

Alcohol Beverage Appointment of Agent

Date 12-24-24

Agent Type (check one)	
<input type="checkbox"/> Original (no fee)	<input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Ultra Mart Foods, LLC	
2. Business Trade Name or DBA Pick 'n Save #408	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number ALQ - 2024
6. Describe the reason for appointing a successor agent, if successor is checked above. Transfer of Current Agent	

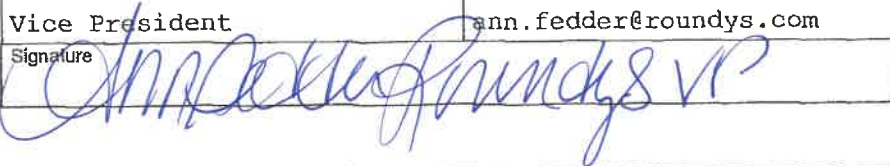
Part B: Agent Information			
1. Last Name Michaels	2. First Name Joel	3. M.I. P	
4. Email joel.michaels@roundys.com		5. Phone 920-901-0570	
6. Home Address 4604 Forest Hills			
7. City Two Rivers	8. State WI	9. Zip Code 54241	10. Age 46
11. Drivers License/State ID Number M242-4357-8050-03		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →


Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Fedder		First Name Ann		M.I. M
Title Vice President		Email ann.fedder@roundys.com		Phone (414) 231-6468
Signature 			Date 12/2005	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Michaels		First Name Joel		M.I.
Signature 			Date 12-24-24	

Alcohol Beverage Individual Questionnaire

Date 12-24-24

All individuals involved in the alcohol beverage business must complete this form, including:

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

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

Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor)	Ultra Mart Foods, LLC
2. Business Trade Name or DBA	Pick 'n Save #408
3. 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	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
Michaels	Joel	P	
4. Relationship to Business (Title)	5. Email	6. Phone	
Agent	joel.michaels@roundys.com	920-901-0570	
7. Home Address			
4604 Forest Hills DR.			
8. City	9. State	10. Zip Code	11. Date of Birth
Two Rivers	WI	54241	2-10-78
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
M242-4357-8050-03			

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years</td> <td style="width: 50%;">Months</td> </tr> <tr> <td style="text-align: center;">46</td> <td style="text-align: center;">10</td> </tr> </table>	Years	Months	46	10
Years	Months						
46	10						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
N/A							
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
N/A							
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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 E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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 12-24-24



TWO RIVERS
WISCONSIN

OPERATOR'S LICENSE

No. 9237

\$45.00

WHEREAS, the local governing body of the City of Two Rivers, Manitowoc County, Wisconsin has upon application duly made, granted and authorized the issuance of an "Operator's License" to:

JOEL P. MICHAELS

4604 Forest Hills Dr., Two Rivers, WI 54241

License Period: July 1, 2021 - June 30, 2023

And Whereas, the said applicant has paid to the treasurer the sum of \$45.00 as required by local ordinances and has complied with all requirements necessary for obtaining a license. Now therefore, an Operator's License, pursuant to Section 125.32(2) and 125.68(2) of the Wisconsin Statutes, and local ordinances is hereby issued to said applicant.



Dated this 14th day of June, 2021

Jamie Jackson City Clerk

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date
12-24-24

Agent Type (check one): Original Change

Part A: Agent Information

1. Last Name Michaels	2. First Name Joel	3. M.I. P
4. Email joel.michaels@roundys.com	5. Phone 920-901-0570	
6. Home Address 4604 Forest Hills DR.		
7. City Two Rivers	8. State WI	9. Zip Code 54247
10. Date of Birth 2-10-78	11. Drivers License/State ID Number M242-4357-8050-03	12. Drivers License/State ID State of Issuance

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. Yes No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.
Transfer of Current Agent

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor)
Ultra Mart Foods, LLC

2. Business Trade Name or DBA
Pick 'n Save #408

3. Entity Type (check one)
 Limited Liability Company Corporation

4. Premises Address
1010 22nd St

5. City
Two Rivers

6. State
WI

7. Zip Code
54241

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 of Licensee (officer, member, or authorized signatory)
Ann Fedder VP

Date
12/20/25

Name of Person Signing for Licensee
Ann Fedder

Title
Vice President

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent
[Signature]

Date
12-24-24

USA NOT FOR FEDERAL PURPOSES

DRIVER LICENSE
REGULAR

WISCONSIN


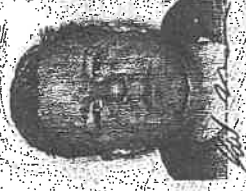
1 MICHAELS
2 JOEL P.
3 4604 FOREST HILLS DR
TWO RIVERS WI 54241

4 M242-4357-8050-03
5 CLASS D

6 SEX M 7 HGT 6-01 8 EYES BLD
9 HAIR RED 10 DOB 02/10/1978 11 ISS 02/10/2017 12 EXP 02/10/2025

13 END NONE 14 FEE \$ 3.00

FEB 78



Date 12-24-24

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor)
Ultra Mart Foods, LLC

2. Business Trade Name or DBA
Pick 'n Save #408

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation

Part B: Individual Information

1. Name (Last) Michaels 2. Name (First) Joel 3. Name (M.I.) P

4. Relationship to Business (Title) Agent 5. Email joel.michaels@roundys.com 6. Phone

7. Home Address 4604 Forest Hills DR. 8. City Two Rivers 9. State WI 10. Zip Code 54241 11. Date of Birth 2-10-78

12. Drivers License/State ID Number M242-4357-8050-02 13. Drivers License/State ID State of Issuance

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
N/A			
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
N/A							
State	County	State	County	State	County	State	County

Continued ->

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

Law/Ordinance Violated	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
Law/Ordinance Violated	Location	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) 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 E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature  Date 12-24-27

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official _____ Title _____
 Signature of Local Official _____ Date _____

ROUNDY'S SUPERMARKETS, INC.

PICK 'N SAVE · METRO MARKET · MARIANO'S

PO Box 473
Milwaukee, WI 53201

414-231-5000

January 3, 2025

VIA GROUND COURIER

Ms. Amanda Baryenbruch
City of Two Rivers
1717 East Park Street
Two Rivers, WI 54241

Re: Change of Agent

Dear Ms. Baryenbruch:

Pursuant to my letter dated December 19, 2025, enclosed please find the necessary forms for the successor agent, Joel Michaels, for the Pick 'n Save located at 1010 22nd Street,

Please contact me with any questions you may have at 414-231-5978 or tammy.koch@roundys.com.

Very truly yours,

ROUNDY'S SUPERMARKETS, INC.



Tammy Koch
Administrative Assistant



CITY OF TWO RIVERS
1717 EAST PARK STREET
PO BOX 87
TWO RIVERS WI 54241-008

Receipt No: 2.096017

Jan 7, 2025

ULTRA MART

MISCELLANEOUS
CHANGE OF AGENT / ALCOHOL
LICENSE 10.00
100-44110
LIQUOR LICENSE

Total: -----
10.00
=====

PSN -OTHER 10.00
Total Applied: 10.00

Change Tendered: .00
=====

01/07/2025 11:08 AM