

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	City of Richland Center
License Period	7/1/24 - 6/30/25

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ 100 "Class B" Liquor \$ _____
 "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ _____
 Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ 100.00
Publication Fee	\$ 15.99
Background Check	\$ 15.00
Total Fees	\$ 130.99

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>AD GERMAN WAREHOUSE CONSERVANCY, INC.</u>		
2. Trade Name or DBA		
3. Premises Address <u>300 S CHURCH STREET</u>		
4. County <u>RICHLAND</u>	5. Municipality <u>RICHLAND CENTER</u>	6. Aldermanic District <u>Dist. #1</u>
7. Mailing Address (if different from premises address) <u>P O BOX 436 RICHLAND CENTER, WI 53581</u>		
8. FEIN <u>46 4001430</u>	9. Wisconsin Seller's Permit Number <u>456 - 10286 48447 - 03</u>	
10. Premises Phone <u>608 647 0255</u>	11. Premises Email <u>IN70ADGERMANWAREHOUSE@GMAIL.COM</u>	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary. <u>FOUR STORY MASONRY WAREHOUSE BUILDING DESIGNED BY FRANK LLOYD WRIGHT. ALCOHOL STORAGE, SALES & CONSUMPTION WOULD BE LIMITED TO THE BASEMENT, GROUND FLOOR AND SECOND FLOOR</u>		

Part B: Questions	
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part C: For Corporate/LLC Applicants Only

1. State of Registration <i>WISCONSIN</i>	2. Date of Registration <i>2013</i>
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3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors Yes No

Name of Parent Company	FEIN of Parent Company
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4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name <i>ABAIR</i>	Agent's First Name <i>TIMOTHY</i>	Phone <i>608 3833336</i>
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Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
<i>MARSHALL</i>	<i>BARB</i>	<i>PRESIDENT</i>	<i>6086046977</i>
<i>KINTE</i>	<i>JANE</i>	<i>VICEPRESIDENT</i>	<i>6085532631</i>
<i>ABAIR</i>	<i>TIMOTHY</i>	<i>TREASURER</i>	<i>608 3833336</i>
<i>MOTT</i>	<i>ASHLEY</i>	<i>SECRETARY</i>	<i>6084750114</i>
<i>ZIEGAHN</i>	<i>BARRY</i>	<i>BOARD MEMBER</i>	<i>6086476046</i>

Part E: Attestation

Who must sign this application?
 sole proprietor one general partner of a partnership one corporate officer one managing 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.

Signature <i>Timothy Abair</i>	Date <i>03/05/24</i>
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Name (Last, First, M.I.)
ABAIR, TIMOTHY L

Title <i>TREASURER</i>	Email <i>TIMOTHYABAIR406@GMAIL.COM</i>	Phone <i>608 3833336</i>
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Part F: For Clerk Use Only

Date application was filed with clerk <i>3/6/2024</i>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

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: Town Village City of RICHLAND CENTER County of RICHLAND

The undersigned duly authorized officer/member/manager of AD GERMAN WAREHOUSE CONSERVANCY, INC.
(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
(Trade Name)

appoints TIMOTHY ABAIR
(Name of Appointed Agent)

18519 TUCKAWAY VALLEY RD RICHLAND CENTER, WI 53581
(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 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+ YRS

Place of residence last year 18519 TUCKAWAY VALLEY RD RICHLAND CENTER WI 53581

For: AD GERMAN WAREHOUSE CONSERVANCY, INC.
(Name of Corporation / Organization / Limited Liability Company)

By: Barbara Mouskall
(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, TIMOTHY ABAIR, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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] 2/29/24 Agent's age 65
(Signature of Agent) (Date)

18519 TUCKAWAY VALLEY RD RICHLAND CENTER WI 53581 Date of birth 6/25/58
(Home Address of Agent)

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 [Signature] Title Chief of Police
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Date 2/29/24

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 partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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 Information	
1. Registered Entity Name (or individual name if sole proprietor) <u>AD GERMAN WAREHOUSE CONSERVANCY, INC.</u>	
2. Trade Name or DBA <u>N/A</u>	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Name (Last, First, M.I.) <u>ABAIR, TIMOTHY L</u>			
2. Relationship to Registered Entity (Title) <u>BOARD MEMBER</u>	3. Email <u>TIMOTHYABAIR406@GMAIL.COM</u>	4. Phone <u>608 383 3336</u>	
5. Home Address <u>18519 TUCKAWAY VALLEY RD</u>			
6. City <u>RICHLAND CENTER</u>	7. State <u>WI</u>	8. Zip Code <u>53581</u>	9. Date of Birth <u>0625 1958</u>
10. Drivers License/State ID Number <u>A160 8125 8225 09</u>		11. Drivers License/State ID State of Issuance <u>WISCONSIN</u>	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 <u>NOT APPLICABLE</u>	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
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 <u>NOT APPLICABLE</u>	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes 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 sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions


1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

2. How long have you continuously lived in Wisconsin prior to the date of application? Years 50+ Months

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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.

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 partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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 Information				
1. Registered Entity Name (or individual name if sole proprietor) AD German Warehouse Conservancy				
2. Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Name (Last, First, M.I.) Barbara S Marshall				
2. Relationship to Registered Entity (Title) Board President		3. Email bsmrcwi@gmail.com		4. Phone 608-604-6977
5. Home Address 25058 Hwy N				
6. City Richland Center		7. State WI	8. Zip Code 53581	9. Date of Birth 10/21/1957 ³⁰
10. Drivers License/State ID Number M6240775788100			11. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History	
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)
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 Retired	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	
Employer's Address	Dates Employed (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

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

Part A: Premises/Business Information	
1. Registered Entity Name (or individual name if sole proprietor) <i>A. D. German Warehouse Conservancy</i>	
2. Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Name (Last, First, M.I.) <i>Ziegahn, Barry A.</i>			
2. Relationship to Registered Entity (Title) <i>Member</i>	3. Email <i>bzstc72@gmail.com</i>	4. Phone <i>608-647-6046</i>	
5. Home Address <i>1807 W. Fern St.</i>			
6. City <i>Richland Center</i>	7. State <i>WI</i>	8. Zip Code <i>53581</i>	9. Date of Birth <i>10-20-1947</i>
10. Drivers License/State ID Number <i>Z250-0614-7380-01</i>		11. Drivers License/State ID State of Issuance <i>Wisconsin</i>	

Part C: Address History	
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)
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 <i>Capital Wealth Advisory Group</i>	
Employer's Address <i>1313 W. Seminary St., Richland Center, WI 53581</i>	Dates Employed (MM/YYYY - MM/YYYY) <i>June 2007 - Sept. 2023</i>
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes 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 sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No
foreign - Australia - 1972-74

2. How long have you continuously lived in Wisconsin prior to the date of application? Years *49* Months *10*

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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.

Signature *Bay Egan* Date *2/28/24*

Application Supplemental Questionnaire

Form

AT-103

Date 2/27/24

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 Information

1. Registered Entity Name (or individual name if 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 janekintz@gmail.com

AD German Warehouse Conservancy Board

9. Date of Birth 5/15/1955

Member.

7. TWI

8. 53581

5. Home Address 21945 Galway Lane

4. Phone 608 553-2631

10. Drivers License/State ID Number

Part C: Address History

K532-4535-5675-02

11. Drivers License/State ID State of Issuance *Ind 1*

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) Previous Address 2 None

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)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated Penalty Imposed

Was sentence completed? Yes No

Trial Date

Law/Ordinance Violated Trial Date

Penalty Imposed Was sentence completed? Yes No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2 No

Years

2. How long have you continuously lived in Wisconsin prior to the date of application?

Life 08 years, 9 months

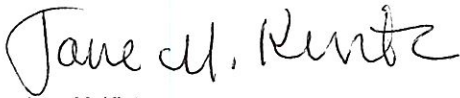
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? No
If yes, please explain using the space below. Attach additional sheets as needed.

No Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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.

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?

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.

Alcohol Beverage License Application Supplemental Questionnaire

Date 02/27/24

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 Information				
1. Registered Entity Name (or individual name if sole proprietor) A D German Warehouse Conservancy Inc.				
2. Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Nonprofit Organization


Part B: Individual Information				
1. Name (Last, First, M.I.) Mott, Ashley R				
2. Relationship to Registered Entity (Title) Secretary		3. Email armott@outlook.com		4. Phone 608-475-0114
5. Home Address 23995 Buckhorn Ln				
6. City Richland Center		7. State WI	8. Zip Code 53581	9. Date of Birth 04/20/87
10. Drivers License/State ID Number M300-0168-7640-08			11. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 23995 Buckhorn Ln.	
Previous City, State, Zip Richland Center, WI 53581	Dates (MM/YYYY - MM/YYYY) 10/2020-Present
Previous Address 2 20654 Hidden Valley Rd.	
Previous City, State, Zip Richland Center, WI 53581	Dates (MM/YYYY - MM/YYYY) 06/2019-10/2020

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name TitleWorks, LLC	
Employer's Address 161 N Central Ave., Richland Center, WI 53581	Dates Employed (MM/YYYY - MM/YYYY) 12/2020-Present
Employer's Name W. Chris McGough Attorney at Law	
Employer's Address PO BOX 548, Richland Center, WI 53581	Dates Employed (MM/YYYY - MM/YYYY) 06/2019-12/2021

Part E: Criminal History	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.	

Part F: Questions					
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Minnesota, Alabama					
2. How long have you continuously lived in Wisconsin prior to the date of application?	<table border="1"> <tr> <td>Years</td> <td>Months</td> </tr> <tr> <td>4</td> <td>8</td> </tr> </table>	Years	Months	4	8
Years	Months				
4	8				
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Part G: Attestation	
READ CAREFULLY BEFORE SIGNING: 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.	
Signature 	Date 2/27/2024