

Form
AB-200

Alcohol Beverage License Application



For Municipal Use Only	
Municipality	City of Mauston
License Period	01-20-25 to 06-30-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ 44 Class "B" Beer \$ _____
 "Class A" Liquor \$ 132 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 176
Background Check Fee	\$ 7
Publication Fee	\$ 9
Total Fees	\$ 192

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) HOMER FUEL WI LLC			
2. Business Trade Name or DBA FOOD & LIQUOR MART			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. 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			
6. State of Organization WI		7. Date of Organization 12/10/2024	8. Wisconsin DFI Registration Number [REDACTED]
9. Premises Address 531 Gateway Ave,			
10. City Mauston,		11. State WI	12. Zip Code 53948
13. County Juneau	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Mauston, WI</u>		15. Aldermanic District
16. Premises Phone (608) 350-0978	17. Premises Email OMAHAHOTELS@YAHOO.COM		18. Website NONE
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. ALCOHOL BEVERAGES ARE STORED IN COOLER, BEAR CAVE AND FRONT OF BEAR CAVE. ALCOHOL BEVERAGES RECORDS WILL BE KEPT CASH REGISTER AND COMPUTER AT CASHIER DESK. ALL ALCHOHOL WILL BE SOLD AT CASH REGISTER OF THIS LOCATION.			
20. Mailing Address (if different from premises address) PO BOX 57			
21. City LOCKPORT		22. State IL	23. Zip Code 60441

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated NONE	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No
 averages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
PATEL	MUKESHKUMAR	MEMBER	[REDACTED]

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. 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.

Last Name PATEL	First Name MUKESHKUMAR	M.I. M
Title MEMBER	Email OMAHAHOTELS@YAHOO.COM	[REDACTED]
Signature <i>Mukesh M. Patel</i>		Date 12/17/20

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 12-27-24	License Number 494	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

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