

**Form
AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- | | |
|---|---|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ _____ |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input checked="" type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Hamilton House Whitewater, LLC			
2. Business Trade Name or DBA Hamilton House			
3. FEIN 33-1927576	4. Wisconsin Seller's Permit Number ndg83x		
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI	7. Date of Organization 11/12/24	8. Wisconsin DFI Registration Number H079695	
9. Premises Address 328 W. Main Street			
10. City Whitewater	11. State WI	12. Zip Code 53190	
13. County Walworth	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Whitewater		15. Aldermanic District
16. Premises Phone 336-488-4186	17. Premises Email HamiltonHouseWhitewater@gmail.com	18. Website bandbhamiltonhouse.com	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, 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. The building is the 1868 historic Hamilton House as a small wedding venue with overnight accommodations. (See attachment)			
20. Mailing Address (if different from premises address) same			
21. City same	22. State	23. Zip Code	

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

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 due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Barbar	Karen	Member	336-488-4186
Barbar	Mark	Member	828-400-9533

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: 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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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.

Last Name Barbar	First Name Karen	M.I. L
Title Member	Email HamiltonHouseWhitewater@gmail.c	Phone 336-488-4186
Signature <i>Karen L. Barbar</i>		Date 1/2/25

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		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Hamilton House Whitewater, LLC

2. Business Trade Name or DBA
Hamilton House Whitewater

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name Barbar	2. First Name Karen	3. M.I. L
4. Email HamiltonHouseWhitewater@gmail.com	5. Phone 336-488-4186	
6. Home Address 328 W. Main Street		
7. City Whitewater	8. State WI	9. Zip Code 53190
		10. Age 64
11. Drivers License/State ID Number B616-5126-0712-09	12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

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 Barbar		First Name Mark	M.I. D
Title Member	Email HamiltonHouseWhitewater@gmail.com	Phone 336-488-4186	
Signature <i>Mark D. Barbar</i>		Date 1/2/25	

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 Barbar		First Name Karen	M.I. L
Signature <i>Karen L. Barbar</i>		Date 1/2/25	

Form
AB-100

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) Hamilton House Whitewater, LLC	
2. Business Trade Name or DBA Hamilton House Whitewater	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name Barbar		2. First Name Mark		3. M.I. D	
4. Relationship to Business (Title) Member		5. Email HamiltonHouseWhitewater@gmail.com		6. Phone 828-400-9533	
7. Home Address 328 W. Main Street					
8. City Whitewater		9. State WI	10. Zip Code 53190		11. Date of Birth 9/6/1958
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance		

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?							Years	Months 1
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.								
Previous Address 1 1162 Bradley Rd			City Pinnacle		State NC	Zip Code 27043		
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 WI	County Walworth		State NC	County Stokes		State NC	County Haywood	
State KY	County Fayette		State NY	County Westchester		State TX	County Travis	

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Form
AB-100

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) Hamilton House Whitewater, LLC	
2. Business Trade Name or DBA Hamilton House Whitewater	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Barbar		2. First Name Karen		3. M.I. L
4. Relationship to Business (Title) Member		5. Email HamiltonHouseWhitewater@gmail.com		6. Phone 336-488-4186
7. Home Address 328 W. Main Street				
8. City Whitewater		9. State WI	10. Zip Code 53190	11. Date of Birth 6/12/1960
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	

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: 70%;">Years</td> <td style="width: 30%;">Months</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> </tr> </table>	Years	Months		1
Years	Months						
	1						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 1162 Bradley Rd		City Pinnacle	State NC	Zip Code 27043			
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 WI	County Walworth	State NC	County Stokes	State NC	County Haywood	State NC	County Wake
State KY	County Fayette	State NY	County Westchester	State TX	County Travis		

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
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Certificate Of Completion

Responsible Vendor Training Program

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis.

Name : Karen Barbar

Steven A. Dean, CEO

Steven A. Dean, CEO
www.sellerserverclasses.com

This online responsible alcohol vendor training & assessment program is provided by Seller Server Classes.

Having successfully completed the program, the student will be provided with this course completion certificate for their own records.

Name : Karen Barbar

Course Name : Seller Server Course

Date Completed : 11/19/2024

Expiration Date : 11/19/2026

Certificate Number : 170298

Provider : EduClasses.org



GRAB A TAB SIGN UP ONLINE

GET CERTIFICATE

Managers...
Post This: Help Your Staff get their Seller Server Certificate

<https://SellerServerClasses.Com/Wisconsin>

<https://SellerServerClasses.Com/Wisconsin>

<https://SellerServerClasses.Com/Wisconsin>

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Certificate Of Completion

Responsible Vendor Training Program

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis.

Name : Mark Barbar

Steven A. Dean, CEO
Steven A. Dean, CEO
www.sellerserverclasses.com

This online responsible alcohol vendor training & assessment program is provided by Seller Server Classes.

Having successfully completed the program, the student will be provided with this course completion certificate for their own records.

Name : Mark Barbar
Course Name : Seller Server Course
Date Completed : 11/20/2024
Expiration Date : 11/20/2026
Certificate Number : 170324
Provider : EduClasses.org



GRAB A TAB SIGN UP ONLINE



Managers...
Post This: Help Your Staff get their Seller Server Certificate

<https://SellerServerClasses.Com/Wisconsin>
<https://SellerServerClasses.Com/Wisconsin>
<https://SellerServerClasses.Com/Wisconsin>
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EMPLOYEE TRAINING ACKNOWLEDGEMENT LEGAL RESTRICTION ON TOBACCO SALES TO MINORS

Use of form: This is a required form. Personally identifiable information on this form is collected to determine compliance with the statutes and will only be used for that purpose.

Instructions: Sign form and retain on premises in personnel file.

Employee - Name (print) Karen Barbar		Driver's License Number
Address Online	City, State, Zip Statewide, WI	
Home Telephone	Date of Birth (Day, Month, Year)	
Store Name SellerServerClasses.com	Store Number (if applicable)	
Name - Supervisor		

I acknowledge (Choose one):

- I have successfully completed a responsible beverage server training course at a technical college that conforms to curriculum guidelines specified by the technical college system board or a comparable training course that is approved by the department or the educational approval board. (Wis. Stat. § 125.04)
- I have received training from my employer on compliance with Wis. Stat. § 134.66.

I further acknowledge:

- I understand that federal law prohibits selling tobacco products to any person under the age of 21. Failure to comply with these restrictions may result in a citation.

Karen L. Barbar

SIGNATURE - Employee

11/19/24

Date Signed

Mark D. Barbar

SIGNATURE - Supervisor

11/19/24

Date Signed

Hamilton House

328 W. Main Street
Whitewater, WI 53190



**Attachment for AB-200
Item 19 Premises Description**

Alcohol beverages will be sold, stored & consumed at this building. Records will also be stored here.



Mark Barbar

First Floor: 2 Parlors for Reception & Indoor Ceremony



Remove furniture & add wedding chairs for indoor ceremony
Add tables for dinner after ceremony



First Floor: Bar Area & Dance Floor



Bar for cocktail hour & buffet dinner service



Remove Tables & chairs for dance floor

First Floor: Ladies Dressing Room



Remove hutch to open to hair & make up
Can also be used for overnight accommodations

Monet Suite

First Floor: Ladies Hair & Make up



Unseal door to Ladies Dressing Room
Add tables, mirrors, stools & decor

First Floor

Grand Staircase for Photos

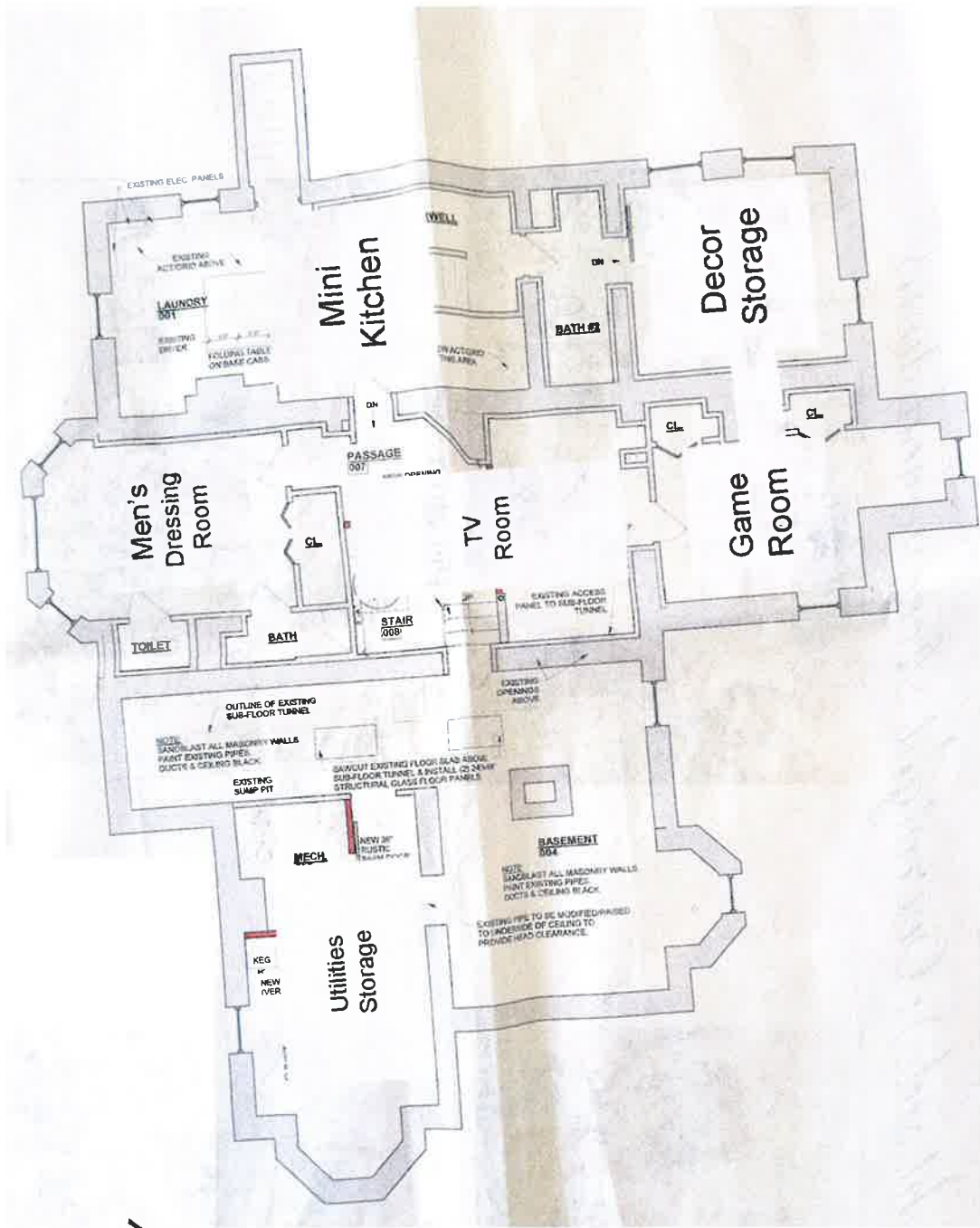


Remove left hutch in hall for walking space
between 2 parlors

Commercial Kitchen



No guests in this area
No alcohol consumption



*Basement ;
 Game Room and
 Groomsmen
 Dressing Room*

Second floor (Right side): Overnight Accommodations



Renoir Suite



Pissarro Suite



Second floor (Left side): Living Quarters



Morisot Suite



Degas Suite



