

Form  
**AT-106**

**Original Alcohol Beverage  
License Application**

FOR CLERKS ONLY	
Municipality	
License Period	

**License(s) Requested**

- Class "A" Beer ..... \$ \_\_\_\_\_     "Class A" Liquor ..... \$ \_\_\_\_\_  
 Class "B" Beer ..... \$ 58.33     "Class B" Liquor ..... \$ 160.42  
 "Class C" Wine ..... \$ \_\_\_\_\_     "Class A" Liquor (Cider Only) \$ \_\_\_\_\_  
 Reserve "Class B" Liquor \$ \_\_\_\_\_     "Class B" (Wine Only) Winery \$ \_\_\_\_\_

License Fees	\$ <u>218.75</u>
Publication Fee	\$ <u>20.00</u>
Background Check	\$ _____
<b>Total Fees</b>	<b>\$ <u>338.75</u></b>

**Part A: Premises/Business Information**

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>The Spruce Lodge</u>		
2. Trade Name or DBA <u>Roundem Up LLC</u>		
3. Premises Address <u>1110 30th Street Two Rivers, WI 54241</u>		
4. County <u>Manitowoc</u>	5. Municipality <u>Two Rivers</u>	6. Aldermanic District <u>N/A</u>
7. Mailing Address (if different from premises address) <u>641 Washington St Mishicot, WI 54228</u>		
8. FEIN <u>76-0765639</u>	9. Wisconsin Seller's Permit Number <u>456-1027802794-02</u>	
10. Premises Phone <u>920-973-3113</u>	11. Premises Email <u>thedzer@outlook.com</u>	
12. 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		
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>1st floor of 1110 30th Street Two Rivers - open concept, common area</u> <u>Basement of 1110 30th Street (all alcohol stored)</u> <u>Back patio of 1110 30th Street, off of common bar</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 type="checkbox"/> Yes <input checked="" 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)? .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only		
1. State of Registration Wisconsin		2. Date of Registration
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company	FEIN of Parent Company	
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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name	Agent's First Name	Phone

**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
Krause	Josephine	owner	920-973-3113

**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 Josephine S Krause	Date 11/22/23	
Name (Last, First, M.I.) Krause Josephine S.		
Title owner	Email thed2er@outlook.com	Phone 920 973 3113

**Part F: For Clerk Use Only**

Date application was filed with clerk 11/22/2023	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 Two Rivers County of Manitowoc

The undersigned duly authorized officer/member/manager of Round Em Up LLC  
(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 The Spruce Lodge  
(Trade Name)

located at 1110 30th St. Two Rivers, WI 54241

appoints Josephine S. Krause  
(Name of Appointed Agent)  
641 Washington St. Mishicot, WI 54228  
(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).  
Round em up LLC Mishicot, WI

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? 51 years

Place of residence last year 641 Washington St. Mishicot WI 54228

For: Round em up LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Josephine S. Krause  
(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, Josephine S. Krause, 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.

Josephine S. Krause 11/22/23 Agent's age 51  
(Signature of Agent) (Date)

Date of birth 11/29/1971

(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 \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

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)				
The Spruce Lodge				
2. Trade Name or DBA				
<del>The Spruce Lodge</del> Kauriemup LLC DBA The Spruce Lodge				
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. Name (Last, First, M.I.)			
Krause Josephine S.			
2. Relationship to Registered Entity (Title)		3. Email	4. Phone
		thedzere@outlook.com	920 973-3113
5. Home Address			
641 Washington St.			
6. City	7. State	8. Zip Code	9. Date of Birth
Mishicot	WI	54228	11-29-1971
10. Drivers License/State ID Number		11. Drivers License/State ID State of Issuance	
K620-4377-1929-09		Wisconsin	

### Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1	
same address for 9 years	
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	
Debur Bar & Grill - owner	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
1237 S. Main Street Mishicot, WI 54228	10/5/2018 - present
Employer's Name	
Fatzos Sub + Pizza Shop - owner	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
1421 S. 10th St. Manitowish, WI 54220	11/20/2004 - 9/25/2018

**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
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Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	Months
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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 <i>Josephine S. Krause</i>	Date <i>11/20/2023</i>
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