

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
 (mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of  Village of  City of **TWO RIVERS**

County of **Manitowoc** Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number

FEIN Number  
**92-2664753**

TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$25.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 43.39
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 43.39
<b>TOTAL FEE</b>	<b>\$ 137.14</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

**Montana Rae's Pub LLC**

**Montana Anderson**

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <b>Anderson</b>	(First) <b>Montana</b>	(Middle Name) <b>Rae</b>	Home Address (Street, City or Post Office, & Zip Code) <b>1620 29th st TWO RIVERS WI 54241</b>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <b>Anderson</b>	(First) <b>Montana</b>	(Middle Name) <b>Rae</b>	Home Address (Street, City or Post Office, & Zip Code) <b>1620 29th st TWO RIVERS WI 54241</b>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name **Montana Rae's Pub LLC** Business Phone Number **920-553-8479**

2. Address of Premises **1713 ENTRANCE ON EAST ST** Post Office & Zip Code **S 4241**

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)

**Bar & grill.**

**stored in walk-in coolers on main floor,  
and basement. Coolers behind bar**

4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? .....  Yes  No

(b) If yes, under what name was license issued? **TIPPY'S BAR & GRILL**

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain .....  Yes  No

Already has operators license  
and training course completion

7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain .....  Yes  No

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 3/2/23

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain .....  Yes  No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
If yes, explain.

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Anderson Montana R</u> Signature <u>Montana Anderson</u>	Title/Member <u>owner</u> Phone Number <u>920-681-1388</u>	Date <u>3/14/23</u> Email Address <u>Montanaral93@gmail.com</u>
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**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# Auxiliary Questionnaire Alcohol Beverage License Application

*Submit to municipal clerk.*

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
<i>Montana Anderson</i>		<i>Montana</i>	<i>Rae</i>	
Home Address (street/route)	Post Office	City	State	Zip Code
<i>1620 29th St</i>		<i>TWO RIVERS</i>	<i>WI</i>	<i>54241</i>
Home Phone Number	Age	Date of Birth	Place of Birth	
<i>920-691-1388</i>	<i>29</i>	<i>10/30/93</i>	<i>TWO RIVERS</i>	

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an individual.  
 A member of a partnership which is making application for an alcohol beverage license.  
 Montana Anderson of Montana Rae's Pub LLC  
(Officer / Director / Member / Manager / Agent)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 3 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? .....  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
OWI 2016 Dubuque, Iowa
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? .....  Yes  No  
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? .....  Yes  No  
 If yes, identify.

*(Name, Location and Type of License/Permit)*

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? .....  Yes  No  
 If yes, identify.

*(Name of Wholesale Licensee or Permittee)*

*(Address By City and County)*

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
<i>Waverly Inn</i>	<i>1402 16th St TR WI</i>	<i>03/20</i>	<i>02/23</i>
Employer's Name	Employer's Address	Employed From	To
<i>Brazen</i>	<i>955 Washington St Dubuque IA</i>	<i>05/17</i>	<i>03/20</i>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*Montana Anderson*  
(Signature of Named Individual)

## 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 of TWO RIVERS County of Mahitawoc  
 City

The undersigned duly authorized officer/member/manager of Montana Rae's Pub 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

Happy's (Trade Name)  
located at 1713 EAST ST TWO RIVERS WI 54241

appoints Montana Anderson (Name of Appointed Agent)  
1620 29th St TWO RIVERS WI 54241 (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).

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? 3 years

Place of residence last year 1620 29th St TWO RIVERS WI 54241

For: Montana Rae's Pub LLC (Name of Corporation / Organization / Limited Liability Company)  
By: Montana Anderson (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, Montana Anderson, (Print / Type Agent's Name) hereby accept this appointment as agent for the

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.

Montana Anderson 3/16/23 Agent's age 29  
(Signature of Agent) (Date) Date of birth 10/30/93  
1620 29th St TWO RIVERS WI 54241 (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)

MARCH 15, 2023

I, TIM TOMCHEK, will SURRENDER my  
LIQUOR LICENSE TO MONTANA ANDERSON  
UPON THE APPROVAL OF THE CITY  
COUNCIL ON MONDAY, APRIL 3. THE CHANGE  
TO TAKE EFFECT ON THE SCHEDULED DAY  
OF CLOSING FRIDAY, APRIL 7<sup>TH</sup>.

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