Form AB-101

### Alcohol Beverage Appointment of Agent

Date,	10	1	-1		1
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Original (no fee)	Successor (\$10 fee for m	unicipal ficensees only)		
art A: Business Inform	ation	化多数多次设置 医电影性 医大学		
. Legal Business Name (Individ	ual name if sole proprietor)			
Ultra Mart Foods	, LLC			
Business Trade Name or DBA	1			
Pick 'n Save #40	8			
Entity Type (check one)	Limited Liability Company	y Corporation	☐ Nonpro	ofit Organization
, Alcohol Beverage Business A	ulhorization (check one)	5. If successor agent, provide Stat	te Permit or Munic	cipal Retail License Number
Municipal Retail Lice		ALQ - 2024		
Describe the reason for appoi	inting a successor agent, if successo	r is checked above.		
Part B: Agent Informati	on assessment was a second		00.00.000 a car	
	on Essential States of the Control o	2, First Name	Marie de la composição de	3. M.I <sub>O</sub>
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LEmall joel.michaels@rc	oundys.com	Joel	6	Phone OA
.Lest Name Michaels Email joel.michaels@ro		8. State 9. Zip Code  WI 54241	1	6. Phone 9. 20 - 901 - 05 0. Age
Lest Name Michaels Email joel.michaels@rd .Home Address	oundys.com	8. State 9. Zip Code  WI 54241		6. Phone 9. 20 - 901 - 05 0. Age
Lest Name Michaels  Email joel.michaels@rd  Home Address  / 6 D / F  City	oundys.com	8. State 9. Zip Code  WI 54241	1	6. Phone 9. 20 - 901 - 05 0. Age
Lest Name Michaels Email joel.michaels@ro Home Address //O 0 / F	oundys.com	8. State 9. Zip Code  WI 54241	1	6. Phone 9. 20 - 901 - 05 0. Age
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Lest Name Michaels  Email joel.michaels@rd  Home Address  //ODY  City  NO Kirch  1. Drivers License/State ID Nu  M 3 Y 2 - 1/3	oundys.com  ore(† Hills  mber  77-8050-0	8. State   9. Zip Code   5 4 2 4 1   12. Drivers Lice	ense/State ID Sta	Phone  Phone  O Age  O te of issuance
Lest Name Michaels  Email joel.michaels@ro  Home Address  //ODY  City  ON  1. Drivers License/State ID Nu  May 2 - 1/3  Part C: Agent Question  1. Have you satisfied the re	oundys.com  ore(1 Hills  mber  77 - 8050 - 60	8. State   9. Zip Code   WI   5 4 2 4 1   12. Drivers Lice	ense/State ID Sta	Phone  9 0 - 901 - 05
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Lest Name Michaels  Email joel.michaels@ro  Home Address  / 6 D 4  City  O Rivers  1. Drivers License/State ID Nu  M 2 4 2 - 4 3  Part C: Agent Question  Submit proof of completi	over thills  mber 77 - 8050 - 60  esponsible beverage server train on.	8. State   9. Zlp Code   LT   5 / 2 / 1   12. Drivers Lice   12. Drivers Lice   13 / 14   15 / 15   15 / 15   15 / 15   15 / 15   15 / 15   15 / 15   15 / 15   15 / 15   15 / 15   15 / 15   15 / 15 /	ense/State ID Sta	Phone  9 0 - 901 - 05  0. Age  4 6  the of Issuance

READ CAREFULLY BEFORE SIG corporation, nonprofit organization beverage activities on such premis on behalf of the entity. If I am apport I understand that I may be prosect any person who knowingly provides	i, or limited liability company ses. I certify that I am autho sinting a successor agent, I in uted for submitting false star	y with full authority and co rized by the above-named rescind all previous agent tements and affidavits in o	ntrol of the pre entity to autho appointments fo onnection with	emises and c orize this indi or this premis this applicati	of all alcoho vidual to ac ses. Furthe on, and tha
if convicted.					
ast Name	Firs	st Name			M.I.
Fedder	An	ın			M
Title	Email			Phone	
Vice President	ann.fedder	@roundys.com	. 1	(414) 2	31-6468
Signafure MAL	Hundy	X V( )	1/2/2	00	
Part E: Agent Attestation			Seelega 2300		特别的
READ CAREFULLY BEFORE SIG nonprofit organization, or limited it on the premises for the above-na and affidavits in connection with the application may be required to fort	ability company and assume med business, I further und ils application, and that any	e full responsibility for the of lerstand that I may be propersion who knowingly pro	conduct of all a secuted for su	lcohol bever: bmitting false	age activitie e statemen
ast Name	Fire	st Name			M.I.
Michaels	Jo	el			
Signature			Date	4-25	,

### Form **AB-100**

### **Alcohol Beverage** Individual Questionnaire

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

· sole proprietor

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

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

Part A: Business Infor								
1. Legal Business Name (indiv		proprietor)						
Ultra Mart Food								
2. Business Trade Name or DE								
Pick 'n Save #4	08	**************************************						
3. Entity Type (check one)	☐ Partnership	✓ Limited L	Iobility Com	n en en t	☐ Corporation		lonprofit Org	onizotion
Sole Proprietor	- Lameramb	[A] CHUIGO E	Tability Colf	рану	C corboration		acripront Org	arnzadori
Part B: Individual Info	mation							
1. Last Name			2. First Nam	e			3	. М <u>.</u> ј.
Michaels			Joel					₹ .
4. Relationship to Business (Ti	tle)	5. Email				6	i. Phone	77.
Agent		ioel.m:	ichaels	rour	ndys.com	0	120-90	1-05
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8. City	.4		9. Stat		10. Zip Code	- 1	1. Date of Birti	-
140 1(ive	215		WI		54241		7-0/06	5
12. Drivers License/State ID N	umber	. ~		1	13, Drivers License/Sta	ite ID State	of Issuance	
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Part C: Address Histor	ry in Wisconsin?	history (p. cr.)				*******	Years	Months
Part C: Address Histor  1. Do you currently reside  If yes to 1 above, how to	in Wisconsin?	ntinuously lived in	Wisconsin	orfor to	the date of applicati	ion?	Years	
Part C: Address Histor 1. Do you currently reside	in Wisconsin?	ntinuously lived in	Wisconsin	orfor to	the date of applicati	ion?	Years	Months
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			county or municipal ordinances?.	Yes
If yes to question 1, please list de	tails of each convicti		additional sheets as needed.	
Law/Ordinance Violated		Location		Conviction Date
Penalty imposed		1	Was sentence completed?	Yes
Law/Ordinance Violated		Location		Conviction Date
Penalty Imposed	***************************************	1	Was sentence completed?	Yes
Law/Ordinance Violated		Location		Conviction Date
Penalty Imposed			Was sentence completed?	Yes
Are charges for any offenses curl beverages) for violation of any fer ordinances?	deral, Wisconsin, or	another state's la	ws or any county or municipal	lcohol
			sing the space below. Attach addit	1 -
alleers as thereof.				
	•			
READ CAREFULLY BEFORE SI	GNING: Under pen	alty of law, I hav	e answered each of the above of	uestions completely al
truthfully. I certify that I am not pro-	GNING: Under pen phibited from particly investor. I understa	alty of law, I have pating in this bus nd that any licen	ve answered each of the above quiness due to any involvement in a use Issued contrary to Wis. Stat. C	mother tier of the alcoh Chapter 125 shall be vo
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AB-100 (N. 03-24)



### **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.

Mannage County And Cou

Dated this 14th day of June, 2021

\_City Clerk

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Form CTV-102

# Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date 24-24

Wisconsin Department of Revenue

gent Type (check one):			Charles to the land to be a first to the control of
Part A: Agent Information			
1. Last Name	2. First Name		3. MJ.
Michaels	Joel	T	
4. Email		5. Phone	001
joel.michaels@roundys.com		190-	901-0576
5. Home Address 4 Forest Hills	s OR.		
Two Rivers		8. State	9. Zip Code 54341
10. Date of Birth  270-78  11. Drivers License/State ID Nur  M 242-435	7-8050-03	12. Drivers License	a/State ID State of Issuan
Part B: Questions			
1. Have you completed Form CTV-101, Cigarette, Tobac Questionnaire? Submit a completed Form CTV-101 v	acco, and Electronic Vaping Dewith this form.	vice License - Indiv	idual ☑ Yes ☐
Transfer of Current Agent	on the Wall State of the State of the Wall State of the S	Anni Million New Site	New 2018 (1988) 1888 (1988)
Part C: Business Information	Anthermore and the later	Harana ali Mara	A PATER CONTRACTOR CONTRACT CONTRACT
Legal Business Name (individual name if sole proprietor)			*
Ultra Mart Foods, LLC			
2. Businass Trade Name or DBA			
Pick 'n Save #408			
3, Entity Type (check one)  Limited Llability Company	y 🗀 Corp	oration	
4. Premises Address			
1010 22nd St			
5. City		6. State	7. Zip Code
Two Rivers		MI	54241
Part D: Attestations			
READ CAREFULLY BEFORE SIGNING: I, the Licensee, at liability company with full authority and control of the premise devices conducted therein. I certify that I am authorized by the successor agent, I rescind all previous agent appointments statements and affidavits in connection with this application application may be required to forfelt not more than \$1,000 to	es and of all business relative to cig the entity to authorize this individua for this premises. Further, I unders on, and that any person who know	arettes, tobacco prod al to act on behalf of t stand that I may be p	ucts, and/or electronic va the entity. If I am appoints rosecuted for submitting f
Signature of Licensee (officer, member, or authorized signator)  Name of Person Signing for Licensee	AVP	Date /	2025
Ann Fedder			resident
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby company and assume full responsibility for the conduct of a devices conducted on the premises for the above-named by and affidavits in connection with this form, and that any person to forfeit not more than \$1,000 if convicted.	all business relative to sales of cig-	arettes, tobacco prod may be prosecuted fo	ucis, andror electronic va or submitting false statem
Signature of Agent	*	Date 2	-24-24



Date J-24-24

# Form CTV-101

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

<ol> <li>Legal Business Name (Individual na</li> </ol>		proprietor)						
Ultra Mart Foods, L	rc							
2. Business Trade Name or DBA								
Pick 'n Save #408								
3. Entity Type (check one)	_	Darda t- t		[2] 1 is	mited Liability Com	unany.	П	Corporation
Sole Proprietor		Partnershlp			miled Liability Com	ipariy		SOLDOIGUOIL
	W. 7							
Part B: Individual Information	n							
1. Name (Last)				ne (First)				3, Name (M.1.
Michaels			Joe				La Di	1 1
4. Relationship to Business (fille)			5. Ema		haaladrawad	ug Com	6. Phone	
Agent					haels@round	ys.com		
7. Home Address WGOY Fore, 9	}	lills 1	DR.					
8. City				9. State	10. Zlp Code 543 4	. 1	11. Date of	
Mo Rivers		,		Int			ワ~/6	- 0
42 Delugra Linguage (State ID Number					13. Drivers Licens	se/State ID Stat	te of (ssuand	e
12. DIVEIS LICEIISCIONALE ID INCIDENT		CALA	1					
7. Home Address  WGOY Fore, 7  8. City  Two Rivers  12. Drivers License/State ID Number  Maya - W3	57-	8050	07					
M242-43	57-	8050	07					
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Part C: Individual's Address	s Histor	iy 连毛带是						Strain A
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een convicted of any offenses other state's laws, or of any c	(other than traffic of	fenses) for violation of a	any federal, Yes No
1, please list details of each of			
d d	Location		Trial Date
		Was sentenc	e completed? Yes No
ed	Location		Trial Date
		Was sentence	e completed? Yes No
ed	Location		Trial Date
,	45	Was sentend	e completed? Yes No
any offenses currently pending	g against you (other the	han traffic offenses) for total ordinances?	violation of any
			w. Attach additional sheets as needed.
ion by Individual			
LA BEEODE SIGNING: Lund	derstand that I may I	he prosecuted for subn	nitting false statements and affidavits i
LY BEFORE SIGNING: I und	erenn who knowingly	be prosecuted for subn	nitting false statements and affidavits is
LY BEFORE SIGNING: I unduly application, and that any pe	erson who knowingly voducts retail licens	be prosecuted for subn provides materially fals e may be required to fo	nitting false statements and affidavits is information on an application for cigaretic for the convicter of
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-2-

### 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 22<sup>nd</sup> 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.

amm Kren

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 Total Applied:

10.00 10.00

Change Tendered:

.00

01/07/2025 11:08 AM