

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$
<b>Total Fees</b>		<b>\$</b>

**Part A: Organization Information**

1. Organization Name  
Casa Guadalupe Education Center

2. Organization Permanent Address  
419 Roosevelt Dr.

3. City  
West Bend

4. State  
WI

5. Zip Code  
53090

6. Mailing Address (if different from permanent address)  
Same as above

7. FEIN  
20-4483105

8. Date of Organization/Incorporation  
2006

9. State of Organization/Incorporation  
Wisconsin

10. Phone  
262-306-2900

11. Email  
td@casaguadalupeonline.org

12. Organization type (check one)

Bona Fide Club       Church       Fair Association/Agricultural Society       Veteran's Organization  
 Lodge/Society       Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? .....  Yes  No

14. Wisconsin Seller's Permit Number (if applicable)

**Part B: Individual Information**

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Rodriguez	Kevin	President	414-828-2508
Batterman	Jessica	Vice President	262-339-1569
Waala	Shelly	Secretary	262-309-3289
Griesen	Samuel	Treasurer	262-707-9422

Continued →

Part C: Event Information			
1. Name of Event (if applicable) <b>Latino American Beach Festival</b>			
2. Dates of Operation <b>Friday July 12 and Saturday July 13, 2024</b>		3. Hours of Operation <b>12:00 Noon - 11:00 P.M.</b>	
4. Premises Address <b>2111 Pierce St.</b>			
5. City <b>Two Rivers</b>		6. State <b>Wis.</b>	7. Zip Code <b>54241</b>
8. County <b>Monitowoc</b>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <b>Same Above</b>		12. Email and/or Phone Number for Organizer of Event <b>riograndevalley5@gmail.com</b> Phone: <b>920 933-0681</b>	
13. Organizer Website		14. Event Website <b>Facebook: Latino-American Beach Festival</b>	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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 organization 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 according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted 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.</p>			
Last Name <b>Gutierrez Gurrola</b>		First Name <b>Maria</b>	M.I. <b>J</b>
Title <b>Executive Director</b>	Email <b>ed@casguadalupeonline.org</b>		Phone <b>262 306 2900</b>
Signature 		Date	

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	



**TWO  
RIVERS**  
WISCONSIN

**CITY CLERK**

1717 E. Park Street  
P.O. BOX 87

Two Rivers, WI 54241-0087

**NOTE:**

**THIS FORM IS TO BE COMPLETED AND ATTACHED TO ALL APPLICATIONS FOR SPECIAL CLASS B MALT LICENSES FOR PICNICS & GATHERINGS**

\* \* \* \* \*

The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury or damage to any person or property which is associated with or arises out of the applicant's use of the City property and the dispensing of fermented malt beverage to any person pursuant to any license issued upon this application

Casa Guadalupe Education Center  
Organization

Carlos S. Muñoz  
Signature

Carlos S. Muñoz  
Printed Name

05/16/24  
Date

## Alcohol Beverage Appointment of Agent

Date 05/16/24

<b>Agent Type</b> <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <u>Casa Guadalupe Education Center</u>	
2. Business Trade Name or DBA	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

<b>Part B: Agent Information</b>			
1. Last Name <u>Munoz</u>	2. First Name <u>Carlos</u>	3. M.I. <u>S</u>	
4. Email <u>riograndevalley5@gmail.com</u>		5. Phone <u>920-933-0681</u>	
6. Home Address <u>1206 Ohio St.</u>			
7. City <u>oshkosh</u>	8. State <u>wi</u>	9. Zip Code <u>54902</u>	10. Age <u>72</u>
11. Drivers License/State ID Number <u>M520-1175-1128-04</u>		12. Drivers License/State ID State of Issuance <u>Wisconsin</u>	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name <i>Manoz</i>		First Name <i>Carlos</i>		M.I. <i>S</i>
Title <i>Agent</i>	Email <i>riograndeValley5@gmail.com</i>		Phone <i>920-933-0641</i>	
Signature <i>Carlos S. Manoz</i>			Date	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name <i>Manoz</i>		First Name <i>Carlos</i>		M.I. <i>S</i>
Signature <i>Carlos S. Manoz</i>			Date	

## Alcohol Beverage Individual Questionnaire

Date 5/13/24

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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 Information	
1. Legal Business Name (individual name if sole proprietor) <span style="font-size: 1.2em;">Casa Guadalupe Education Center</span>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <span style="font-size: 1.2em;">Batterman</span>		2. First Name <span style="font-size: 1.2em;">Jessica</span>	
		3. M.I. <span style="font-size: 1.2em;">L</span>	
4. Relationship to Business (Title) <span style="font-size: 1.2em;">Board Vice President</span>		5. Email <span style="font-size: 1.2em;">jbatterman21@gmail.com</span>	6. Phone <span style="font-size: 1.2em;">262-339-1569</span>
7. Home Address <span style="font-size: 1.2em;">107 Laurel Dr. S</span>			
8. City <span style="font-size: 1.2em;">West Bend</span>		9. State <span style="font-size: 1.2em;">WI</span>	10. Zip Code <span style="font-size: 1.2em;">53095</span>
		11. Date of Birth <span style="font-size: 1.2em;">12/11/1991</span>	
12. Drivers License/State ID Number <span style="font-size: 1.2em;">B365-4329-1951-08</span>		13. Drivers License/State ID State of Issuance <span style="font-size: 1.2em;">Wisconsin</span>	

Part C: Address History					
1. Do you currently reside in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Years <span style="font-size: 1.2em;">32</span></td> <td style="text-align: center;">Months <span style="font-size: 1.2em;">6</span></td> </tr> </table>	Years <span style="font-size: 1.2em;">32</span>	Months <span style="font-size: 1.2em;">6</span>
Years <span style="font-size: 1.2em;">32</span>	Months <span style="font-size: 1.2em;">6</span>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <span style="font-size: 1.2em;">3000 Hidden Lake Dr. #205</span>		City <span style="font-size: 1.2em;">Brookfield</span>	State <span style="font-size: 1.2em;">WI</span>		
			Zip Code <span style="font-size: 1.2em;">53005</span>		
Previous Address 2		City	State		
			Zip Code		
Previous Address 3		City	State		
			Zip Code		
Previous Address 4		City	State		
			Zip Code		
Previous Address 5		City	State		
			Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <span style="font-size: 1.2em;">WI</span>	County <span style="font-size: 1.2em;">Milwaukee</span>	State <span style="font-size: 1.2em;">WI</span>	County <span style="font-size: 1.2em;">Waukesha</span>		
		State <span style="font-size: 1.2em;">WI</span>	County <span style="font-size: 1.2em;">Washington</span>		
State	County	State	County		

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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 E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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  Date 5/13/24

**Alcohol Beverage  
Individual Questionnaire**

Date 5-13-24

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

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

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor)	<u>Casa Guadalupe Education Center</u>
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name <u>Waala</u>	2. First Name <u>Shelly</u>	3. M.I. <u>A</u>	
4. Relationship to Business (Title)	5. Email <u>Shelly.waala@yahoo.com</u>	6. Phone <u>262-309-3189</u>	
7. Home Address <u>833 Crestview Dr</u>			
8. City <u>West Bend</u>	9. State <u>Wi</u>	10. Zip Code <u>53095</u>	11. Date of Birth <u>12-28-67</u>
12. Drivers License/State ID Number <u>W40078167968-07</u>		13. Drivers License/State ID State of Issuance <u>Wi</u>	

<b>Part C: Address History</b>							
1. Do you currently reside in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			Years <u>12</u> Months <u>0</u>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →



**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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 E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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 *Shelby Wood* Date *5/13/24*

# 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 Information	
1. Legal Business Name (individual name if sole proprietor) <i>Casa Guadalupe Education Center</i>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name <i>Giessen</i>		2. First Name <i>Samuel</i>		3. M.I. <i>J</i>
4. Relationship to Business (Title) <i>Treasurer</i>		5. Email <i>Samuelgiessen@gmail.com</i>		6. Phone <i>262-707-9422</i>
7. Home Address <i>623 S 7th Ave</i>				
8. City <i>West Bend</i>		9. State <i>WI</i>	10. Zip Code <i>53095</i>	11. Date of Birth <i>5/22/91</i>
12. Drivers License/State ID Number <i>6250-7909-1182-07</i>			13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History						
1. Do you currently reside in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Years <i>33</i></td> <td>Months <i>-</i></td> </tr> </table>	Years <i>33</i>	Months <i>-</i>
Years <i>33</i>	Months <i>-</i>					
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.						
Previous Address 1	City	State	Zip Code			
Previous Address 2	City	State	Zip Code			
Previous Address 3	City	State	Zip Code			
Previous Address 4	City	State	Zip Code			
Previous Address 5	City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.						
State <i>WI</i>	County <i>Milwaukee</i>	State <i>WI</i>	County <i>Washington</i>			
State	County	State	County			

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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 E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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>Samuel J. Diessen</i>	Date 5/13/24
---------------------------------------	-----------------

## Alcohol Beverage Individual Questionnaire

Date
------

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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 Information	
1. Legal Business Name (individual name if sole proprietor)	Casa Guadalupe Education Center
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Rodriguez	2. First Name Kevin	3. M.I. G	
4. Relationship to Business (Title) Board President	5. Email bod@ <del>morrise</del> casaguadalupeonline.org	6. Phone (414) 828-2508	
7. Home Address 1719 Taft Ave Apt E3			
8. City Oshkosh	9. State WI	10. Zip Code 54902	11. Date of Birth 9/14/1984
12. Drivers License/State ID Number R362-5078-4334-08		13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently reside in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Years</td> <td style="width: 50%;">Months</td> </tr> <tr> <td>14</td> <td></td> </tr> </table>	Years	Months	14	
Years	Months						
14							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 82 Mockingbird Ln	City North Fond du Lac	State WI	Zip Code 54937				
Previous Address 2 129 Elm St Apt 4	City Kewaskum	State WI	Zip Code 53040				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State TX	County Fort Worth	State	County				
State	County	State	County				
State	County	State	County				

Continued →

**Part D: Criminal History**


1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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 <i>OWI</i>	Location <i>Milwaukee</i>	Conviction Date <i>2010</i>
Penalty Imposed <i>Guilty</i>		Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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 E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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  Date *5/13/2024*