 54455
MARAThon 9.	Governing Munic	pipality City Town	
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num	ber for Organizer of Event
13. Organizer Website		115-693.	1696
_		14. Event Website	
LOWED. NEW 8280. Com / Fred.	ex, htm	Agranda de la Martina de la Ma	•
15. Premises Description - Describe the buildin stored, or consumed, and related records a alcohol beverage activities and storage of or diagram and additional sheets if necessary	records may or ary.	ocur only on the premises of	lding, including living quarters. Authorized lescribed in this application. Attach a map
2722	the hor	d and replin	0700 Past 8280
All Buildings and 3732 State Itary 1.	53, Kr.	nenwetter wi	
v		/	
Part D: Attestation			
Who must sign this application?			
one officer or director of the nonprofit orga			
READ CAREFULLY BEFORE SIGNING: Under truthfully. I agree that I am acting solely on be seeking the license. Further, I agree that the rist to another individual or entity. I agree to opera from Wisconsin-permitted wholesalers. I under be deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stat. Obe prosecuted for submitting false statements a provides materially false information on this applicant.	ghts and respo ate according t stand that lack refusal is a m Chapter 125 sh and affidavits in oplication may l	nicant organization and not nsibilities conferred by the loot the law, including but not of access to any portion of sisdemeanor and grounds for all be void under penalty of a connection with this applicate required to forfeit not more	on behalf of any other individual or entity icense(s), if granted, will not be assigned limited to, purchasing alcohol beverages a licensed premises during inspection will or revocation of this license. I understand state law. I further understand that I may
	F	irst Name	M.I.
PIERCE	/	Atrich	E
Title Commander	Email 1 PA	40'22	Phone (cell)
Signature	1-1-01	TIPIK CRESM	Phone (cell) 215-693-4696 Date
+			Date
Und / Whene			28 July 2024
_			
Part E: For Clerk Use Only	10 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Date Application Was Filed With Clerk		License Number	
Date License Granted			
Sate Floring Glanted /		Date License Issued	
Signature of Clerk/Deputy Clerk			
M. J. M.	•		
Deg 1			