

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 2/20/2023 ending: 6/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Two Rivers
 Village of }
 City of }

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>496-1031168469-02</u> | |
|--|-----------|
| FEIN Number <u>88-4317083</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ |
| <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 | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ |
| TOTAL FEE | \$ |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
TR 17th St Investments

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 | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------------------------|---------|---------------|--|
| Baeten | Annie | Beth | 1522 Monroe St., Two Rivers, WI 54241 |
| 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 | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Baeten | Annie | Beth | 16200 Franc's Creek Rd, Two Rivers WI 54241 |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

1. Trade Name Fresh Coast Business Phone Number 920-621-1437
 2. Address of Premises 1019 17th St, Two Rivers, WI 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.)

Alcohol will be served in bar area only which includes a small seating area.

Adjacent living area will be used for storage only


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

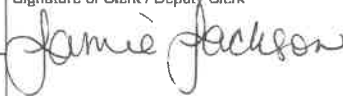
(b) If yes, under what name was license issued? Lee's Inn

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
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No **If yes, explain.**
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 11-19-2022 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.) Baeten, Annie B | Title/Member Member | Date 1/30/23 |
| Signature  | Phone Number 920-857-8111 | Email Address Annie.B.Baeten@gmail.com |

TO BE COMPLETED BY CLERK

| | | | |
|---|---|---------------------------------|--|
| Date received and filed with municipal clerk 1/30/23 | Date reported to council / board 2/20/23 | Date provisional license issued | Signature of Clerk / Deputy Clerk  |
| Date license granted | Date license issued | License number issued | |

23 00471

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 Manitowoc
 City

The undersigned duly authorized officer/member/manager of TR 17th St Investments, 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 _____
(Trade Name)

located at 1019 17th St., Two Rivers, WI 54241

appoints Annie Beth Baeten
(Name of Appointed Agent)

1522 Monroe Street, 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? 14 years

Place of residence last year 10200 Francis Creek Road, Two Rivers, WI 54241

For: TR 17th St Investments, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(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, Annie Beth Baeten, 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.

[Signature] 1/30/23 Agent's age 32
(Signature of Agent) (Date)
10200 Francis Creek Rd, Two Rivers, WI 54241 Date of birth 4-26-1996
(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 1-30-23 by [Signature] #823 Title CHIEF OF POLICE TRPA
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)