AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF TWO RIVERS

License(s) Requested		SIN SING STATES F	ees	***
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	💢 Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Fait A. Organization shoring	ACIOII			, , , , , , , , , , , , , , , , , , ,	
1. Organization Name	T N-2	. / FOUN	DATION) of KIWANS	
1. Organization Name TWO RIVERS FISH DERBY INC (FOUNDATION OF KIWAND 2. Organization Permanent Address 2. Organization Permanent Address					
2. Organization Permanent Address					
3. City	· /		4. State	5. Zip Code	
TWO RIVERS			W/	54241	
6. Mailing Address (if different from pe					
7. FEIN	8. Date of Organization/Inc			zation/Incorporation	
27-207/955 10. Phone 920 323-36	7/7/190	۵ (۵	ω		
10, Phone 720 223 - 30	50 11. Email	10120 - 000	.1 00		
920-793-2638 12. Organization type (check one)	mrichter 4	768 (0) 9 1710	A11. CO	m	
	Church	on (A anio altanol Co -i-t-	□ Voto	ron'o Organization	
•	_	on/Agricultural Society		ran's Organization	
Lodge/Society	Chamber of Commerce or similar	Civic or Trade Organi	zation under ci	n. 181, Wis. Stats.	
13 Is this organization required to	hold a Wisconsin Seller's permit? .			Yes X No	
		\$ 151 \$ 150 \$ 150 \$		🗀 ies 💢 ino	
14. Wisconsin Seller's Permit Number	(if applicable)				
Dest D. Leafter March Lafe and Co.					
Part B: Individual Information					
	imber for all officers, directors, and sted below. Attach additional sheets		tion. Include a	n Individual Questionnaire	
'		•			
Corporations must also include Al	cohol Beverage Appointment of Ag	ent (Form AB-101).			
Last Name	First Name	Title		Phone	
MACMILLIN	Amy	PRESIDE	417	920 973-0761	
TACTILLIA	1 111 17	TRUSTISE	- 10 1	608-438-3093	
MOORE	MARUIN	VICE PRE	SIDENT	920-553 1370	
		_			
HEAP	SHERI	SECRET,	ARY	920-973.0767	
RICHTER	NANCY	TREASUR	E 0	920.323.3050	
RIGHTER	NANOT	I NLASYN		140-245-3050	
ANDERSON	MONTANA	AGENT		920-681-1388	
MNDERSON	MONTANA	HGENT		420-681-1388	

Part C: Event Information	
1. Name of Event (if applicable)	
TWO RIVERS FISH DERBY	+ FESTIVAL
2. Dates of Operation	3. Hours of Operation SAT - 9 Am to 10:30PM
July 20 21 2024	54N-9 AM to 5:30PM
corner of POLK St + 22ND	ST (Walsh Field)
5. City	6. State 7. Zip Code
TWO KIVERS	W1 54241
8. County MANITOWOC 9. Governing Municipality of: Two A	
11. Organizor of Event (in flet alle flames approxim)	Email and/or Phone Number for Organizer of Event
NANCY L. RICHTER 9	120-323-3050
15, Organizer Website	Event Website Oww, tr ki wanis, Org.
15. Premises Description - Describe the building or buildings and a stored, or consumed, and related records are kept. Describe a alcohol beverage activities and storage of records may occur or diagram and additional sheets if necessary.	
hall dismand Selling comic	es is inside of chain link fence
around field Will be wr	ist banding adults of legal
drinking age.	,
Part D: Attestation	
Who must sign this application? • one officer or director of the nonprofit organization	
truthfully. I agree that I am acting solely on behalf of the applications seeking the license. Further, I agree that the rights and responsing to another individual or entity. I agree to operate according to the from Wisconsin-permitted wholesalers. I understand that lack of the deemed a refusal to allow inspection. Such refusal is a misd that any license issued contrary to Wis. Stat. Chapter 125 shall	
Lastitanic	Name M.I.
	VANCY
Title Email	ter 4968@ gmail. com 920-323-3050
TREASURER nrich	ter4968@gmail.com 420-323-3050
Signature	Date
y Janey K. Sichter	5.8.24
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
Suite / Application 11100 1 1100 11101 Olong	
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



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

Two RIVERS FISH DERBY INC Organization (FOUNDATION OF KIWANIS CLUB of TWO RIVERS) Maney L. Richter, TREASURER Signature

NANCY L. RICHTER
Printed Name

5-8-24

Date

Form

AB-101

Alcohol Beverage Appointment of Agent

Date		

Agent Type (check one)		
	r municipal licensees only)	
Original (no ree)	municipal licensees only)	
Part A: Business Information		
1. Legal Business Name (individual name if sole proprietor)		
TWO RIVERS FISH DER	BY M.C.	Q
2. Business Trade Name or DBA		
3. Entity Type (check one)		\
☐ Limited Liability Compa	any Corporation	Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide Sta	te Permit or Municipal Retail License Number
Municipal Retail License State Permit 6. Describe the reason for appointing a successor agent, if succes	ssor is checked above	
6. Describe the reason for appointing a successor agent, it succes	ssor is checked above.	
Part B: Agent Information		
1. Last Name	2. First Name	3. MA.
Hnderson	Montana	I K
4. Email	. /	5. Phone
Montanavar 43@ar	rail. com	920-631-1388
Montanavae 93@gm 6. Home Address /620-29# Street	1	
1620-29= Otreet		
7. City	8. State 9. Zip Code	10. Age
11 Drivere Lience/State ID Number	12 Drivers Lie	ense/State ID State of Issuance
11. Drivers License/State ID Number 636 - 5569 - 389		A)
1000 0001 001		00
Part C: Agent Questions		
Have you satisfied the responsible beverage server tra	ining requirement?	Yes □ No
Submit proof of completion.	uning requirements	Yes No
O Have you completed Fame AD 400 At at at D.	والمسائية المستعلق المسائلة ال	
Have you completed Form AB-100, Alcohol Beverage I Submit a completed Form AB-100 with this form.	Individual Questionnaire?	Yes No
Submit a completed Form AB-100 with this form.		

 $\textit{Continued} \rightarrow$

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Undersigne corporation, nonprofit organization, or limited liability compleverage activities on such premises. I certify that I am auron behalf of the entity. If I am appointing a successor agent understand that I may be prosecuted for submitting false any person who knowingly provides materially false informatic convicted.	pany with full authority and couthorized by the above-named t, I rescind all previous agent a statements and affidavits in co	ntrol of the premise entity to authorized appointments for the annection with this	ses and of all alcohol this individual to act his premises. Further, application, and that
Last Name Mac Millin	First Name Am 7		M.I.
	nestuanye gmail.	en Pho	one 0-973-076/
Signature		Date 5/u	1/2024
			,
Part E: Agent Attestation	HE STATE OF THE ST		
READ CAREFULLY BEFORE SIGNING: I, the Agent , here nonprofit organization, or limited liability company and asson the premises for the above-named business. I further and affidavits in connection with this application, and that a application may be required to forfeit not more than \$1,000.	ume full responsibility for the c understand that I may be pro- any person who knowingly pro-	onduct of all alcor secuted for submi	nol beverage activities tting false statements
Last Name Ande Bon	First Name Montanu		M.I
Signature		Date 5/00	12024

Form		
Α	B-1	00

Date	

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

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

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

Tour alcohol beverage application of renewal is not com	piete until	all require	a maividuai Questionii	aires are	submitted.
Part A: Business Information					
Legal Business Name (individual name if sole proprietor)					
TWO RIVERS FISH DE	ERBY	1)C_		
2. Business Trade Name or DBA		,			
	9		•		8
3. Entity Type (check one)					
☐ Sole Proprietor ☐ Partnership ☐ Limi	ted Liabilit	y Compan	y Corporation	1 🔀	Nonprofit Organization
Part B: Individual Information		1117			
1. Last Name	2. Fir	rst Name			3, M.I.
MacMillin		Am	Ŷ		7
				6	. Phone
Tresidut ham			jmail.com	120	
7. Home Address	254ua	mya	mail com	9	20-973-0761
		50 00	±0'		
8. City St.		9. State	10. Zip Code	11	1. Date of Birth
Two Rivers,		WI	54741		7/10/1964
12. Drivers License/State ID Number		wı	13. Drivers License/Sta		
	2				or issuance
M254-0006-4750-0	ک		Wiscons	sin	
Part C: Address History				J- vins	
1. Do you currently reside in Wisconsin?				(6) (8 + + 8)	Yes No
					Years Months
If yes to 1 above, how long have you continuously live	ed in Wisco	onsin prior	to the date of applicati	on?	32 3
O lietie characterical and a all of	414 5	0.44			
2. List in chronological order all of your addresses within		years, Att	ach additional sheets if		
Previous Address 1	City			State	Zip Code
SAME AS ABOUE					
Previous Address 2	City			State	Zip Code
Previous Address 3	City			State	Zip Code
Previous Address 4	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.					
IL Cook WI Calum	. +	State	County	State	County
State County State County	<u>~1</u>	State	County	Ctota	Count
				County	
WI Grant WI Monita	pe C				

Continued →

Part D: Criminal History	result in the	Action of the second second	
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state If yes to question 1, please list details of each conviction.	's laws or of any count	y or municipal ordinances?,	. Yes Ano
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	14.	Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
If yes to question 2, describe nature and status of persheets as needed.	nding charges using th	e space below. Attach additional	V
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from particip beverage industry, as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	ating in this business of that any license issued that any license issued for su	due to any involvement in anothe ued contrary to Wis. Stat. Chapte bmitting false statements and affi	er tier of the alcoholer 125 shall be void davits in connection on may be required

-2-

AB-100 (N. 03-24)

Form		
Α	B-1	00

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
 members and agent of a limited liability company
- · all partners of a partnership

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

Part A:	Business Informati	on		W.F					Contract	. 1154.74
1. Legal I	Business Name (individual	name if sol	e proprietor)							
TWO RIVERS FISH DERBY INC.										
	ss Trade Name or DBA		5 A 0 L		1,	<u> </u>				
	•		T			¥		10		
3. Entity	Type (check one)									
☐ So	le Proprietor	artnership	Limited I	_iabilit	y Compan	ıy 🗆	Corporation	X) ı	Nonprofit O	rganization
Part B:	Individual Informat	ion					-100			
1. Last Na	ame AA			2. Fir	st Name	4 - 4	1			3. M.I.
	Moore				M	1ARVI	. 20			R
4. Relatio	nship to Business (Title)/	VICE	5. Email			// o i	olma:1.co	•	6. Phone	
	onship to Business (Title)	PRE	s.) Mas	VM	oose	4@ h	otma: 1. co	m	604	(38-309)
7. Home		^								
	10925 MEAD	ou is	151 NE			1				
8. City	T Davidson				9. State	10, Zip C			11. Date of B	
	Two RIVERS				WI		1241		5-11	- +8
12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance										
	M600-59	167-4	81+1-02				WI			
Part C:	Address History							i e		
	ou currently reside in Wis	sconsin?			a.a.a.a.	p		ws we	X	Yes No
,,,	,									
If yes	to 1 above, how long ha	ave you co	ontinuously lived in	Wisco	onsin prior	to the dat	e of application?	?	Years	Months
									<u> </u>	
	chronological order all	of your ad	dresses within the	last 5	years. Att	ach addition	onal sheets if ne	cessai	ry.	
Previous	Address 1			City				State	Zip Code	
	SAME A	3 142	NE							
Previous	Address 2			City State Zip			Zip Code			
Previous	Address 3			City			State	Zip Code		
Previous	Address 4			City				State	Zip Code	
Previous	Address 5			City			13	State	Zip Code	
2 1:54 -	Il atatos and sounting	u bove E-	ad in an en adult i	\ Hest	addition = 1	l abacta if	20000007			
	Il states and counties yo			Huach					10	
State	County	State	County		State	County	;	State	County	
WZ	MAN ITONOC									
State	County	State	County		State	County		State	County	

Continued \rightarrow

Part D: Criminal History	ECT OF THE PARTY		
Have you ever been convicted of any offenses (e for violation of any federal, Wisconsin, or anothe	excluding traffic offenses r state's laws or of any o	unless related to alcohol beverage county or municipal ordinances?	ges) Yes No
If yes to question 1, please list details of each co	nviction below. Attach a	dditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	g	Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	·	Was sentence completed?	Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Unde truthfully. I certify that I am not prohibited from p beverage industry as a restricted investor. I und under penalty of state law. I further understand the with this application, and that any person who kr to forfeit not more than \$1,000 if convicted.	articipating in this busir lerstand that any licens at I may be prosecuted t	ness due to any involvement in ar e issued contrary to Wis. Stat. Cl for submitting false statements an	nother tier of the alcohole hapter 125 shall be voided d affidavits in connection

Form	
Α	B-100

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
 members and agent of a limited liability company
- · all partners of a partnership

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

	D		wai is not complete	e unui	an require		naires are	submitted.
	Business Informati							
1. Legar	Business Name (individual	name ir soi	e proprietor)	Ď.	0	1010		
2. Busine	TWO KIVERS FISH DERBY, INC. 2. Business Trade Name or DBA							
	*		$\widetilde{\sigma}_{i}$				SET	2
3. Entity	Type (check one)							
☐ Sc	ole Proprietor P	artnership	Limited I	Liabilit	y Compan	y Corporation		Nonprofit Organization
Part B:	: Individual Informat	ion					1,450	
1. Last Name 2. First Name 3. M.I.								
le	aO				Shen			L
	onship to Business (Title)		5. Email			30	113	S. Phone
Sec	relary		poysi	uni	146	gnoil. com		120.973.0767
7. Home 20	Address 30th St	oʻ	•		9			
8. City	0				9. State	10. Zip Code		11. Date of Birth
	Rivers				W	54241		11.7.1971
1	rs License/State ID Numbe					13. Drivers License/St	ate ID State	of Issuance
HIU	0-7927-1907	- 09				WI		
Part C:	Address History				HEAR.			
1. Do yo	ou currently reside in Wis	sconsin?	6-060	;;			040 - 040 - 04 - 040 -	Yes No
Ifvoc	to 1 above, how long by		entinuovalų livod in	Minn	anain neiae	to the data of applicat	i	Years Months
li yes	to 1 above, how long ha	ave you co	munuousiy lived in	VVISC	onsin phor	to the date of applicat	uon?	7 1
2. List in	chronological order all	of your ad	Idresses within the	last 5	vears, Att	ach additional sheets	if necessar	ν.
Previous	Address 1 .			City			State	Zip Code
181	7 22nd St.			Two Rivers			WI	54241
	Address 2			1			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 a	Il states and counties yo	u have liv	ed in as an adult. A	Attach	additional	sheets if necessary.		
State	County	State	County		State	County	State	County
WI	Manchioc	11	Grundy					
State	County	State	County		State	County	State	County

Continued \rightarrow

Part D: Criminal History			
Have you ever been convicted of any offenses (excludition for violation of any federal, Wisconsin, or another state of the state o	's laws or of any count	y or municipal ordinances?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pen sheets as needed.	nother state's laws or	any county or municipal	. □ Yes \No
Part E. Attactation			
Part E: Attestation	والمناعة بالمسادر		الشتاسي عبي
READ CAREFULLY BEFORE SIGNING: Under penalt truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ting in this business of I that any license issu I be prosecuted for sub	lue to any involvement in anothe led contrary to Wis. Stat. Chapte omitting false statements and affic alse information on this application	r tier of the alcohol r 125 shall be void lavits in connection on may be required
Signature L. Heap		Date 4.29.20	24

Form		
Α	B-1	00

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
 members and agent of a limited liability company
- · all partners of a partnership

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

Tour aconor beverage application of renewal is not comple	ste uritii	an require	sa marvidaar Questiom		s submitted.			
Part A: Business Information								
1. Legal Business Name (individual name if sole proprietor)								
TWO RIVERS FISH DERBY INC								
2. Business Trade Name or DBA								
					•			
3. Entity Type (check one)								
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization								
Part B: Individual Information								
1. Last Name 2. First Name 3. M.I.								
RICHTER	\ \ \	VAN	CY		L			
4. Relationship to Business (Title) 5. Email					6. Phone			
TREASURER nric	hte	r491	68@ a mail.	com	6. Phone 920_793 - 26 01-920_323			
7. Home Address					01- 920-32			
605-22ND ST					3			
8. City		9. State	10. Zip Code		11. Date of Birth			
TWO TIVERS	(W/	54241		12/14/49			
12. Drivers License/State ID Number			13. Drivers License/Sta	te ID State	e of Issuance			
R236-6324-9954-00			WI					
Part C: Address History	E-E/E	11-7		1 = 1 7				
Do you currently reside in Wisconsin?	100 ex cs - W - 2		man ar analysis and as the same and the		Yes No			
The Bolyon currently reside in Vilosonomi.								
If yes to 1 above, how long have you continuously lived	in Wisco	onsin prio	to the date of applicat	ion?	Years Months			
					74+			
2. List in chronological order all of your addresses within th	e last 5	years. Att	ach additional sheets i	f necessa	-			
Previous Address 1	City			State	Zip Code			
SAME AS ABOUT								
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	Leheate if naccesary	-1				
	. Audun			To: :				
State County State County		State	County	State	County			
1110) (0200		01.1						
State County State County		State	County	State	County			

Continued →

Deat De Cuincin al History								
Part D: Criminal History								
 Have you ever been convicted of any offenses (excludi for violation of any federal, Wisconsin, or another state 	ng traffic offenses unle 's laws or of any count	ess related to alcohol beverages) y 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		Conviction Date						
Penalty Imposed		Was sentence completed?	. Yes No					
Law/Ordinance Violated	Location		Conviction Date					
Penalty Imposed		Was sentence completed?	Yes No					
Law/Ordinance Violated	Location		Conviction Date					
Penalty Imposed		Was sentence completed?	. Yes 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?								
Dout F. Attackation								
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under pena	Ity of law. I have ansi	wered each of the above question	ons completely and					
truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business of that any license issumed to be prosecuted for su	due to any involvement in anothe ued contrary to Wis. Stat. Chapte bmitting false statements and affi	er tier of the alcoholer for 125 shall be void davits in connection					
Signature L. Lichter		Date 4 - 2 9 . 3	4					

Form AB-100

Alcohol Beverage Individual Questionnaire

Date		

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

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

Your alcohol beverage application or renewal is not complete	until	all require	d Individual Questionn	aires are	submitted.	
Part A: Business Information	-4	1				
Legal Business Name (individual name if sole proprietor)						
TWO PIVEXS FISH DE	RB	4 1	NC			
Business Trade Name or DBA		,	¥		ă	
3, Entity Type (check one)						
1 11 1	iability	/ Compan	y Corporation		Nonprofit Organization	
Part B: Individual Information	0 5	- 1 N	rial and the second			
1. Last Name Anderson	2. 51	st Name	ana		3. M:h	
4. Relationship to Business (Title) Agen + 5. Email 100 for Phone 11306						
7. Home Address 29th St			- v) v .			
8. City RIVEL		9. State	10. Zip Code	1	1. Date of Birth 193	
12. Drivers License/State ID Number			13. Drivers License/Stat	e ID State	of Issuance	
A5365567749000			14.7			
Part C: Address History	W	S. 4613				
1. Do you currently reside in Wisconsin?	160 × 30 × 1	22.2	*** *** *** *** *** *** *** *** *** **	(4) - (6) - (6) - (6)	···· Yes No	
If yes to 1 above, how long have you continuously lived in	Wisco	onsin prior	to the date of application	on?	Years Months	
2. List in chronological order all of your addresses within the	last 5	years. Att	ach additional sheets if	necessar	y.	
Previous Address 1	City		7.1.40:-6	State	Zip Code	
617 (Kawley Ka	TV	VU F	4V Er1	WI	54241	
Previous Address 2	City	V 1	,	State	Zip Code	
Previous Address 3	City			State	Zip Code	
Previous Address 4	City			State	Zip Code	
Previous Address 5	City			State	Zip Code	
	44 - 1		ala a da if a a construir			
3. List all states and counties you have lived in as an adult. A	ıttacn					
State County State County		State	County	State	County	
State County State County		State	County	State	County	

Continued \rightarrow

Part D: Criminal History			
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 Duby 9		ne 1A	Conviction Date 2023
Penalty Imposed		Was sentence completed?	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed? Yes No	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes 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?			
Doub Fr. Attackation			
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 AV		Date 05/07	124