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Form AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality ,
Municipality Cawatertown
License Period
July 2025-June 2026

License(s) Requested: (up to two boxes may be checked)		Fees			
☐ Class "A" Beer \$	Class "B" Beer \$		\$		
	"Class B" Liquor \$				
	-	Buokground official 1 co	\$ 21.00		
"Class A" Liquor (cider only) \$ L	Reserve "Class B" Liquor \$	Publication Fee	\$ 300.00		
"Class C" Liquor (wine only) \$		Total Fees	\$		
Part A: Premises/Business Information	1				
Legal Business Name (individual name if sole prop					
of water Town	Boul	US			
2. Business Trade Name or DBA	170000	A			
3. FEIN	owe NORTI	Y) Seller's Permit Number			
39-4477200		3-1032189767	-04		
5. Entity Type (check one)					
Sole Proprietor Partnership	Limited Liability Company	Corporation Nonpr	ofit Organization		
6. State of Organization OIS CONSIN	7. Date of Organization	JOGG U91			
9. Premises Address 766 W Chuych	St				
10. City WATERTOWN		11. State 12. Zip Code 53 c			
13. County DOD G-	14. Governing Municipality: City of: WATTOW	Land Land	nic District		
16. Premises Phone	17. Premises Email	18. Website			
920-261-2698	17. Premises Email WPT TL Book 6	on waterto	WBOWL Com		
 Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application 	including living quarters. Authorized a	lcohol beverage activities and storage			
BAR AREA 2	Downsterry	1) the Basene	nt		
		ŕ	1		
20. Mailing Address (if different from premises addre	ss)				
	,				
21. City		22. State 23. Zip Code	Э		
Part B: Questions		4			
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal controls.)	ership, limited liability company, onces? Exclude traffic offenses un	or corporation) been convicted of less related to alcohol beverages.	Yes V Mo		
If yes, list the details of violation below. Attac	ch additional sheets if necessary.				
Law/Ordinance Violated	Location	Trial Date			
Penalty Imposed	1	Was sentence completed?	Yes No		
Law/Ordinance Violated	Location	Trial Date			
Penalty Imposed		Was sentence completed?	. Yes No		

Are charges for any offenses pending a beverages.	against the business? Excl	ude traffic offenses unl	ess related to alco	hol Yes	No
If yes, describe the nature and status of	f pending charges using th	e space below. Attach	additional sheets	as needed.	
3. Is the applicant business or any of its	officers, directors, membe	rs, agent, employees,	owners, or other r	elated	
individuals or entities a restricted inve- lf yes, provide the name of the restrict	stor with any interest in ar ed investor and describe	i alconol beverage pro the nature of the intere	ducer or distribute est.	or? 🔛 Yes	No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business entity?) of the business entity ow	ners below. Attach add	litional sheets as n	Yes eeded.	☐ No
4a. Name of Business Entity		4b. Business Entity FEIN		7. 🛦	
	stoun LLC		14347	10	
Have the partners, agent, or sole proporthis license period? Submit proof of contractions.	letor satisfied the respons mpletion	ble beverage server tr	aining requirement	for Yes	☐ No
6. Is the applicant business indebted to a	ny wholesaler beyond 15 o	days for beer or 30 day	s for liquor/wine?.	Yes	No
7. Does the applicant business owe past	due municipal property tax	es, assessments, or o	ther fees?	Yes	No
Part C: Individual Information					
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	s, and agent of a corporation	or nonprofit organization,	applicant business or all partners of a part	r businesses listed nership, and all me	in Part B, embers,
Include Form AB-100 for each person listed be	low. Corporations and LLCs	must appoint an agent by	including Form AB-1	01.	
Last Name	First Name	Title	-	Phone	
SINOY	JATINDAR	Ocon	(MBR)	414-61	4-35
GUPTA	Paning	Osru	(MBR)	414-3	2-20
DESAI	GUPTH BE	tkur Age	nt	414-73	1-614
•		,			
Part D: Attestation					
One of the following must sign and attest					
	Il partner of a partnership	one corporate		member of an L	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant b	usiness and not on behalf of	any other individual or er	ntity seeking the lice	nse. Further, I agre	e that the
rights and responsibilities conferred by the lic according to the law, including but not limited					
to any portion of a licensed premises during in revocation of this license. I understand that a	nspection will be deemed a re	efusal to allow inspection	. Such refusal is a m	isdemeanor and g	rounds for
understand that I may be prosecuted for subm	itting false statements and a	fidavits in connection with	n this application, and	d that any person v	who know-
ingly provides materially false information on	this application may be requi		an \$1,000 if convicte	d. M.I.	
Last Name SINCH		JATIMDE	N_		
Title Owan (MBN)	Email JA1	OPER. Sin.	GHQ GMILLO	Phone , 914-614	-359
Signature Latinger fr	181	Date	10/30/2	5	
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk Licen	se Number	Date L	icense Granted	Date License Iss	ued
11/3/23				1	1
Signature of Clerk/Deputy Clerk			Date Provisional L	icense Issued (if a	pplicable)