_				
н	\wedge	r	m	

AB-220

Temporary Alcohol Beverage License

Municipality		

License(s) Reques	ted		F	ees	
			License Fees	\$	10.00
Temporary	, "Class B" Wine	✓ Temporary Class "B" Beer	Background Check	\$	
			Total Fees	\$	10.00

Part A: Organization Inform	ation				
1. Organization Name					
Rotary Club of Two	Rivers	5			
Organization Permanent Address PO box 272					
3. City Two Rivers				4. State	5. Zip Code 54241
6. Mailing Address (if different from pe	ermanent a	address)			
7. FEIN		8. Date of Organization/Inco	rporation	9. State of Organi	zation/Incorporation
39-6089129		02/08/23		Wisconsin	·
10. Phone (612) 840-7507		11. Email michael@stillben	d.com	10	
12. Organization type (check one)					
✓ Bona Fide Club	Church	Fair Association	n/Agricultural Socie	ety 🔲 Vete	ran's Organization
Lodge/Society	Chamb	er of Commerce or similar	Civic or Trade Org	anization under c	h. 181, Wis. Stats.
13. Is this organization required to	hold a W	isconsin Seller's permit?	aa too te ta ta ta		Yes Vo
14. Wisconsin Seller's Permit Number NA	(if applical	ole)			
Part B: Individual Information	วก				
List the name, title, and phone no (Form AB-100) for each person list	umber for sted belov	all officers, directors, and www. Attach additional sheets	agent of the organ if necessary.	ization. Include a	n Individual Questionnaire
Corporations must also include A	Icohol Be	verage Appointment of Age	ent (Form AB-101).		
Last Name	First Na	ame	Title		Phone
Swetlik	Denni	is	President		(920) 905-3115
Zimmerlee	Jeff		Treasurer		(920) 901-7930
Ditmer	Micha	ael	Agent		(612) 840-7507
Brotcke	Deboi	rah	Secretary		(815) 762-5173

 $Continued \longrightarrow$

Part C: Event Information						
Name of Event (if applicable)						
FRIDAY NIGHT CONCERT SERI	ES - CENTAL	PARK				
2. Dates of Operation			B. Hours of Ope	ration		
AUGUST 1 2025			6:00 PM - 9:30 PM			
4. Premises Address 1700 Washington Street (Parks	& Rec) - 152	20 17th Street (Reach	Rotary Pay	villion)		
5. City	d 1100) 132	o ivili olicet (Deach	6. State	7. Zip Code		
Two Rivers			WI	54241		
8. County	9. Governing Munic	ipality 🔽 City 🔲 Town ☐		0. Aldermanic D		
Manitowoc	of: Two Rive	_ ,	_ village _ i	NA	ISTRICT	
11. Organizer of Event (if not the named applican	t)	12. Email and/or Phone Numb	er for Organizer	of Event		
Two Rivers Parks and Rec I	Department	(920) 323-8622	v			
13. Organizer Website	•	14. Event Website				
https://www.two-rivers.org	g/parksrec	https://www.two	-rivers.c	org/parks	rec	
15. Premises Description - Describe the built stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if necessary. The CLub will be selling out	s are kept. Descr of records may or ssary.	ribe all rooms within the build ccur only on the premises de	ling, including escribed in this	living quarter	s. Authorized	
Part D: Attestation						
Who must sign this application?						
 one officer or director of the nonprofit o 	rganization					
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that th to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I un be deemed a refusal to allow inspection. So that any license issued contrary to Wis. State prosecuted for submitting false statemer provides materially false information on this	n behalf of the ap e rights and resp perate according derstand that lac uch refusal is a r at. Chapter 125 sl nts and affidavits	plicant organization and not onsibilities conferred by the l to the law, including but not k of access to any portion of a misdemeanor and grounds for hall be void under penalty of in connection with this applications.	on behalf of and cense(s), if grading to general to gen	ny other indiving anted, will not chasing alcohomises during in this license. Ther understall any person w	dual or entity to be assigned of beverages aspection will I understand and that I may ho knowingly	
Last Name		First Name			M.I.	
Ditmer		Michael			J	
Title	Email			Phone		
Club Agent		el@stillbend.com			40-7507	
Signature	Situ	_	Date	06/11/202	:5	
Part E: For Clerk Use Only						
Date Application Was Filed With Clerk		License Number				
Date License Granted		Date License Issued				
Signature of Clerk/Deputy Clerk						

Form

AB-101

Alcohol Beverage Appointment of Agent

Agent Type (check one)							
☑ Original (no fee)	Successor (\$10 fee for m	unicipal licens	ees only)				
Part A: Business Info							
•	vidual name if sole proprietor)						
Rotary Club of 2. Business Trade Name or D							
3. Entity Type (check one)	☐ Limited Liability Company	,	Corporation	[Z] Nonne	ofit Organi	ization	
 Alcohol Beverage Business Municipal Retail L 		5. If successor WI	agent, provide State	e Permit or Munic	cipal Retail	License Ni	ımber
. Describe the reason for app	pointing a successor agent, if successor	r is checked abo	ve.				
	ntion	2. First Name				3. M.I.	
	ıtion	2. First Name Michae	L				ĵ
1. Last Name Ditmer	ition		L	5	. Phone		J
1. Last Name Ditmer				5			
1. Last Name Ditmer 4. Email michael@stillb			L	5			
1. Last Name Ditmer 4. Email michael@stillb 6. Home Address 2991 37th ST			L 9. Zip Code				
1. Last Name Ditmer 4. Email michael@stillb 6. Home Address 2991 37th ST		Michae.			(612)		
1. Last Name Ditmer 4. Email michael@stillb 6. Home Address 2991 37th ST 7. City Two Rivers	end.com	Michae:	9. Zip Code 54241		(612) 0. Age 63	840-7	
1. Last Name Ditmer 4. Email michael@stillb 6. Home Address 2991 37th ST 7. City	end.com Number	Michae:	9. Zip Code 54241	1	(612) 0. Age 63	840-7	
4. Email michael@stillb 6. Home Address 2991 37th ST 7. City Two Rivers 11. Drivers License/State ID I D-356-5506-113 Part C: Agent Question	end.com Number 2-09	Michae:	9. Zip Code 54241 12. Drivers Lice WI	nse/State ID Sta	(612) 0. Age 63 te of Issuan	840-75	507
1. Last Name Ditmer 4. Email michael@stillb 6. Home Address 2991 37th ST 7. City Two Rivers 11. Drivers License/State ID ID-356-5506-113 Part C: Agent Question 1. Have you satisfied the Submit proof of complete	end.com Number 2-09 ons responsible beverage server trainetion.	8. State WI	9. Zip Code 54241 12. Drivers Lice WI nt?	nse/State ID Sta	0. Age 63 te of Issuan	840-75	□ N
1. Last Name Ditmer 4. Email michael@stillb 6. Home Address 2991 37th ST 7. City Two Rivers 11. Drivers License/State ID I D-356-5506-113 Part C: Agent Question 1. Have you satisfied the Submit proof of completed F	end.com Number 2-09 ons responsible beverage server train	8. State WI	9. Zip Code 54241 12. Drivers Lice WI nt?	nse/State ID Sta	0. Age 63 te of Issuan	840-75	

Continued \rightarrow

Part D: Business Attestation			
corporation, nonprofit organization, o beverage activities on such premises on behalf of the entity. If I am appoint I understand that I may be prosecute	NG: I, the Undersigned , authorize the above-nor limited liability company with full authority and it. I certify that I am authorized by the above-nowing a successor agent, I rescind all previous agond for submitting false statements and affidavits the naterially false information on this application materially false information on this application materially.	d control of the pr med entity to auth ent appointments in connection with	remises and of all alcoholorize this individual to act for this premises. Further, at this application, and that
Last Name	First Name		M.I.
Swetlik	Dennis		J
Title President	Email dswetlik@charter.net		Phone 920-905-3115
Part E: Agent Attestation	relo!	Date 4 / 13	12024
nonprofit organization, or limited liabi on the premises for the above-name	NG: I, the Agent , hereby accept this appointmer lity company and assume full responsibility for the discussion of the discussion of the second state of the second state of the second	the conduct of all a prosecuted for su	alcohol beverage activities ubmitting false statements
Last Name	First Name		M.I.
Ditmer	Michael		J
Signature Winh	Ditu	Date	06/13/24

Save

-			
Р	rı	nt	

Clear

Form AB-100

Alcohol Beverage Individual Questionnaire

Date	

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
- · all partners of a partnership
- · 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 Info	rmation							
	Business Name (indi		proprietor)						
-	ary Club of								
2. Busine	ess Trade Name or D)BA							
3. Entity	Type (check one)								
☐ Sc	le Proprietor	Partnership	☐ Limited	Liabilit	y Compar	ny 🗌 Corporat	ion 🔽	Nonprofit (Organization
Part B:	Individual Info	rmation							
1. Last N	ame			2. Fii	st Name				3. M.I.
Dit	mer			М	ichael				J
4. Relatio	nship to Business (Title)	5. Email					6. Phone	
Age	nt for the	Club	michae	el@st	illbe	nd.com		(612)	840-7507
7. Home	Address								
299	1 37th Stre	et							
8. City					9. State	10. Zip Code		11. Date of I	
	Rivers				WI	54241			2/1961
12. Drive	rs License/State ID I	Number				13. Drivers License	/State ID Stat	te of Issuance	е
Part C:	Address Histo	ory							
1. Do yo	ou currently live in	Wisconsin?		814818	a	5555	11. SE-11. S	v	Yes No
.,								ſM	M/YYYY)
If yes	, provide the mont	th and year when	you permanently	y move	ed to VVisc	onsin	100 a 100 a 100 a 10	ss	05/2018
2 List in	o chronological ord	der all of your add	Iresses within the	e last 5	vears At	tach additional shee	ts if necess:	arv	
	Address 1	,,		City	,		State	Zip Code	9
				,			1	_,p	
Previous	Address 2			City			State	Zip Code	9
				,				,	
Previous	Address 3			City			State	Zip Code	9
Previous	Address 4			City			State	Zip Cod	le
Previous	Address 5			City			State	Zip Cod	e
3. List a	II states and coun	ties vou have live	ed in as an adult	Attach	additiona	I sheets if necessary	/.		
State	County	State	County		State	County	State	County	
Mn	Hennipin	MN	Ramsey		MN	Dakota	State	County	
State	County	State	County		State	County	State	County	
	'		•			,			
					1	W.			

Continued →

Part D: Criminal History					
Have you ever been convicted of any offenses (excluring for violation of any federal, Wisconsin, or another state)				. 🗸 Yes	☐ No
If yes to question 1, please list details of each convicti	ion below. Attach addition	nal sheets as	needed.		
Law/Ordinance Violated	Location			Conviction [Date
owi	Manitowoc			201	L8
Penalty Imposed	Was sentence		aa aammistad?	[Z] Vee	□ Na
fine/alcohol class			ce completed?	. 🗸 Yes	∐ No
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
ordinances? If yes to question 2, describe nature and status of pesheets as needed.				. Yes	V No
T					
Part E: Attestation					
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understar under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	pating in this business do nd that any license issue ay be prosecuted for sub	ue to any inv ed contrary t mitting false	olvement in anothe o Wis. Stat. Chapte statements and affic	r tier of the r 125 shall davits in con	alcohol be void nection
Signature Mm 1 1 1			Date 06/10	0/2025	

Form			
Δ	R	-1	00

Alcohol Beverage Individual Questionnaire

Date		

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

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

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

Part A:	Business Info	rmation							
1. Legal F	Business Name (inc	lividual name if sole	proprietor)						
ROTA	ARY CLUB OF	TWO RIVERS	5						
2. Busine	ess Trade Name or I	DBA							
							-		
	Type (check one)					<u> </u>		N1	
∐ So	ole Proprietor	☐ Partnership	Limited I	Liability	Compar	y Corporation	n 🖳	Nonpront	Organization
	Individual Inf	ormation							1
1. Last Name 2. First Name								3. M.I.	
	LTIK			DE	NNIS				J
	onship to Business ((Title)	5. Email					6. Phone	005 0115
OFF]			dswetl	ikec	hartei	f.net		(920)	905-3115
7. Home		0.1							
	4 Columbus	St				140 7to Code		11. Date of I	Tieth
8. City	m !			1	9. State	10. Zip Code 54241		11/10	
	Rivers				WI		`*-*- ID C*-		
	ers License/State ID					13. Drivers License/State ID State of Issuance			U
\$342	2-1705-5410	1-02				MI			
Part C	: Address Hist	ory							
1. Do y	ou currently resid	e in Wisconsin?		(0)(4)(4)				· · · · · · · ·	Yes No
15				- 186		- to the date of smalls	atian?	Years	Months
If yes	s to 1 above, how	long have you co	ontinuousiy iived ir	n vvisco	onsin prio	r to the date of applic	ation?	. 68	7
O Linti	n ebrenelesical o	rdor oll of your od	draceas within the	lact 5	voore At	tach additional sheets	if nacass	any	
	Address 1	Tuer all or your ac	diesses willian die	City	years. A	dacii addilional sheet	State		Δ
Previous	Address 1			City			Olato	2.000	
				Cib			Ctata	Zin Cod	
Previous	Address 2			City			State	Zip Cod	e
-	0.11			Cib			Ciata	Zip Cod	
Previous	s Address 3			City			State	Zip Cou	e
				015			Ctete	Zin Con	1
Previous	s Address 4			City			State	Zip Cod	1e
Previous Address 5 City State Zip Code						ie			
Previous Address 5				Oity			Otato		
3. List	all states and cou	nties you have liv	red in as an adult.	Attach	additiona	al sheets if necessary.	•		
State	County	State	County		State	County	State	County	
WI	MANITOWOC								
State	County	State	County		State	County	State	County	
			45						

Continued \rightarrow

Part D: Criminal History			
Have you ever been convicted of any offenses (exc for violation of any federal, Wisconsin, or another s			
If yes to question 1, please list details of each conv	iction below. Attach ad	ditional sheets as needed.	
Law/Ordinance Violated	Location	Conviction Date	
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
If yes to question 2, describe nature and status of sheets as needed.	pending energes usin	g in Space Dolow, Attach additio	
Part E: Attestation		In the second se	
READ CAREFULLY BEFORE SIGNING: Under p truthfully. I certify that I am not prohibited from part beverage industry as a restricted investor. I unders under penalty of state law. I further understand that with this application, and that any person who know to forfeit not more than \$1,000 if convicted.	ticipating in this busine stand that any license I may be prosecuted fo	ess due to any involvement in and issued contrary to Wis. Stat. Cha r submitting false statements and	other tier of the alcohol apter 125 shall be void affidavits in connection
Jam () ol	ll)	6/13	2024

Form **AB-100**

Alcohol Beverage Individual Questionnaire

06/11/2025

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 Info	ormatic	n				A hay mayayay bay a manangaan maddiilii	eranian periodo per esta de la composição	**************************************		
1. Legal	Business Name (ind	lividual n	ame if sol	e proprietor)	······	- thronto	and a second control of the control				
1	ary Club of										
2. Busin	ess Trade Name or I	DBA		Pop kana ding ngang-turan siku siku sanar sanangkana sa sanar sanar di ding kala di digina digina ng	•	- matematic			······································	managara magamana ang managara managara managara managara managara managara managara managara managara managar	
3. Entity	Type (check one)	***************************************		**A obvidence	**************************************	· · · · · · · · · · · · · · · · · · ·			***		
☐ Se	ole Proprietor	☐ Pa	ırtnership	Limite	d Liabilit	y Compar	y Corporati	on 🗹	Nonprofit	Organization	
						iya ayyan iy. Jayahina Maddida adda a ayad					
Part B	: Individual Info	ormati	on	uning contessed and an arrange age Ar			en Tara y Managamana (Mysia annan annan annan anna anna annan annan annan annan annan annan annan annan annan	***************************************	ernektinas yan kyaingaphipingsairingtis Xnellikepe	······································	
1. Lasi N	lame	*************		ggandpringggana tu jum in ilmatete inte international inte	2. Fi	rst Name	recommended were		***************************************	3. M.I.	
Zim	merlee				J	effrey				I	
4. Relati	onship to Business (Title)		5. Email	namen i gi ma . a . anno		and the second s	1	6. Phone	***************************************	
Tre	asurer			jzimn	nerlee	e@banki	irst.com		(920)	652-3403	
7. Home	Address	***************************************				lanes. Util control means, connecticon generalization	001/1 destinated reads records and in records and interesting a destination in resource destination of the records and the rec		tops (COM COM COM COM COM COM COM COM COM COM		
441	8 Deerfield	Ln									
8. City						9. State	10. Zip Code		11. Date of	Birth	
Man	itowoc				and the second s	WI	54220	12/15/19			
12. Drive	ers License/State ID	Number	34000000	**************************************	ndentivatorroemakterorraen.en.en.en	13. Drivers License/State ID State of Issuance				pe .	
256	4-4387-2455	-00					WI				
Part C	: Address Histo	orv					Walter (MATERIAL MATERIAL MATERIAL MATERIAL MATERIAL AND TO CO. See some environment	>>>===================================	artinary from a supplied a surpre alliform		
			nein?				× 3 × 4 * 4 * 4 × 5 × 4 * 4 * 4 *		EZ.	Yes \ \ No	
Joy	man money as sort at the bill	*******	2449222 4 1 1		* * * * * * *	* * * * * * * * *	*********	* * * * * * * * *	tama:	i Samuel	
If yes	s, provide the mon	ith and y	ear whe	n you permanen	itly move	ed to Wisc	onsin	* * * * * * * 120	[(A	/M/YYYY) 12/2015	
9000, 4040000000000000000000000000000000	yoursense of the same of the s	***********	***************************************			***				12/2013	
		der all o	f your ac	ldresses within t		years. At	ach additional sheets	s if necessa			
	Address 1				1	City			1	Zip Code	
4418	Deerfield 1	Ln			Mar	Manitowoc			5422	54220	
Previous	Address 2				City	City			Zip Cod	e	
	in the second se			***************************************							
Previous	Address 3				City	City			Zip Cod	Zıp Code	
Previous	Address 4				City			State	Zip Cox	de	
Previous Address 5				City	City			Zip Co	de		
***************************************						7010001111001422440 Y				Arross Various Salvarian are	
3. List a	all states and coun	ities you	ı have liv	ed in as an adul	t. Attach	additiona	I sheets if necessary.				
State	County		State	County		State	County	State	County		
Wi	Manitowoo	and the second	WI	Milwaukee			ability of the state of the sta		1		
State	County		State	County		State	County	State	County		
		ł					-		epagement of the control of the cont		
				l.		4			90 4		

Bort D. Criminal History			
Part D: Criminal History			
Have you ever been convicted of any offenses (excl for violation of any federal, Wisconsin, or another sta	uding traffic offenses un ate's laws or of any cour	less related to alcohol beverages) ty or municipal ordinances?	Yes V No
If yes to question 1, please list details of each convid	ction below. Attach addit	ional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location	1	Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
beverages) for violation of any federal, Wisconsin, or ordinances?			. Yes V No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under per truthfully. I certify that I am not prohibited from partici beverage industry as a restricted investor. I understa under penalty of state law. I further understand that I m with this application, and that any person who knowin to forfeit not more than \$1,000 if convicted. Signature	pating in this business and that any license issued the prosecuted for su	due to any involvement in anothe ued contrary to Wis. Stat. Chapte bmitting false statements and affi	er tier of the alcoholer 125 shall be void davits in connection on may be required

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 06/13/2024

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 Info	rmation							
-	Business Name (inc								
	ary Club of		S						
2. Busine	ess Trade Name or I	DBA							
0 5 11									
	Type (check one) ole Proprietor	□ Portnorobir		Liabilit	. Campa	nu 🗆 Camaratia	F3	l Namono SA C	Dunamimatian
[] 3(ne Fightieroi	Partnership	D Limited	LIADIII	у Сопра	ny Corporatio	n <u>v</u>	Nonprofit C	organization
Part B	: Individual Infe	ormation	,						
1. Last Name 2. First Name							3. M,I,		
Bro	tcke			De	eborah	l			L
4. Relation	onship to Business (Title)	5. Email	-				6. Phone	1
	retary	,	dbroto	cke@c	omcas	t.net		(815)	762-5173
7. Home	Address								
2708	8 River Lan	е							
8. City					9. State	10. Zip Code		11. Date of E	Birth
Two	Rivers				WI	54241		03/01	/19
12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance						;			
В632	2-1724-9581	-03				WI	WI		
7.									
Part C	: Address Histo	orv							
						8 - 1 Tr - 3 Ex W - 1 Tr - 2 - 2 Tr -			Yes No
1. Do y	ou ourrently reside	THE TRIBUDITION .	-0000 00 000 000 000 000 000	.000-190-0		C C C C C C C C C C C C C C C C C C C	*** * ********		163 [] 140
If yes	s to 1 above, how	long have you c	ontinuously lived i	n Wisco	onsin prio	r to the date of applica	tion?	Years	Months
								5	
		der all of your ac	dresses within the	e last 5	years. At	tach additional sheets	if necess	ary.	
Previous	Address 1			City	City State Zip Co			Zip Code	
Previous	Address 2			City			State	Zip Code	
Previous	Address 3			City			State	Zip Code	
Previous	Address 4			City			State	Zip Code	9
Previous	Address 5			City			State	Zip Code	9
3. List a	all states and cour	nties you have liv	ed in as an adult.	Attach	additiona	I sheets if necessary.			
State	County	State	County		State	County	State	County	
WI	Manitowoc	IL	Carroll						
State	County	State	County		State	County	State	County	
IL	DeKalb								

Continued \rightarrow

Part D: Criminal History			
Have you ever been convicted of any offense for violation of any federal, Wisconsin, or ano			
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 comple	eted? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence comple	eted? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence comple	eted? Yes No
ordinances?. If yes to question 2, describe nature and stat sheets as needed.	us of pending charges us	ing the space below. Attach	Yes V No
Part E: Attestation			· :
READ CAREFULLY BEFORE SIGNING: Und truthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I ur under penalty of state law. I further understand with this application, and that any person who to forfeit not more than \$1,000 if convicted.	participating in this busin derstand that any licens that I may be prosecuted	ness due to any involvement e issued contrary to Wis. Str or submitting false statemen	in another tier of the alcohol at. Chapter 125 shall be void ts and affidavits in connection
Signature Deborah S. B	roteke	Date	4/13/24