F	^	90	m

AB-220

Temporary Alcohol Beverage License

Municipality	

License(s) Requested				F	ees	
			License Fees		\$	10.00
☐ Temporary "Class B" W	Vine ✓ Temporary Class "B" Beer		Background	Check	\$	
					\$	
			<u></u>			
Part A: Organization Informat	ion			100		
Organization Name						
Two Rivers Youth Spor	rts ————————————————————————————————————					
Organization Permanent Address						
4120 Clover St.						
3. City			4. State	5.	Zip Code	
Two Rivers			WI		54241	
Mailing Address (if different from perr	nanent address)					
7. FEIN	8. Date of Organ	ization/Incorporation	9. State of Ord	anizatio	n/Incorporation	1
81-4844900	12/20/1	12/20/17 wi				
10. Phone	11. Email					
(920) 571-7466	baseball	lone@ymail.com				
12. Organization type (check one)						
☑ Bona Fide Club ☐	Church	Association/Agricultural S	Society 🗀 V	eteran'	s Organizatio	n
	_	or similar Civic or Trade	-		-	
				01 011. 1	or, wid. Otal.	J.
13. Is this organization required to he	old a Wisconsin Seller's	permit?	(4 - 20 - 20 cm K - 6 - 6 K)	3.19.6.9	Yes	✓ No
14. Wisconsin Seller's Permit Number (if	applicable)					
Part B: Individual Information				778		2/4/20
List the name, title, and phone num (Form AB-100) for each person lists	ber for all officers, directed below. Attach addition	ctors, and agent of the or	ganization. Includ	le an In	dividual Ques	stionnaire
Corporations must also include Alco		•	101).			
Last Name	First Name	Title		PI	hone	
Wachowski	Cory	Vice Pre	aidonot	1	020) 001	2066
, action of the		VICE PIE	sidenec	()	920) 901- 	-3866
Wachowski .	Adam	Presiden	it	{	920) 571-	-7466
Shillcox	Kirk	Board Me	ember	(920) 242-	-6227
Schweke	Jeff	Board Me	ember	(920) 973-	-8291

Part C: Event Information				8 E E	
Name of Event (if applicable)					
Beach Bash					
2. Dates of Operation					
			3. Hours of 0	Contract to	. ,
			8am-!_	mi	dnisht
4. Premises Address 500 Zlatnit Drive Parkin	1 (1 . 2			
5. City	10+	103	7		
Two River			6. State	- 4	7. Zip Code
	nina Musia	inellik (7) Oil (7) T	W:		54241
		ipality 🛛 City 🗌 Town Rivers	☐ Village	10. A	Idermanic District
11. Organizer of Event (if not the named applicant)	NAC .	12. Email and/or Phone Num	harfar Oran		T
The organization Event (if not the named applicant)		1 (30)	_		
13. Organizer Website		14. Event Website	ymai	Co	<i>H</i>
To. Organizat Viabata		14. Event yvebsite			
de Barriero Barriero Barriero					
15. Premises Description - Describe the building or b stored, or consumed, and related records are ke alcohol beverage activities and storage of record or diagram and additional sheets if necessary. Beach Patking Lot	pt. Descr is may o	ibe all rooms within the bui ccur only on the premises o	ldina incluc	lina livi	no quarters. Authorized
Deach pasting 1st	ナナ	- 5			
D. D. A. C. A. C. C.					
Part D: Attestation	17112				
Who must sign this application?					
 one officer or director of the nonprofit organizat 	ion				
READ CAREFULLY BEFORE SIGNING: Under p truthfully. I agree that I am acting solely on behalf a seeking the license. Further, I agree that the rights to another individual or entity. I agree to operate a from Wisconsin-permitted wholesalers. I understand be deemed a refusal to allow inspection. Such refuthat any license issued contrary to Wis. Stat. Chapt be prosecuted for submitting false statements and a provides materially false information on this application.	of the appand responding that lack lack lack lack lack lack lack lack	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o nisdemeanor and grounds hall be void under penalty of in connection with this appli	t on behalf of elicense(s), of limited to, f a licensed for revocation of state law.	of any of grant purchas premise on of the further that an of the further than the further tha	other individual or entity ted, will not be assigned asing alcohol beverages es during inspection will als license. I understand or understand that I may be person who knowingly
Last Name		First Name			M.I.
Wachowski		Adam			М
Title	Email				Phone
President	baseb	allone@ymail.com			(920) 571-7466
Signature		_	Date		
adam wachowski				1	05/02/25
1.					
Part E: For Clerk Use Only			EUL DAG THE		Allega State of the Asset
Date Application Was Filed With Clerk		License Number			
Date License Granted		Date License Issued			
-		Date Election 1990Ed			
Signature of Clerk/Deputy Clerk		- U			

Form AB-101

Alcohol Beverage Appointment of Agent

Date		

Agent Type (check one)					
✓ Original (no fee)	cessor (\$10 fee for mun	nicipal licen	sees only)		
Part A: Business Information		Series .			
Legal Business Name (individual name if s	sole proprietor)				
Two Rivers Youth Sports					
2. Business Trade Name or DBA					
Two Rivers Youth Sports					
3. Entity Type (check one)	ited Liability Company		Corporation	✓ Nonprofit Organ	ization
4. Alcohol Beverage Business Authorization (Municipal Retail License [(check one) 5. State Permit	. If successo	r agent, provide St	ate Permit or Municipal Retail	License Number
6. Describe the reason for appointing a succe	essor agent, if successor is	checked ab	ove.		
•					
Part B: Agent Information					
1. Last Name	2.	. First Name			3. M.I.
Wachowski 4. Emall		Adam		1	M
baseballone@ymail.com				5. Phone (920)	E71 7466
6. Home Address				(920)	571-7466
4120 Clover st					
7. City		8. State	9. Zip Code	10. Date of E	Birth
Two Rivers		WI	542 4 1	1/2/8	-
11. Drivers License/State ID Number			12. Drivers Li	cense/State ID State of Issuar	
w220-0138-5002-03			WI		
Part C: Agent Questions					
Have you satisfied the responsible be Submit proof of completion.	everage server training	ı requireme	nt?	. 88	Yes No
2. Have you completed Form AB-100, A Form AB-300, Alcohol Beverage Per	Alcohol Beverage Indivi rsonal Questionnaire (p	idual Quesi ermittee)?	ionnaire (license	ee) or	✓ Yes 🗌 No
Have you been a Wisconsin residen See instructions for exceptions.	t for at least 90 continue	ous days?	979 P. S. 1989 F		✓ Yes
					Continued —

Part D: Business Attestation	24 mile 30 XIIII 50 200				SELECTION
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certiful on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sure any person who knowingly provides materially if convicted.	I liability comply that I am au accessor agen bmitting false	pany with full authority and con uthorized by the above-named of it, I rescind all previous agent a statements and affidavits in co	trol of the pre entity to autho opointments fo nnection with	mises and c rize this indi or this premis this applicati	of all alcohol vidual to act ses. Further, on, and that
Last Name		First Name			M.I.
wachowski	adam				М
Title	Email		Phone		
president	baseballone@ymail.com		1	(920) 5	71-7466
Signature adam wachowski			Date	05/02/25	3
Part E: Agent Attestation					
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability come on the premises for the above-named busine and affidavits in connection with this application may be required to forfeit not more	pany and ass ess. I further ion, and that a	ume full responsibility for the co understand that I may be prose any person who knowingly provi	induct of all all ecuted for sub	cohol bevera	ge activities statements
Last Name		First Name			M.I.
wachowski		adam			M
Signature adam wachowski			Date	05/02/25	3

Form		
Α	B-1	00

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 a	pplication or renev	val is not complet	te until	all requir	ed Individual Question	naires are	submitted	l.	
Part A: Business In	formation		113					Januar Well	
1. Legal Business Name (ii	ndividual name if sole	e proprietor)							
Two rivers yo	uth sports								
2. Business Trade Name o	r DBA								
two rivers yo	uth sports								
3. Entity Type (check one)									
☐ Sole Proprietor	Partnership	☐ Limited	Liabilit	y Compai	ny Corporation	n 🗸	Nonprofit (Organization	
Part B: Individual In	formation								
1. Last Name			2. Fir	st Name				3. M.I.	
wachowski			a	dam				М	
4. Relationship to Business	(Title)	5. Email					6. Phone		
president		baseba	allor	ne@yma	il.com		(920)	571-7466	
7. Home Address									
4120 clover s	t								
8. City				9. State	10. Zip Code		11. Date of E	3irth	
two rivers				WI	54241 01/02			2/85	
12. Drivers License/State ID Number					13. Drivers License/S	tate ID Stat	e of Issuance	3	
w220-0138-500	2-03				WI				
Part C: Address His	torv				THE PERSON NAMED IN COLUMN				
1. Do you currently live							[7]	Yes \ \ \ No	
1. Do you can chay he	iii vvisoonsiii:	2001 6-11-12-20-1	5 8 083	- E 4(E) - 5%	*(#2*30X +3 K4 & +3*(#)X +3 K				
If yes, provide the mo	onth and year whe	n you permanently	y move	d to Wisc	consin a.v. v. a.v. v		(M	M/YYYY)	
								01/1985	
2. List in chronological of	order all of your ad	dresses within the	e last 5	years. At	tach additional sheets	if necessa	ary.		
Previous Address 1			City			State	Zip Code		
Previous Address 2			City			State	Zip Code	•	
Previous Address 3			City			State	Zip Code	9	
Previous Address 4			City			State	Zip Cod	Zip Code	
Previous Address 5			City			State	Zip Cod	e	
3. List all states and co	inties you have liv	ed in as an adult	Attach	additions	al sheets if necessary		17		
State County	State	County	, maon	State	County	State	Country		
WI manitowoo		County		Sidle	County	State	County		
State County	State	County		State	County	State	County		
- LLIC COUNTY	Otate	Journey		State	County	State	County		

Part D: Criminal History		Walter All St	
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)	e's laws or of any coun	ty or municipal ordina	nces? ☐ Yes ✓ No
If yes to question 1, please list details of each conviction		onal sheets as neede	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence com	pleted? Yes No
Law/Ordinance Violated	Location	-t-,	Conviction Date
Penalty Imposed	-	Was sentence com	pleted? Yes No
Law/Ordinance Violated	Location	L	Conviction Date
Penalty Imposed	1	Was sentence com	pleted? Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of persheets as needed.	another state's laws or	any county or munici	pal Yes ✓ No
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.	ating in this business d that any license iss ly be prosecuted for su	due to any involveme ued contrary to Wis. Ibmitting false statem	ent in another tier of the alcohol Stat. Chapter 125 shall be void ents and affidavits in connection
Signature adam wachowski		Date	05/02/2025

Form AB-100

Alcohol Beverage Individual Questionnaire

Date		7	_
1	> ~	2	J

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 Information		TO EXILE	1 1 1 2 1 1 1 2 1	2575.17	
Legal Business Name (individual name if sole prop	rietor)				
2. Business Trade Name or DBA Two River Yo	ish s	Portr			
3. Entity Type (check one)					
Sole Proprietor Partnership	Limited Lia	ability Compar	ny Corporation	on /	Nonprofit Organization
Part B: Individual Information	11111				
1. Last Name	1:	2. First Name			3. M.I.
Wachowski	-	Co	CU		3. W.I.
Relationship to Business (Title)	5. Email				6 Phone
. , ,	(35	@ 5cm	House	- +	6. Phone 920-901-3866
7. Home Address		2 300	" Ocacour),,,,,,,	(101) 0 0 6
937 Chryster Ori	زسر				
8. City		9. State	10. Zip Code		11. Date of Birth
mishicot		WI	54228		09/09/1980
12. Drivers License/State ID Number		1,,	13. Drivers License/S	State ID State	of Issuance
W 220-1178-032	9-09		Manibo	NOC	
Part C: Address History	nis ils proble		05 9004		
					Ves DNo
Do you currently live in Wisconsin?					
					(MM/YYYY)
Do you currently live in Wisconsin? If yes, provide the month and year when you	permanently m	noved to Wisc	onsin	*** **** *** ***	(MM/YYYY) D9/09/190
Do you currently live in Wisconsin? If yes, provide the month and year when you List in chronological order all of your address.	permanently m	noved to Wisc	onsin	*** **** *** ***	(MM/YYYY) D9/09/190
Do you currently live in Wisconsin? If yes, provide the month and year when you	permanently m	noved to Wisc	onsin	*** **** *** ***	(MM/YYYY) D9/09/190
Do you currently live in Wisconsin? If yes, provide the month and year when you List in chronological order all of your address Previous Address 1	permanently m	noved to Wisc ast 5 years. At City	onsin	if necessa	(MM/YYYY) D9/09/190
Do you currently live in Wisconsin? If yes, provide the month and year when you List in chronological order all of your address.	permanently m	noved to Wisc	onsin	if necessa	(MM/YYYY) D9/09/190
Do you currently live in Wisconsin? If yes, provide the month and year when you List in chronological order all of your address Previous Address 1 Previous Address 2	permanently mees within the la	noved to Wisc ast 5 years. At City	onsin	s if necessa State State	(MM/YYYY) D 9 /0 9 /19 ory. Zip Code Zip Code
Do you currently live in Wisconsin? If yes, provide the month and year when you List in chronological order all of your address Previous Address 1	permanently mees within the la	noved to Wisc ast 5 years. At City	onsin	s if necessa State	(MM/YYYY) D 9 /0 9 / 190 ry. Zip Code
Do you currently live in Wisconsin? If yes, provide the month and year when you List in chronological order all of your address Previous Address 1 Previous Address 2 Previous Address 3	permanently mees within the la	noved to Wisconst 5 years. At City City	onsin	s if necessa State State	ry. Zip Code Zip Code
Do you currently live in Wisconsin? If yes, provide the month and year when you List in chronological order all of your address Previous Address 1 Previous Address 2	permanently mees within the la	noved to Wisc ast 5 years. At City	onsin	s if necessa State State	(MM/YYYY) D 9 /0 9 /19 ory. Zip Code Zip Code
Do you currently live in Wisconsin? If yes, provide the month and year when you List in chronological order all of your address Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4	permanently meses within the la	noved to Wisconst 5 years. At City City City City	onsin	State State State State State	(MM/YYYY) D 9 /0 9 /19 ory. Zip Code Zip Code Zip Code
Do you currently live in Wisconsin? If yes, provide the month and year when you List in chronological order all of your address Previous Address 1 Previous Address 2 Previous Address 3	permanently meses within the la	noved to Wisconst 5 years. At City City	onsin	State State State State	ry. Zip Code Zip Code
1. Do you currently live in Wisconsin? If yes, provide the month and year when you 2. List in chronological order all of your address Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5	permanently meses within the la	noved to Wisconst 5 years. At City City City City City	onsintach additional sheets	State State State State State State State State	(MM/YYYY) D 9 /0 9 /19 ory. Zip Code Zip Code Zip Code
Do you currently live in Wisconsin? If yes, provide the month and year when you List in chronological order all of your address Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4	permanently meses within the la	noved to Wisconst 5 years. At City City City City City	onsintach additional sheets	State State State State State State State State	(MM/YYYY) D 9 /0 9 /19 ory. Zip Code Zip Code Zip Code
1. Do you currently live in Wisconsin? If yes, provide the month and year when you 2. List in chronological order all of your address Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5	permanently meses within the la	noved to Wisconst 5 years. At City City City City City	onsintach additional sheets	State State State State State State State State	(MM/YYYY) D 9 /0 9 /19 ory. Zip Code Zip Code Zip Code
1. Do you currently live in Wisconsin? If yes, provide the month and year when you 2. List in chronological order all of your address Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5 3. List all states and counties you have lived in	permanently meses within the la	noved to Wisconst 5 years. At City City City City City City	tach additional sheets	State State State State State State State	(MM/YYYY) D 9 /0 9 /19 or ry. Zip Code Zip Code Zip Code Zip Code
1. Do you currently live in Wisconsin? If yes, provide the month and year when you 2. List in chronological order all of your address Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5 3. List all states and counties you have lived in	permanently meses within the la	noved to Wisconst 5 years. At City City City City City City	tach additional sheets	State State State State State State State	(MM/YYYY) D 9 /0 9 /19 or ry. Zip Code Zip Code Zip Code Zip Code

Continued →

Part D: Criminal History			
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	ling traffic offenses unle s's laws or of any coun	ess related to alcohol beverages) ty or municipal ordinances?	. Yes No
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.	/
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	1,	Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?			. Yes No
Part E: Attestation			
THE STATE OF THE S	10 . 61		
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understan under penalty of state law. I further understand that I ma 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 iss ny be prosecuted for su	due to any involvement in anothe ued contrary to Wis. Stat. Chapte Ibmitting false statements and affi	er tier of the alcoholer 125 shall be void davits in connection
Signature	_	Date 5-25	-

Form AB-100

Alcohol Beverage Individual Questionnaire

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 Questionnaires are submitted.

Part A: Business Information			100		
1. Legal Business Name (individual name if s	ple proprietor)				
Two Kives Yout	2 Sports	Inc			
2. Business Trade Name or DBA	1				
Two 12 ves Youth	Sports				
3. Entity Type (check one)	,			1	
Sole Proprietor Partners	ip Limited L	iability Compa	ny Corporation	n 🔼∙N	Ionprofit Organization
Part B: Individual Information					
1. Last Name		2. First Name			3. M.I.
Schueke		Je 17	ren		172
4. Relationship to Business (Title)	5. Email		Ò		. Phone
Treasures	ISCHL	sekele	> Palumni, un	- Never	720-973-8291
7. Home Address	1		e	الس	
452 /20semela Cir	cle			16	
8. City		9. State	10. Zip Code	11	1. Date of Birth
Maritowa		WI	54220		7/14/19860
12. Drivers License/State ID Number	a a		13. Drivers License/S	ate ID State	of Issuance
5200 - 4368 - 6	254-02		Wisco	15/1	
			10000	107	
Part C: Address History					To be a simple and the
Do you currently live in Wisconsin? .					_
Do you delicitly live it wisconsitif .	80 - 80 10 - 10 - 10 - 10 - 10 - 10				···· Yes 🔲 No
If yes, provide the month and year wi	nen vou permanentiv	moved to Wis	consin		(MM/YYYY)
•					07/1986
2. List in chronological order all of your	addresses within the	last 5 years. A	ttach additional sheets	if necessary	V.
Previous Address 1		City	1 6	State	Zip Code
951 Rogenese C.	1 /.	M	OWOC	47	
Previous Address 2		City	OWOL	State	Zip Code
		,		Otate	Zip Code
Previous Address 3		City		State	Zip Code
		l ow,		State	Zip Code
Previous Address 4		City		01.1.	7.0
		City		State	Zip Code
Previous Address 5		City		04-4-	7.0.
		City		State	Zip Code
3. List all states and counties you have	lived in as an adult. A	Attach addition	al sheets if necessary.		
State County State	County	State	County	State	County
WI Man towar					
State County State	County	State	County	State	County
3. List all states and counties you have State County Man House	County	State	County		Zip Code County County

-1-

Part D: Criminal History			THE SECTION
Have you ever been convicted of any offenses (ex for violation of any federal, Wisconsin, or anothers	cluding traffic offenses un state's laws or of any cour	less related to alcohol beverages try or municipal ordinances?	s) Yes No
If yes to question 1, please list details of each con-	viction below. Attach addit	ional sheets as needed.	7
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 ag beverages) for violation of any federal, Wisconsin, ordinances? If yes to question 2, describe nature and status o sheets as needed.	or another state's laws or	any county or municipal	🗌 Yes 🕱 No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pertruthfully. I certify that I am not prohibited from part beverage industry as a restricted investor. I undersunder penalty of state law. I further understand that with this application, and that any person who know to forfeit not more than \$1,000 if convicted. Signature	ticipating in this business stand that any license iss I may be prosecuted for si	due to any involvement in anoth used contrary to Wis. Stat. Chapubmitting false statements and as false information on this application.	her tier of the alcohol oter 125 shall be void



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 required Individual Questionnaires are submitted.

Dart A.	Business Inform	ation			TO BETTE		F F 3 T S T S T S T S T S T S T S T S T S T	-	
	Business Name (individ								
i. Legai E	ousiness ivante (individ	uai name ii soi	e proprietor)						
2. Busine	ss Trade Name or DBA								
3. Entity T	Type (check one)								
☐ So	le Proprietor] Partnership	Limited L	_iability	/ Compan	y 🗌 Corpor	ration 🔲	Nonprofi	t Organization
Part B:	Individual Inforn	nation							
1. Last Na	ame			2. Fir	st Name				3. M.I.
_	Shillcox			K	IRIC	-			ک
4. Relatio	nship to Business (Title	:)	5. Email		, .	1		6. Phone	
£	Board Mem Address 8136 Hwy Two Liveze	ber	ICS	hill	COXE	charter	net	920	242-6227
7. Home A	Address				7			· · · · · · · · · · · · · · · · · · ·	
	0136 HWY	19/							
8. City	Tuo Pulso	0			9. State	10. Zip Code	i	11. Date o	
					WI			2/2	2/68
12. Driver	s License/State ID Nur 5422 - 5	nber	0.7 -01			13. Drivers Licen		-	ice T
	34000 3	110-8	062-01			101	SCONSI	<i>N</i>	
				A STATE OF THE STA					
_	Address History								
1. Do yo	u currently live in Wi	sconsin? .		8 (8 8)	s one Tos	- 308 *(8)8(808 * 100 - 300 *	6 × 16 × 16 × 16 × 16 × 16	· · · · · · · · · · · · · · · · · · ·	Yes No
If ves	, provide the month a	and veer who	n vou permanently	move	d to Wiece	nein		F	(MM/YYYY)
, 550,	, provide alle month c	ina your who	ar you permanently	111046	a to vvisco	JIISIII 111.1.1.1.		1.8.0	
2. List in	chronological order	all of your ac	dresses within the	last 5	years. Att	ach additional sh	eets if necess:	ary.	
Previous	Address 1			City		^	State	Zip Co	de
8	3136 Huy	147		/	WO	Rivers	WZ	5	4241
	Address 2			City			State	Zip Co	ide
Previous a	Address 3			City			State	Zip Co	de
Previous	Address 4			City			State	Zip C	ode
Previous	Address 5			City			State	Zìp C	ode
						·			
3. List al	II states and counties		ed in as an adult.	Attach	additional	sheets if necess	ary.		
State	Maniferio	State	County		State	County	State	Count	у
W									
State	County	State	County		State	County	State	Count	у

Part D: Criminal History Have you ever been convicted of any offens for violation of any federal. Wisconsin or any			The second second
ior violation of any federal, Wisconsin, or an	es (excluding traffic offense other state's laws or of any	es unless related to alcohol beverages county or municipal ordinances?	s) ··· □ Yes 1 No
If yes to question 1, please list details of eac	h conviction below. Attach	additional sheets as needed	[K]
Law/Ordinance Violated	Location	enecto de nocace.	Conviction Date
Penalty Imposed		Was sentence completed?	yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was contained associated to	
Law/Ordinance Violated	Location	Was sentence completed?	
Danality Issues of			Conviction Date
Are charges for any offenses currently pending beverages) for violation of any federal Misses		Was sentence completed?	
If yes to question 2, describe nature and star sheets as needed.	tus of pending charges us	ing the space below. Attach additiona	al (V
020			
Part E: Attestation			