

Producer Full-Service Retail Sales Application

Date

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor) Disregarded Entity for G. Pauly		
2. Business Name or DBA 3. Sheeps Brewing	3. Agent Name Grant Pauly	
4. FEIN 45-3050478	5. Wisconsin Seller's Permit Number 456-1027464658-08	
6. Wisconsin Producer Permit Number 309-1024484569-03	7. Producer Type <input checked="" type="checkbox"/> Brewery <input type="checkbox"/> Winery <input type="checkbox"/> Liquor Manufacturer/Rectifier	
8. Contact Person's First Name Grant	9. Last Name Pauly	10. M.I. T
11. Contact Person's Phone (920) 946-9715		12. Contact Person's Email gpauly@3sheepsbrewing.com

Part B: Production Quantity

Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.

Brewery	Manufacturer/Rectifier	Winery
<input type="checkbox"/> Less than 250 barrels	<input type="checkbox"/> Less than 1,500 liters	<input type="checkbox"/> Less than 1,000 gallons
<input type="checkbox"/> 250 - 2,499 barrels	<input type="checkbox"/> 1,500 - 4,999 liters	<input type="checkbox"/> 1,000 - 4,999 gallons
<input type="checkbox"/> 2,500 - 7,499 barrels	<input type="checkbox"/> 5,000 - 34,999 liters	<input type="checkbox"/> 5,000 - 24,999 gallons
<input checked="" type="checkbox"/> 7,500 or more barrels	<input type="checkbox"/> 35,000 or more liters	<input type="checkbox"/> 25,000 or more gallons
Calendar year: 2024	Calendar year:	Calendar year:
Quantity: 14,000	Quantity:	Quantity:

Complete only ONE of Part C, D or E.

Part C: Request for Full-Service Retail Sales at the Production Premises

1. Start Date	2. Production Premises Address		
3. City	4. State	5. Zip Code	
6. County	7. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		

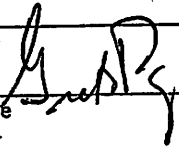
Part D: Request for Fixed Full-Service Retail Outlet

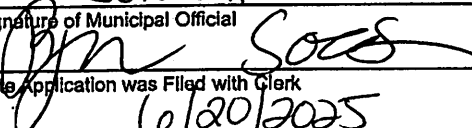
1. Are you transferring one fixed full-service retail outlet to a new location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete boxes 2 through 9.			
2. Current Outlet Name			
3. Current Outlet Premises Address			
4. City	5. State	6. Zip Code	
7. County	8. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		9. Premises Phone Number

Continued →

Part D: Request for Fixed Full Service Retail Outlet (Cont.)			
New Fixed Retail Outlet Information (complete boxes 10 through 23)			
10. Start Date		11. New Outlet Name	
12. New Outlet Premises Address			
13. City		14. State	15. Zip Code
16. County		17. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	
18. Premises Phone Number			
19. Premises Description - Describe the building or buildings and any outside areas 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.			
20. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. What alcohol beverages will be offered for sale? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
22. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
23. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

Part E: Request for Unlimited Transfer Full Service Retail Outlet			
1. Name of Event (if applicable) Boat Race Beach Party			
2. Dates of Operation (attach a schedule, if necessary) 08/09/25-08/10/25		3. Hours of Operation 08/09 - 11am-9pm, 08/10 - 11am-6pm	
4. Premises Address King Park			
5. City Sheboygan		6. State WI	7. Zip Code 53081
8. County Sheboygan		9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Sheboygan	
10. Organizer of Event (if not the named applicant)		11. Email and/or Phone Number for Organizer of Event same	
12. Organizer Website www.3sheepsbrewing.com		13. Event Website www.3sheepsbrewing.com/events	
14. Premises Description - Describe the building or buildings and any outside areas 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. A tap trailer will be located by the commons building. This will be the only location for the purchase of malt beverages.			
15. On-Site Contact (Last Name, First Name) Grant Pauly		16. On-Site Contact Phone (920) 946-9715	
17. On-Site Contact Email gpauly@3sheepsbrewing.com			
18. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19. What alcohol beverages will be offered for sale? (check all that apply) <input checked="" type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
20. What alcohol beverages does the permittee produce? (check all that apply) <input checked="" type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
21. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input checked="" type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

Part F: Affidavits			
Who must sign this application?			
<input type="checkbox"/> sole proprietor <input type="checkbox"/> general partner of a partnership <input type="checkbox"/> corporate officer <input type="checkbox"/> member of an LLC			
READ CAREFULLY BEFORE SIGNING:			
I understand and agree to the following: <input type="checkbox"/> I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages. <input type="checkbox"/> I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization. <input type="checkbox"/> I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler. <input type="checkbox"/> I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.			
Further, 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 authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin 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 06/19/2025	
Last Name Pauly		First Name Grant	M.I. T
Title Founder & Brewmaster	Email gpauly@3sheepsbrewing.com	Phone (920) 946-9715	

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)			
1. Will the municipality limit the scope of alcohol beverages offered for sale?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Will the municipality impose any requirements or restrictions for the full-service retail outlet?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Describe municipal restrictions indicated in questions 1 or 2 above.			
4. Last Name of Municipal Official Sorenson		5. First Name Ryan	6. M.I. J
7. Signature of Municipal Official 		8. Date 7/7/2025	
9. Date Application was Filed with Clerk 6/20/2025		10. Date Full-Service Retail Outlet Approved by Governing Body 7/7/2025	