

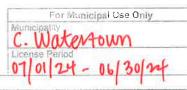




Form

AB-200

Alcohol Beverage License Application



License(s) Requested: (up to two boxes may be checked)			Fees				
Class "A" Beer	Class "B" Beer	\$		License F	ees	\$ 550	
Ж"Class A" Liquor \$ Чбо □	"Class B" Liquor 🚌	\$		Backgrou	nd Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$		Publicatio	n Fee	\$ 175	
Class C" Liquor (wine only) \$				Total Fee	S	\$ 725 + 25 t	ob
Part A: Premises/Business Information							
1. Legal Business Name (individual name if sole prop							
2. Business Trade Name or DBA	70107	· · · · · · · · · · · · · · · · · · ·					
3, FEIN 99-2150486	4. Wisconsin Seller's Permit Number 456 - William Charles Control 103175						190
5, Entity Type (check one) Sole Proprietor Partnership	M Limited Liability	y Company	☐ Co	orporation	Nonpro	fit Organization	>4
6. State of Organization	Date of Organization			8. Viscons	in DF! Registration	on Number	
UIZNO)ZIW	4-16-2	4		MO	84465		
9, Premises Address 1907 MWYL+ WAY	suite#C						
10 City				11 State	12. Zip Code	1)1	
Watertown	4.4.00	in the on	1000 244	WI	5300		
Tetterson/dodge	14 Governing Municip of: WATELT()		i lown	Village	15) Aldermani	C District	
16, Premises Phone	17 Premises Email			18. We			
(414)507-5332	hydn. hei				n/a		
19. Premises Description - Describe the building or be are kept, Describe all rooms within the building, in only on the premises described in this application across the store of the second of the s	ncluding living quarters n. Attach a map or diag	s. Authorized al ram and additi	lcohol beve onal sheet:	erage activit s if nacessa	ies and storage c	of records may occur	
WULK - (N COOLL) POTENTIC ONLY WHERE LXTEA STOCK W 20. Mailing Address (if different from premises address	il beer cou	Ne. We	have	1 Stora	age wom	For employe	es
21, City				22 State	23, Zip Code		
Part B: Questions							
Has the business (sole proprietorship, partner violating federal or state laws or local ordinate.)						Yes Vo No	
If yes, list the details of violation below, Attac	h additional sheets	if necessary.					
Law/Ordinance Violated	Location				Friat Date		
Penalty Imposed			Was sen	itence com	pleted?	Yes No	
Law/Ordinance Violated	Location			-	Frial Date		
Penalty Imposed			Was sen	tence com	pleted?	Yes No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes beverages.										
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.										
						Ĭ				
Is the applicant business or any of its condition individuals or entities a restricted investigation of the restricted investigation. If yes, provide the name of the restricted investigation in the restricted investigation.	tor with any interest in a	an alcohol be	verage pro	oducer or distribu	r related utor? Yes	Мо				
4. Is the applicant business owned by ano If yes, provide the name(s) and FEIN(s)	ther business entity?	wners helow	Attach add	ditional sheets as	Yes	No				
4a. Name of Business Entity	or the business entity o	4b. Business Entity FEIN								
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion.										
6, Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes 💆 No										
7. Does the applicant business owe past of	due municipal property to	axes, assessi	ments, or o	ther fees?	Yes	No No				
Part C: Individual Information		· while here				1: 5 . 5				
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compa	s, and agent of a corporatio	n or nonprofit of	itions in the organization.	applicant business , all partners of a pa	or businesses liste artnership, and all n	nembers,				
Include Form AB-100 for each person listed bel				including Form AB						
Last Name				Title Phone						
HEISEL	HYDN		owner/man		(44) 507-5332					
MUSTAFA	ASHRAF		owner		(414) 374-4974					
Part D: Attestation										
One of the following must sign and attest t	to this application:									
	l partner of a partnership		corporate		ne member of an	1				
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the	isiness and not on behalf of ense(s), if granted, will not to, purchasing alcohol bev spection will be deemed a ny license issued contrary tting false statements and	of any other inc be assigned to erages from si refusal to allov to Wis. Stat. C affidavits in co	dividual or ele anotiner ind ate authoriz winspection chapter 125 nnection wit	ntily seeking the fic lividual or entity. I a red wholesalers. I u . Such refusal is a shall be void unde h this application, a	cense. Further, I ag agree to operate the understand that lac misdemeanor and ir penalty of state land that any person	ree that the is business k of access grounds for aw. I further				
Last Name		Name			MI					
MEISEL	Email	YDN			Phone	1				
Title Owner/manager	hydn.	neisel 2	19 (ag)	mail. com	(414) 507-	5332				
Signature Alush Date 4-16-24										
Part E: For Clerk Use Only										
Date Application Was Filed With Clerk Licens	se Number 1박		Date L	icense Granted	Date License Is	sued				
Signature of Clerk/Deputy Clerk				Date Provisiona	License Issued (if	applicable)				