# Original Alcohol Beverage License Application

FOR OLERKO ONLY	<del></del>
FOR CLERKS ONLY	
Municipality City of Richland Ca	
License Period 7/1/24 - 6/	130/25

License(s) Requested			
☐ Class "A" Beer \$	Class A" Liquor \$	_ License Fees	\$ 100.00
Class "B" Beer	Class B" Liquor \$	_ Publication Fee	\$ 15,99
Class C" Wine \$	Class A" Liquor (Cider Only) \$	Background Check	\$ 15.00
Reserve "Class B" Liquor \$	☐ "Class B" (Wine Only) Winery \$	Total Fees	\$130.99
Part A: Premises/Business Inform	nation		
AD GERMAN WARE	me or individual's name if sole proprietorship)  HOUSE CONSERVANCY,	INC.	
2. Trade Name or DBA			
3. Premises Address S CHUR	CH STRET		***************************************
4. County RICHLAND	5. Municipality RICHLAND CENTE	6. Aldermanic District  R Dist. #1	
7. Mailing Address (if different from premises	address) RICHLAND CENTER	2. W/ 535	81
8. FEIN 46 4001430	9. Wisconsin Seller's Permit Num 456 - 1028	ber	
10. Premises Phone 608 647 0253	11. Premises Email		
12. Entity Type (check one)			
Sole Proprietor Partners			profit Organization
including living quarters, if used, for	building or buildings where alcohol beverage the sales, service, consumption, and/or sto DNLY on the premises described in this applic	rage of alcohol beverages	and records. Alcohol
	MASONRY WAREHOU		
DESIGNED BY	TRANK LCOYD W	RIGHT, ALC	COHOL
STORAGE, SA	KES & CONSUMPT.	TON WOULD	BE
LIMITED TO	THE BASEMENT, G	ROUN FLO	ORAND
SECOND FLE	UK		
	*		
Part B: Questions			
Have the partners, agent, or sole prop this license period? Submit a copy of	rietor satisfied the responsible beverage serv Responsible Beverage Server Training Cour	ver training requirement for se Certificate	X Yes No
indirect interest in any alcohol bevera	tners, officers, directors, managing members ge wholesaler or producer (e.g., brewer, brew below. Attach additional sheets if necessary.	vpub, winery, distillery)?	Yes 💢 No

Part C: For Corporate/LLC Applica	nts Only					
State of Registration	1				2. Date of Regist	
WISCONSIN	/				201	3
3. Is the applicant business owned by and	ther corporation	on or LLC?	If ves. pleas	se provide	the name and FEIN	of the
parent company below, include parent	company mem	bers in Pa	rt D, and att	ach Form.	AT-103 for all of the	parent
company's principal members, manage	ers, officers, or	directors .				Yes 🔀 No
Name of Parent Company			FEIN of Par	ent Compa	ny	
Does the parent company or any of its interest in any other alcohol beverage If yes, please explain using the space	wholesaler or	producer	(e.g., brewe	r, brewput	nt hold any direct or i o, winery, distillery)?	ndirect Yes X No
5. Agent's Last Name		Agent's Fi	rst Name	, ,	THE RESERVE TO SERVE THE PARTY OF THE PARTY	Phone
ABAIR		7	11407	744		
Part D: Individual Information				0		
A Supplemental Questionnaire, Form AT-103, m	nust be complete	ed and attacl	hed to this app	olication for	each person involved i	n the applicant business and
any parent company as indicated in Part C. Pe or nonprofit organization, all partners of a partn	rsons in the app ership, and all m	ilicant busine	ess include: si embers and a	ole propriet	or, all officers, directors	s, and agent of a corporation
List the full name, title, and phone number	for each perso	n below. A	ttach additio	nal sheets	s if necessary.	
Last Name	First Name			Title		Phone
MARSHALL	BARL	3		FRE	JIDENT	
KINTE	JANE			VIC	EPREJIDE	T
ABAIR	TIMO	OTHY	<u>ب</u>	11	TREASURER	
MOTT	ASH	LEY	-	52	ECRETAR	1
ZIEGAHN	BARI	24		Bo	ARD MEMBE	R
Part E: Attestation		3.70	11			
Who must sign this application?						
sole proprietor     one general part	ner of a partne	ership	• one corp	orate offic	er • one mana	iging member of an LLC
READ CAREFULLY BEFORE SIGNING: Ur	West 1/2 100000	5.00.00 mg/s	Commission Commission -			
that I am acting solely on behalf of the applic that the rights and responsibilities conferred this business according to the law, including lack of access to any portion of a licensed pre and grounds for revocation of this license. I use state law. I further understand that I may be any person who knowingly provides material	cant business are by the license(s) but not limited to emises during in understand that prosecuted for s	nd not on be s), if granted o, purchasin ispection will any license submitting fa	ehalf of any of d, will not be g alcohol bev ll be deemed : issued contra alse statemen	ther individent assigned to be seen to be se	ual or entity seeking the control of another individual or state authorized who allow inspection. Such Stat. Chapter 125 shall avits in connection with	ne license. Further, I agree entity. I agree to operate plesalers. I understand that in refusal is a misdemeanor all be void under penalty of the this application, and that
Signature July Jun	1			Date C	3/05/2	4
Name (Last, Eirst, M.I.)	OTHY	- 1				
TITLE TREASURER	Er	mail	100000000000000000000000000000000000000			Phone
Part F: For Clerk Use Only		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Date application was filed with clerk	Date reported	d to governi	na body	-	Date provinional list-	use issued (if applicable)
3/6/2024	- Cato reported	- to governii	g body		Date provisional licen	se issued (if applicable)
Date license granted	License num	ber			Date license issued	
3	LIJONIJE HUIH	0,			Date notine issued	
Signature of Clerk/Deputy Clerk	8	`			I	

## Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

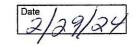
Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the
corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.
To the governing body of: Village of RICHIAND CENTER County of RICHIAND
The undersigned duly authorized officer/member/manager of AD GRAN WAREHOUSE CONSERVANCY, WC. (Registered Name of Corporation / Organization or Limited Liability Company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
located at 300 S CHURCH ST RICHLAND CENTER, WI 53581
TIMOTHY ABAIR
appoints TIMOTHY ABAIR  (Name of Appointed Agent)  (Name of Appointed Agent)  (Home Address of Appointed Agent)  (Home Address of Appointed Agent)
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
Yes X No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 50+ 9RS
Place of residence last year 185/9 TUCKAWAY VALLEY RD RICHLAND COUTER WI 5358/
For: AD GERMAN WAREHOUSE CONSERVANCY, INC. (Name of Corporation / Organization / Limited Liability Company)
By: Sausais Manager)  (Name of Corporation / Organization / Limited Liability Company)  (Signature of Officer / Member / Manager)
Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.
ACCEPTANCE BY AGENT
I,
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.
(Signature of Agent)  2/29/24 Agent's age 45
(Signature of Agent)  (BS19 TUCKAWAY VALLEY RD RICHLAND CANTER W/ 5358/ (Holme Address of Agent)  Date of birth
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.
Approved on 3/22/2024 by Johnson

(Signature of Proper Local Official)

(Town Chair, Village President, Police Chief)

## Alcohol Beverage License Application Supplemental Questionnaire



This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

sole proprietor

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

revious Address 2  Tevious City, State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  Imployer's Name  ARTLICABLE	
Trade Name or DBA  Entity Type (check one)    Sole Proprietor	
Trade Name or DBA  Entity Type (check one)  Sole Proprietor Partnership Limited Liability Company Corporation  art B: Individual Information  Name (Last, First, M.I.)  Relationship to Registered Entity (Tritle)  3. Email  Home Address  City  7. State  8. Zip Code  WISCONSIN  art C: Address History  st in chronological order your last two residence addresses within the last 5 years.  revious Address 2  revious City, State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  mployer's Name  NOTE APPLICABLE	11110
Entity Type (check one)  Sole Proprietor Partnership Limited Liability Company Corporation  art B: Individual Information  Name (Last, First, M.I.)  Belationship to Registered Entity (Title)  City  City  City  City  T. State  B. Zip Code  J. State  B. Zip Code  J. State  J. Drivers License/State ID Number  11. Drivers License/State ID State  Art C: Address History  st in chronological order your last two residence addresses within the last 5 years.  evious City, State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  mployer's Name  Art L. A. B. L.  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  mployer's Name  Art L. A. B. L.  Dates (MM/YY  Art D: Employment History  st in chronological order your last two employers within the last 5 years.  mployer's Name  Art L. A. B. L.  Dates (MM/YY)	10 V Carri
Sole Proprietor Partnership Limited Liability Company Corporation  art B: Individual Information  Name (Last, First, M.I.)  Relationship to Registered Entity (Title)  3. Email  Home Address  City  7. State 8. Zip Code 11. Drivers License/State ID Number  11. Drivers License/State ID State  Poly Grey State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  Pevious City, State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  Proposer State ID Number  Dates (MM/YY  APPLICABLE  Dates (MM/YY  Dates (MM/YY  Dates (MM/YY  Dates (MM/YY)  Dates (MM/YY)	
Sole Proprietor Partnership Limited Liability Company Corporation  art B: Individual Information  Name (Last, First, M.I.)  Relationship to Registered Entity (Title)  3. Email  Home Address  City  7. State 8. Zip Code 11. Drivers License/State ID Number  11. Drivers License/State ID State  Poly Grey State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  Pevious City, State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  Proposer State ID Number  Dates (MM/YY  APPLICABLE  Dates (MM/YY  Dates (MM/YY  Dates (MM/YY  Dates (MM/YY)  Dates (MM/YY)	
art B: Individual Information  Name (Last, First, M.I.)  Relationship to Registered Entity (Title)  3. Email  Home Address  City  City  T. State  T. State  T. State  T. Drivers License/State ID Number  11. Drivers License/State ID State In Chronological order your last two residence addresses within the last 5 years.  Tevious Address 1  APPLI CHRONOLOGY  Tevious City, State, Zip  Dates (MM/YY  Tevious City, State, Zip  Dates (MM/YY  St in chronological order your last two employers within the last 5 years.  Tevious City, State, Zip  Dates (MM/YY  Tevious City, State, Zip	٠
Relationship to Registered Entity (Title)  Home Address  City  7. State  Divers License/State ID Number  11. Drivers License/State ID State in chronological order your last two residence addresses within the last 5 years.  Revious Address 1  A PP 1 CH 3 L C C C C C C C C C C C C C C C C C C	Nonprofit Organization
Relationship to Registered Entity (Title)  Home Address  City  7. State  Divers License/State ID Number  11. Drivers License/State ID State in chronological order your last two residence addresses within the last 5 years.  Revious Address 1  A PP 1 CH 3 L C C C C C C C C C C C C C C C C C C	
Relationship to Registered Entity (Title)  3. Email  Home Address  City  7. State  Drivers License/State ID Number  11. Drivers License/State ID State  WISCONS/W  art C: Address History  st in chronological order your last two residence addresses within the last 5 years.  revious Address 1  Poly Children Comment  revious Address 2  revious City, State, Zip  Dates (MM/YY)  art D: Employment History  st in chronological order your last two employers within the last 5 years.  mployer's Name  APPLICABLE	
City 7. State 8. Zip Code 2. A.	
City 7. State 8. Zip Code 2. A.	4. Phone
City 7. State 8. Zip Code 2. A.	
City  CENTER  Divers License/State ID Number  11. Drivers License/State ID State  C: Address History  st in chronological order your last two residence addresses within the last 5 years.  revious Address 1  ADDITION Dates (MM/YY)  revious City, State, Zip  Dates (MM/YY)  art D: Employment History  st in chronological order your last two employers within the last 5 years.  mployer's Name  ADDITION DESCRIPTION OF THE PROPERTY OF	
City  CENTER  Divers License/State ID Number  11. Drivers License/State ID State  C: Address History  st in chronological order your last two residence addresses within the last 5 years.  revious Address 1  ADDITION Dates (MM/YY)  revious City, State, Zip  Dates (MM/YY)  art D: Employment History  st in chronological order your last two employers within the last 5 years.  mployer's Name  ADDITION DESCRIPTION OF THE PROPERTY OF	
art C: Address History st in chronological order your last two residence addresses within the last 5 years. revious Address 1 revious City, State, Zip  Dates (MM/YY  revious City, State, Zip  Dates (MM/YY  Dates (MM/Y)  Dates (MM/YY  Dates (MM/Y)  Dates (MM/Y)  Dates (MM/Y)	9. Date of Birth
art C: Address History  st in chronological order your last two residence addresses within the last 5 years.  revious Address 1  APPLI CHBLE  revious City, State, Zip  Dates (MM/YY  revious City, State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  Imployer's Name  APPLI CHBLE	ate of lesuance
art C: Address History  st in chronological order your last two residence addresses within the last 5 years.  revious Address 1  PPLI CHBLE  revious City, State, Zip  Dates (MM/YY  revious City, State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  Imployer's Name  APPLI CHBLE	
st in chronological order your last two residence addresses within the last 5 years.  revious Address 1  revious City, State, Zip  Dates (MM/YY  revious City, State, Zip  Dates (MM/YY  revious City, State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  mployer's Name  APPLICABLE	
st in chronological order your last two residence addresses within the last 5 years.  revious Address 1  revious City, State, Zip  Dates (MM/YY  revious City, State, Zip  Dates (MM/YY  revious City, State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  mployer's Name  APPLICABLE	
revious City, State, Zip  Dates (MM/YY  Tevious Address 2  Tevious City, State, Zip  Dates (MM/YY  Dates (MM/YY)	
revious Address 2  Tevious City, State, Zip  Dates (MM/YY  art D: Employment History  st in chronological order your last two employers within the last 5 years.  Imployer's Name  ACT APPLICABLE	
art D: Employment History st in chronological order your last two employers within the last 5 years.  mployer's Name ARTLICABLE	YY - MM/YYYY)
art D: Employment History  st in chronological order your last two employers within the last 5 years.  mployer's Name  AOT APPLICABLE	
art D: Employment History  st in chronological order your last two employers within the last 5 years.  mployer's Name  AOT APPLICABLE	
st in chronological order your last two employers within the last 5 years.  mployer's Name  AOT APPLICABLE	YY - MM/YYYY)
st in chronological order your last two employers within the last 5 years.  mployer's Name  AOT APPLICABLE	
st in chronological order your last two employers within the last 5 years.  mployer's Name  AOT APPLICABLE	
NOT APPLICABLE	
Dates Linguist	ed (MM/YYYY - MM/YYYY)
mployer's Name	

Part E: Criminal History	
Have you ever been convicted of any offenses (other than traffic offenses unifor violation of any federal, Wisconsin, or another state's laws or of any counters.	related to alcohol beverages) ty or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach addition	onal sheets as needed.
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? Yes No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? Yes No
Are charges for any offenses currently pending against you (other than traffic beverages) for violation of any federal, Wisconsin, or another state's laws or ordinances?  If yes to question 2, describe nature and status of pending charges using the sheets as needed.	any county or municipal
Part F: Questions	
Have you lived in any state other than Wisconsin as an adult? If yes, please If no, continue to question 2	e list them in the space below.  Yes No
2. How long have you continuously lived in Wisconsin prior to the date of applied	cation? Years Months
Do you hold a direct or indirect interest in any alcohol beverage wholesaler of brewpub, winery, distillery)? If yes, please explain using the space below. At	or producer (e.g. brewer, ttach additional sheets as needed.
Part G: Attestation	
READ CAREFULLY BEFORE SIGNING: I understand that any license issunder penalty of state law. I further understand that I may be prosecuted for su with this application, and that any person who knowingly provides materially to forfeit not more than \$1,000 if convicted.	ubmitting false statements and affidavits in connection
Signature	Date 2/29/24

Date 02/27/24

# Form AT-103

### Alcohol Beverage License Application Supplemental Questionnaire

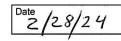
This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

· sole proprietor

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

Part A: Premises/Business Information	on				
<ol> <li>Registered Entity Name (or individual name if so</li> </ol>	ole proprietor)				
AD German Warehouse Conse	rvancy				
2. Trade Name or DBA					
3. Entity Type (check one)					
☐ Sole Proprietor ☐ Partnership	Limited Liabi	lity Company	y [	Corporati	on Nonprofit Organization
Part B: Individual Information					
1. Name (Last, First, M.I.) Barbara S Marshall					
2. Relationship to Registered Entity (Title)	3. Email			ľ	4. Phone
Board President					
5. Home Address 25058 Hwy N					70
6.City Richland Center		7. State	8. <b>Z</b> ip 0		9. Date of Birth
10. Drivers License/State ID Number	**************************************		11. Driv	vers Licensel	State ID State of Issuance
			Wis	consir	î ·
Part C: Address History					
Part C: Address History List in chronological order your last two resid	dence addresses wit	thin the last 5	5 years.		
List in chronological order your last two resid	dence addresses wit	thin the last 5	5 years.	Da	tes (MM/YYYY - MM/YYYY)
List in chronological order your last two residence of the Previous Address 1	dence addresses wit	thin the last 5	5 years.	Da	tes (MM/YYYY - MM/YYYY)
List in chronological order your last two residence of two previous Address 1  Previous City, State, Zip	dence addresses wit	thin the last 5	5 years.		tes (MM/YYYY - MM/YYYY) tes (MM/YYYY - MM/YYYY)
List in chronological order your last two residence of the previous Address 1  Previous City, State, Zip  Previous Address 2  Previous City, State, Zip	dence addresses wit	thin the last 5	5 years.		
List in chronological order your last two residence of the previous Address 1  Previous City, State, Zip  Previous Address 2  Previous City, State, Zip  Part D: Employment History			5 years.		
List in chronological order your last two residence of the previous Address 1  Previous City, State, Zip  Previous Address 2  Previous City, State, Zip  Part D: Employment History  List in chronological order your last two employment in the previous and the pre			5 years.		
List in chronological order your last two residence of the previous Address 1  Previous City, State, Zip  Previous Address 2  Previous City, State, Zip  Part D: Employment History  List in chronological order your last two employer's Name			5 years.	Da	ites (MM/YYYY - MM/YYYY)
List in chronological order your last two residence of the previous Address 1  Previous City, State, Zip  Previous Address 2  Previous City, State, Zip  Part D: Employment History  List in chronological order your last two employment in the previous and the pre			5 years.	Da	
List in chronological order your last two residence of Previous Address 1  Previous City, State, Zip  Previous Address 2  Previous City, State, Zip  Part D: Employment History  List in chronological order your last two employer's Name  Retired			5 years.	Da	ites (MM/YYYY - MM/YYYY)

## Alcohol Beverage License Application Supplemental Questionnaire



This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

· sole proprietor

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

Part A: Premises/Business Information		
1. Registered Entity Name (or individual name if sole proprietor)  A. D. German Ware house Conservancy		
2. Trade Name or DBA		
3. Entity Type (check one)		
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company	☐ Corporation	Nonprofit Organization
Part B: Individual Information		
1. Name (Last, First, M.I.)		
Ziegahn, Barry A.  2. Relationship to Registered Entity (Title)  3. Email		
Relationship to Registered Entity (Title)     3. Email		4. Phone
Member		
5. Home Address		
1807 W. Fern St. 6. City 7. State RicHand Center W1		
6. City 7. State	8. Zip Code	9. Date of Birth
Richland Center WI	53581	
10. Drivers License/State ID Number	11. Drivers License/State	AND THE RESEARCH CONTRACTOR OF THE STREET ST
	Wiscons	in
Part C: Address History		
List in chronological order your last two residence addresses within the last 5	vears.	
Previous Address 1		
1 Tovious / Mulicos 1		
Previous City, State, Zip	Dates (	MM/YYYY - MM/YYYY)
		8
Previous Address 2		
Previous City, State, Zip	Dates (	MM/YYYY - MM/YYYY)
Part D: Employment History		
List in chronological order your last two employers within the last 5 years.		
Employer's Name		
Employer's Address	Dates F	Employed (MM/YYYY - MM/YYYY)
Employer's Name Capital Wealth Advisory Group Employer's Address 1313 W. Seminary St., Richland Center, W1 53:	581 Ju	ne 2007 - Sept. 2023
Employer's Name		
Employer's Address	Dates F	Employed (MM/YYYY - MM/YYYY)
Employor or identical	20100	

Part E: Criminal History				
Have you ever been convicted of any offenses (other than traffic offenses unr for violation of any federal, Wisconsin, or another state's laws or of any count	related to alco by or municipal	hol beverages) I ordinances?	☐ Yes	X No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.				
Law/Ordinance Violated		Trial Date		
Penalty Imposed	Was sentend	ce completed?	Yes	☐ No
Law/Ordinance Violated		Trial Date		
Penalty Imposed	Was sentend	ce completed?	Yes	☐ No
Are charges for any offenses currently pending against you (other than traffic beverages) for violation of any federal, Wisconsin, or another state's laws or ordinances?  If yes to question 2, describe nature and status of pending charges using the sheets as needed.	any county or	municipal	Yes	₩ №
Part F: Questions				
Have you lived in any state other than Wisconsin as an adult? If yes, please	list them in the	e space below.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
foreign - Australia - 1972-74			Yes Yes	∐ No
2. How long have you continuously lived in Wisconsin prior to the date of applic	ation?	Years 49	Months / 0	
Do you hold a direct or indirect interest in any alcohol beverage wholesaler of brewpub, winery, distillery)? If yes, please explain using the space below. Attacks the space below is a specific plant of the space below. Attacks the space below is a specific plant of the space below.	r producer (e.ç ach additional	g. brewer, I sheets as needed.	Yes	X No
Part G: Attestation			405 :	
READ CAREFULLY BEFORE SIGNING: I understand that any license issu under penalty of state law. I further understand that I may be prosecuted for sul with this application, and that any person who knowingly provides materially to forfeit not more than \$1,000 if convicted.	bmitting false	statements and affid	avits in cor	nection
Signature Bay Expr		Date Z/28/2	4	
/ /		/ /		

# Form AT-103 Date 2/27/24

# Application Supplemental Questionnaire

## **Alcohol Beverage License**

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Inform	ation	
Registered Entity Name (or individual name)		
AD German Warehouse	e il sole proprietor)	
AD German Warehouse		
2. Trade Name or DBA		
3. Entity Type (check one)		
Nonprofit Organization		
Part B: Individual Information		
1. Name (Last, First, M.I.)		
Kintz, Jane, M.		
	6. City Richland Center	
2. Relationship to Registered Entity (Title)	3. Email	-
2. Nordan compiler to regional and a finity (1125)	5. <u>2.</u> man	
AD German Warehouse Conservancy Board		9. Date of Birth
Member.	7.tWl 8	- 3. 53581 -
5. Home Address 21945 Galway Lane	4. Phone	
10. Drivers License/State IDNumber	Part C: Address H	listory
	11. Di	ivers License/State ID State of Issuance M

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

Previous City, State, Zip Dates (MM/YYYY - MM/YYYY)	
Part D: Employment History List in chronological order your last two employers within the last 5 years. Employer's Name Riverdale School District	
Employer's Address 747 6th St., Muscoda, WI 53573	
Dates Employed (02/2023 - 06/2023)	
Employer's Name	
Employer's Address Dates Employed (MM/YYYY - MM/YYYY)	
- 1 -	
AT-103 (R. 06-23) Wisconsin Department of Revenue Part E: Criminal History	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beve federal, Wisconsin, or another state's laws or of any county or municipal ordinances?	rages) for violation of any
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed	I.
Law/Ordinance Violated Penalty Imposed	
Trial Date Was sentence completed? Y	es No
Law/Ordinance Violated Trial Date	
Penalty Imposed Was sentence completed? Yes No	
Are charges for any offenses currently pending against you (other than traffic offenses unrelated to violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?	
$\smile$	addisi a a al
If yes to question 2, describe nature and status of pending charges using the space below. Attach a sheets as needed.	additional
Part F: Questions	
Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space to question 2	pelow. If no, continue to
Years	
2. How long have you continuously lived in Wisconsin prior to the date of application?  Life US YEARS, 9 months	
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewe If yes, please explain using the space below. Attach additional sheets as needed.	r, brewpub, winery, distillery)?

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void

NO

None

Previous City, State, Zip Dates (MM/YYYY - MM/YYYY) Previous Address 2

No Part G: Attestation

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

Jane M. Kintz

2/27/24

- 2 - AT-103 (R. 06-23)

### Form AT-103 Instructions

Alcohol Beverage License Application/Supplemental Questionnaire

#### Who must complete Form AT-103?

ane U. Kentz

All persons involved in the applicant business who are partners of a partnership, officers, directors, managing members, sole proprietors, or agents. These persons must be identified in the schedule for appointment of agent (Form AT-104), original license application (Form AT-106), retail license transfer (Form AT-108) the renewal license application (Form AT-115), or the appointment of successor agent (Form AT-200).

#### Where do I submit Form AT-103?

Submit this form with Form AT-104, AT-106, AT-108, AT-115, or AT-200 to the clerk of the municipality in which the applicant business is located.

### Specific Instructions

Date

Date the form in the top left corner.

Part A: Premises/Business Information

• Enter the legal business name in box 1. If sole proprietor, enter the individual's first and last name. • Enter the trade name or "doing business as" name in box 2, if different than the name in box 1. • Check one entity type in box 3 to indicate how the business is legally organized.

Note: This business information must match the information on the license application (Form AT-106 or AT-115).

Part B: Individual Information

- Provide all requested personal information.
- For box 2: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

List your two most recent addresses within the past five years.

Part D: Employment History

· List your two most recent employers/business ventures within the past five years.

Part E: Criminal History

Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
 Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

Date	
02/27	/24

### Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

· sole proprietor

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

Part A: Premises/Business Informatio	 n		<u>,                                    </u>				
Registered Entity Name (or individual name if sole							
A D German Warehouse Conserv							
2. Trade Name or DBA	-						
3. Entity Type (check one)					T		
Sole Proprietor Partnership	Limited Liability Company Corporation				on Nonprofit Organization		
Part B: Individual Information				4 -	a contrate of the		
1. Name (Last, First, M.I.)		3-8-(100-n)	8				
Mott, Ashley R			100-000-000-000-00	50 Mg			
Relationship to Registered Entity (Title)     3. Email					4. Phone		
Secretary							
5. Home Address							
23995 Buckhorn Ln							
6. City		7. State	8. Zip Code		9. Date of Birth		
		MI	53581				
10. Drivers License/State ID Number			1		State of Issuance		
			Wisconsi	n			
					2000000000		
Part C: Address History							
List in chronological order your last two reside	nce addresses with	nin the last	5 years.				
Previous Address 1							
23995 Buckhorn Ln.							
Previous City, State, Zip				Dates (MM/YYYY - MM/YYYY)			
Richland Center, WI 53581				10/2020-Present			
Previous Address 2			**************				
20654 Hidden Valley Rd.							
Previous City, State, Zlp				Dates (MM/YYYY - MM/YYYY)			
Richland Center, WI 53581				06/2019-10/2020			
Part D: Employment History		E.					
List in chronological order your last two emplo	yers within the last	5 years.					
Employer's Name							
TitleWorks, LLC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
			100	Pates Employed (MM/YYYY - MM/YYYY)			
			12/202	20-Present			
Employer's Name							
W. Chris McGough Attorney	ac law			0.4.	I J. M.		
Employer's Address PO BOX 548 Richland Center, WI 53581			Dates Employed (MM/YYYY - MM/YYYY) 06/2019-12/2021				
PO BOX 548, Richland Center, WI 53581			00/201	.3-12/2021			

Part E: Criminal History					
Have you ever been convicted of any offenses (other than traffic offenses unr for violation of any federal, Wisconsin, or another state's laws or of any count	y or municipa	l ordinan	ces?	. 🗌 Yes	<b>☑</b> No
If yes to question 1, please list details of each conviction below. Attach addition	onal sheets as	s needed	•		
Law/Ordinance Violated		Trial Date	9		
Penalty Imposed	Was senten	ce compl	eted?	. Yes	□ No
Law/Ordinance Violated		Trial Date	9		
Penalty Imposed	Was senten	ce compl	eted?	. Yes	□ No
Are charges for any offenses currently pending against you (other than traffic beverages) for violation of any federal, Wisconsin, or another state's laws or a ordinances?  If yes to question 2, describe nature and status of pending charges using the sheets as needed.	any county or	municipa	al 	. Yes	☑ No
Part F: Questions					
Have you lived in any state other than Wisconsin as an adult? If yes, please I If no, continue to question 2	ist them in the	e space t	elow.	<b></b> ✓ Yes	□ No
Have you lived in any state other than Wisconsin as an adult? If yes, please!		e space b	elow.		□ No
1. Have you lived in any state other than Wisconsin as an adult? If yes, please I If no, continue to question 2.  Minnesota, Alabama	ation?	Years 4	pelow.	✓ Yes  Months	□ No
1. Have you lived in any state other than Wisconsin as an adult? If yes, please I If no, continue to question 2.  Minnesota, Alabama  2. How long have you continuously lived in Wisconsin prior to the date of applica 3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or brewpub, winery, distillery)? If yes, please explain using the space below. Atta	ation?	Years 4	pelow.	Yes  Months 8	
Have you lived in any state other than Wisconsin as an adult? If yes, please I If no, continue to question 2.  Minnesota, Alabama      How long have you continuously lived in Wisconsin prior to the date of applica	ation?	Years 4	pelow.	Yes  Months 8	
1. Have you lived in any state other than Wisconsin as an adult? If yes, please I If no, continue to question 2.  Minnesota, Alabama  2. How long have you continuously lived in Wisconsin prior to the date of applica 3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or brewpub, winery, distillery)? If yes, please explain using the space below. Atta	producer (e.god contrary to	Years 4  J. brewer, sheets a	at. Chapter	Months 8  Yes  125 shall tavits in cons	No No De void
1. Have you lived in any state other than Wisconsin as an adult? If yes, please I If no, continue to question 2.  Minnesota, Alabama  2. How long have you continuously lived in Wisconsin prior to the date of applica 3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or brewpub, winery, distillery)? If yes, please explain using the space below. Atta Part G: Attestation  READ CAREFULLY BEFORE SIGNING: I understand that any license issue under penalty of state law. I further understand that I may be prosecuted for sub with this application, and that any person who knowingly provides materially face.	producer (e.g. ch additional	Years 4 g. brewer, sheets a sheets a statemen on this	at. Chapter	Months 8  Yes  125 shall tavits in conin may be re	No No De void