

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 05/16/2023 (mm dd yyyy) ending: 6/30/2023 (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 <u>456-1031299940-02</u>	
FEIN Number	<u>92-3128641</u>
TYPE OF LICENSE REQUESTED	Fee
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>16.67</u>
<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	\$ <u>102.50</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>32.22</u>
TOTAL FEE	\$

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

Devall, Kenneth, S (Agent) Two Rivers Pub LLC

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 <u>Devall</u>	(First) <u>Rita</u>	(Middle Name) <u>Johnson</u>	Home Address (Street, City or Post Office, & Zip Code) <u>E94501 Bellwood Ct #25 Reedsburg WI 53959</u>
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 <u>Devall</u>	(First) <u>Kenneth</u>	(Middle Name) <u>Joseph</u>	Home Address (Street, City or Post Office, & Zip Code) <u>E94501 Bellwood Ct #25 Reedsburg WI 53959</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Ken's Place Business Phone Number _____

2. Address of Premises 1032 Adams St Post Office & Zip Code 54241

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.)

Mixed use property with commercial space (Bar Area)
where liquor is to be consumed / sold

Beer and Liquor along w/ Records to be sold
Stored in basement directly below bar area.

Living Area not to be used for beer/liquor/wine
Sales. Living area consists of 3 bedrooms/ living room/ Kitchen

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? Choppers

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
*Wisconsin Alcohol Seller/Service Course completed
 3/30/23 (see Attached copy)*

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

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 3/23/23
 of registration.

(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? If yes, explain. Yes No

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.) <i>Dei Valle Kenneth J</i> Signature <i>[Signature]</i>	Title/Member	Date <i>3/30/23</i>
	Phone Number <i>773-241-0324</i>	Email Address

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)	
Sci J. J. J.	Kenneth	Joseph	
Home Address (street/route)	Post Office	City	State Zip Code
E9450A Neilwood Ct #25		Reedsburg	WI 53959
Home Phone Number	Age	Date of Birth	Place of Birth
608-254-6363 / 773-241-0324	56	3/20/1967	CA MP Pendleton Oceanside Ca.

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.

Agent of Two Rivers Pub LLC (Name of Corporation, Limited Liability Company or Nonprofit Organization)

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? Approx 10 days
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.)
15 Misdemeanor Assault, Cook County IL, 1991. (Court Supervision)
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 <u>KDU Electric</u>	Employer's Address <u>5201 S Kimbark Chrg St</u>	Employed From <u>6/6/15</u>	To <u>1/1/16</u>
Employer's Name <u>Two Rivers Pub</u>	Employer's Address <u>1616 Washington, Two Rivers WI</u>	Employed From <u>3/18/17</u>	To <u>3/19</u>

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.


(Signature of Named Individual)

2) DUI - DuPage County IL arrest date 12/94
Found Guilty. Received Court supervision, with
completion of court mandated DUI school.

3) Misdemeanor Domestic Violence - Cook County IL,
Pleading Guilty in Nov 2003, received 120 days
in Cook County Jail.

4) disorderly conduct - Eau Claire WI ~~2004~~ 2005
Plea of No Contest

5) Please note, I have been arrested 3 times for DUI
A) 1991, was granted court supervision upon completion
of remedial Alcohol Awareness Classes,
dispositioned as a Not Guilty upon completion.

B) Arrested for DUI in Chicago Sept, 1994, and case
was dispositioned as Not Guilty

C) 3rd Arrest occurred in Bloomingdale IL, County of
DuPage ~~in~~ in Dec 1994.
Dispositioned as Guilty

My reason for explaining the 3 arrests, is
due to how my arrests and Court dispositions
are interpreted by the Wisconsin DMV. I have had
more than 1 problem w/this situation.

I have 1 and just 1 DUI conviction. Any Errors
please contact the Illinois Secretary of State Springfield
Office. (217) 785-3000

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
<i>deL Vello</i>		<i>Rita</i>		<i>Johanna</i>	
Home Address (street/route)	Post Office	City	State	Zip Code	
<i>69450 A Dellwood Ct</i>		<i>Reedsburg</i>	<i>WI</i>	<i>53959</i>	
Home Phone Number	Age	Date of Birth	Place of Birth		
<i>608-254-6363</i>	<i>77</i>	<i>5/11/96</i>	<i>Richland Center, WI</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.

Agent of *Two Rivers Pub LLC*
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

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? *Since 1994*
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.)
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.

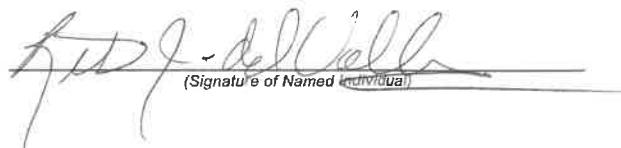
(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

Employer's Name <i>SC HCC</i>	Employer's Address <i>505 Broadway St</i>	Employed From <i>Aug. 2001</i>	To <i>Dec. 2014</i>
Employer's Name <i>ST Coletta of WI</i>	Employer's Address <i>Jefferson, WI</i>	Employed From <i>Nov. ? 1995</i>	To <i>Feb. 2001</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.


(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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

Town

To the governing body of: Village of Two Rivers County of Manitowoc
City

The undersigned duly authorized officer(s)/members/managers of Two Rivers 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

Ken's Place
(trade name)

located at 1822 Adams Two Rivers WI

appoints Rita J. del Valle
(name of appointed agent)

E9450A Bellwood Ct #25 Reedsburg WI 53959
(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? 50 yrs

Place of residence last year Reedsburg WI

For: Two Rivers Pub LLC
(name of corporation/organization/limited liability company)

By: Rita J. del Valle
(signature of Officer/Member/Manager)

And: Rita J. del Valle
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Rita J. del Valle, (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.

Rita J. del Valle (signature of agent) 4/13/23 (date) Agent's age 76
E9450A Bellwood Ct #25 Reedsburg WI 53959 (home address of agent) Date of birth 5/11/86

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)

Serving Alcohol

is proud to present this certificate to

Kenneth Del Valle

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND REGARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code

K3OoFXHehz

Date Issued

Mar 30th, 2023

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Kenneth Del Valle

Certification Date: Mar 30th, 2023

Certificate Code: K3OoFXHehz

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Serving Alcohol

is proud to present this certificate to

Rita Del Valle

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND REGARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code

2xEGoaVmkk

Date Issued

Apr 17th, 2023

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.
Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Rita Del Valle

Certification Date: Apr 17th, 2023

Certificate Code: 2xEGoaVmkk

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000129

Letter ID L1012309456



TWORIVERSPUB LLC
E9450A DELLWOOD CT TRLR 25
REEDSBURG WI 53959-9688

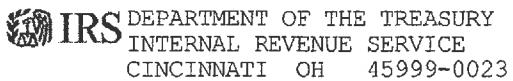
Wisconsin Business Tax Registration Certificate

Expiration date: March 31, 2025

Legal/real name: TWORIVERSPUB LLC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1031299940-02



Date of this notice: 03-24-2023

Employer Identification Number:
92-3128641

Form: SS-4

Number of this notice: CP 575 B

TWORIVERSPUB LLC
KENNETH J DEL VALLE SOLE MBR
1822 ADAMS ST
TWO RIVERS, WI 54241

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-3128641. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Your Form 11C and/or 730 becomes due the month after your wagering starts.

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

3/27/23

Re: Liquor License

To whom it may concern,

On March 27, 2023 I Aaron R. Bernas relinquish the liquor license for Choppers Tap. at 1822 Adams St.

Thank You

Aaron Bernas

A. Bernas