

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "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)

Rich & Rae LLC

2. Business Trade Name or DBA

Trade Name - Viola's Beer Here

3. FEIN

39-5147713

4. Wisconsin Seller's Permit Number

456-1032222722-04

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

10/29/2025

8. Wisconsin DFI Registration Number

R 095798

9. Premises Address

617 E. Milwaukee Street

10. City

Whitewater

11. State

WI

12. Zip Code

53190

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Whitewater

15. Aldermanic District

16. Premises Phone

(262) 472-9088

17. Premises Email

N/A

18. Website

N/A

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.

See attached drawings

20. Mailing Address (if different from premises address)

617 E. Milwaukee St.

21. City

Whitewater

22. State

WI

23. Zip Code

53190

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. ☐ Yes ☒ 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? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No

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

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.

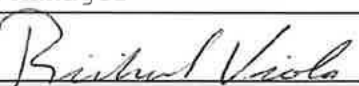
Last Name	First Name	Title	Phone
Viola	Richard	Manager	
Spies	Heather	Manager	

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	First Name	M.I.
Viola	Richard	F
Title	Email	Phone
Agent/Manager		
Signature	Date	
	11/21/2025	

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
Individual Questionnaire**Date
11/10/2025

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)

Rich & Rae LLC

2. Business Trade Name or DBA

Viola's Beer Here

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☒

Limited Liability Company

☐

Corporation

☐

Nonprofit Organization

Part B: Individual Information

1. Last Name

Viola

2. First Name

Richard

3. M.I.

F

4. Relationship to Business (Title)

Managing Partner

5. Email

6. Phone

7. Home Address

8. City

9. State

WI

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wi

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)
09/1962

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
321 Parkside Drive Apt 221	Whitewater	WI	53190
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	County	State	County	State	County	State	County
WI	Walworth	WI	Jefferson	WI	DANE		
State	County	State	County	State	County	State	County

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: 1-6-2026
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Alcohol Beverage
Individual QuestionnaireDate
11/21/2025

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
- all partners of a partnership
- 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)

Rich & Rae LLC

2. Business Trade Name or DBA

Viola's Beer Here

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Spies

2. First Name

Heather

3. M.I.

R

4. Relationship to Business (Title)

Managing Partner

5. Email

6. Phone

7. Home Address

8. City

9. State

WI

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

07/1970

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
418 E. Cravath Street	Whitewater	WI	53190
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	County	State	County	State	County	State	County
MN	Hennepin	MN	Mower	MN	DAKOTA		
WI	Wauworth						

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 1-5-24
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Alcohol Beverage
Appointment of AgentDate
11/21/2025

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)

Rich & Rae LLC

2. Business Trade Name or DBA

Viola's Beer Here

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

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

John Cordio is selling business and property. Rich & Rae LLC would like to purchase business and property. Business operation and property to remain as-is.

Part B: Agent Information

1. Last Name

Viola

2. First Name

Richard

3. M.I.

F

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

[REDACTED]

8. State

WI

9. Zip Code

[REDACTED]

10. Date of Birth

[REDACTED]

11. Drivers License/State ID Number

[REDACTED]

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 →

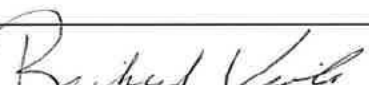
Part D: Business Attestation

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 Spies		First Name Heather		M.I. M
Title Managing Partner	Email [REDACTED]		Phone [REDACTED]	
Signature 			Date 11-6-26	

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 Viola		First Name Richard		M.I. F
Signature 			Date 11-6-2025	

Application for Cigarette, Tobacco, and
Vapor Products Permits

Read instructions before completing this form.

Permit Requested (select all that apply)		
Cigarettes	Tobacco/Vapor Products	Fees
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Manufacturer	BTR Fee \$
<input type="checkbox"/> First Importer of Record	<input type="checkbox"/> First Importer of Record	BTR Fees are either \$20 or \$0. <i>See instructions for details.</i>
<input type="checkbox"/> Distributor	<input type="checkbox"/> Distributor	Security \$
<input type="checkbox"/> Jobber <input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Subjobber	Security can be submitted by check, cash, or security bond. <i>Do not mail cash.</i>
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Cigar/Pipe Tobacco Remote Retail Seller	
<input type="checkbox"/> Vending Machine Operator	<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Multiple Retailer		
<input type="checkbox"/> Direct Marketer		Total Fees \$

Part A: Business Information

1. Legal Business Name Rich & Rae LLC			
2. Business Trade Name or DBA Viola's Beer Here		3. FEIN or SSN 39-5147713	
4. Business Type (check one) <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
5. If Limited Liability Company (LLC) with single member, enter owner's information:		5a. Legal Name	5b. FEIN or SSN
6. Wisconsin Seller's Permit Number (if applicable) 456-103222722-04			
7. State of Organization Wisconsin	8. Date of Organization Nov. 2025	9. Wisconsin DFI Registration Number R095798	10. Business Activity Code (NAICS) 722410
11. Federal Permit Type (if applicable)		12. Federal Permit Number (if applicable)	
13. Premises Address 617 E. Milwaukee St.			
14. City Whitewater		15. State WI	16. Zip Code 53190
17. County Walworth	18. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Whitewater		19. Premises Phone 262-472-9088
20. Premises Email vrich62@yahoo.com		21. Website N/A	
22. Mailing Address (if different from premises address)			
23. City		24. State	25. Zip Code
26. Premises Description - Describe the building or buildings and any outside areas where cigarettes, tobacco products, or vapor products are produced, sold, stored, and related records are kept. Describe all rooms within the building, including living quarters. Authorized 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. See attached Drawing			
27. Do you rent or own the premises? (If renting, complete boxes 28-30) <input type="checkbox"/> Rent <input checked="" type="checkbox"/> Own			
28. Landlord Name	29. Landlord Phone	30. Landlord Email	

Part B: Criminal History 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 ☐ Yes ☒ No
If yes, describe the nature of the violation. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Trial Date
------------------------	----------	------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

2. Are charges for any offense pending against the business? Exclude traffic offenses. ☐ Yes ☒ No
If yes, describe the nature and status of the pending charges in the space below. Attach additional sheets if necessary.

Part C: Persons Affiliated With Business

1. 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 if necessary.

Legal Name of Business Entity	Business Entity FEIN
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2. List the name, title and phone number below for each individual or entity holding the following positions in the applicant business listed in Part A, Question 1. Form CTV-101, *Individual Questionnaire*, must be submitted with this application for each individual listed below. Attach additional sheets if necessary.

- **Sole proprietor:** individual's name
- **Partnership:** all partners
- **Limited liability company:** all members, managers, and agent
- **Corporation and nonprofit organization:** all officers, directors, and agent

Last Name or Entity Name	First Name	Title	Phone
Viola	Richard	Manager	
Spies	Heather	Manager	

Part D: Questions

1. Will you warehouse the cigarettes, tobacco, or vapor products at the location identified in Part A? ☒ Yes ☐ No
If no, provide the address of the warehouse location

Address		
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City	State	Zip Code
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Part D: Questions (Cont.)

2. List your cigarette, tobacco, or vapor products suppliers below. Attach additional sheets if necessary.

Name Holiday Wholesale	Wisconsin Permit # 400-0000-187-864-12	
Address 646 State Road 23 P.O. Box 177		
City Wisconsin Dells	State WI	Zip Code 53965
Name	Wisconsin Permit #	
Address		
City	State	Zip Code
Name	Wisconsin Permit #	
Address		
City	State	Zip Code

Part E: Cigarette Applicants Only Questions

1. Will you purchase only Wisconsin stamped cigarettes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to question 8.		
2. Will you purchase other states' stamped cigarettes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Will you warehouse other states' stamped cigarettes at the Wisconsin Permit location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain in the space below.		
4. Will you purchase unstamped (no stamp affixed) cigarettes directly from a manufacturer (including first importer of the cigarettes into the U.S.) for sale into Wisconsin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, skip to question 8.		
5. List the manufacturers and importers that you will buy unstamped cigarettes from and attach the letters of Direct Buy to this application. Attach additional sheets if necessary <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name		
Address		
City	State	Zip Code
Name		
Address		
City	State	Zip Code
6. Do you own or lease automated stamp application equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide information about the equipment below. If no, skip to question 7.		
Machine Manufacturer	Model No.	

Part E: Cigarette Applicants Only Questions (Cont.)

7. Explain how stamps will be affixed.

8. Do you hold or have you held within the last three years a cigarette stamping permit with any other state(s)? ... ☐ Yes ☒ No
If yes, provide information about those permits below.

State	Permit No.	Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive	State	Permit No.	Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive
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Part F: Tobacco or Vapor Products Applicants Only Questions

1. Will you purchase tobacco/vapor products from inside Wisconsin, outside Wisconsin or outside the U.S.? Check all that apply.

☒ Inside Wisconsin ☐ Outside Wisconsin ☐ Outside of the U.S.

2. Describe the products the applicant business intends to sell. See instructions for examples.

Cigarettes

Part G: Contact Person

Enter the person's information below for whom the department should contact with questions about this application.

Last Name Viola	First Name Richard
Phone [REDACTED]	Email [REDACTED]

Caution: Your application is not complete until you have completed and attached the following: Form CTV-101 for all persons identified in Part C, Question 2; Form CTV-102 if the applicant is an LLC or corporation; a sample invoice, Letters of Direct Buy, and Security if applicable.

Part H: 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

I understand and agree to the following:

1. Cigarettes and roll-your-own tobacco products may only be sold in Wisconsin if they are listed on the Wisconsin Directory of Certified Tobacco Manufacturers and Brands.
2. Electronic vaping devices may only be sold in Wisconsin if they are compliant with s. 995.15, Wis. Stats, by being listed on the Wisconsin Electronic Vaping Device Directory. Selling devices not on the directory on or after September 1, 2025 could subject me to penalties, forfeiture, confiscation, or revocation of my permit.
3. The federal age for consumers to purchase cigarettes, tobacco products, and nicotine products is 21 years old.
4. I will operate this business according to state and federal law and local ordinance.

I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this permit. I understand that any permit issued contrary to Wis. Stats. Chapter 139 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 Viola	First Name Richard	M.I. F
Title Manager	Email [REDACTED]	Phone [REDACTED]
Signature		Date

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Rich & Rae LLC

2. Business Trade Name or DBA

Viola's Beer Here

3. Entity Type (check one)

☐ Sole Proprietor

☒ Partnership

☐ Limited Liability Company

☐ Corporation

Part B: Individual Information

1. Name (Last)

Viola

2. Name (First)

Richard

3. Name (M.I.)

F

4. Relationship to Business (Title)

Manager

5. Email

6. Phone

7. Home Address

8. City

9. State

WI

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
321 Parkside Dr. Apt. 221	Whitewater	WI	53190
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
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Walworth	WI	Dane	WI	Jefferson		
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 1-6-2026
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Rich & Rae LLC

2. Business Trade Name or DBA

Viola's Beer Here

3. Entity Type (check one)

☐ Sole Proprietor

☒ Partnership

☐ Limited Liability Company

☐ Corporation

Part B: Individual Information

1. Name (Last)

Spies

2. Name (First)

Heather

3. Name (M.I.)

R

4. Relationship to Business (Title)

Manager

5. Email

6. Phone

7. Home Address

8. City

9. State

WI

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
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
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
MN	Mower	MN	Hennipen	MN	Dakota	WI	Walworth
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 1-6-26
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000441

Letter ID L0104737200

RICHARD F VIOLA
RICH & RAE LLC
617 E MILWAUKEE ST BLDG N/A
WHITEWATER WI 53190-2041

Wisconsin Department of Revenue Seller's Permit

Legal/real name: RICH & RAE LLC
Business name: VIOLA'S BEER HERE
617 E MILWAUKEE ST
BUILDING N/A
WHITEWATER WI 53190-2041

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1032222722-04

CITY OF WHITEWATER
ALCOHOL LICENSE HOLDERS HOURS OF OPERATION STATEMENT.
(Required pursuant to Section 5.20.032(C) of the Whitewater Municipal Code
LICENSING YEAR: February 2026 – January 2027.

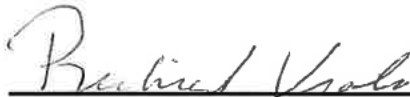
Trade Name & Address of Establishment:
Viola's Beer Here
617 E. Milwaukee Street. Whitewater, WI 53190

Name Wisconsin Seller's Permit is Issued to & I.D. Number:
Rich & Rae LLC

Days and Hours Establishment will regularly be open for business**:

11am – 12am Sun-Thursday
11am – 2:30am Friday & Saturday

The undersigned certifies that the hours listed above are the minimum number of hours the above-named establishment will regularly be open for business. **If any licensee changes its minimum required days or hours of operation stated above, the licensee shall immediately report the change in writing to the City Clerk. Licensees are not required to disclose all hours it or they expect to be open, but rather those mandatory minimum hours it will be open. Licensee also understands that Wisconsin Statutes require that a licensed beverage operator be on the premises during all hours the establishment is open for business.



Signature of Licensee

1-6-2026

Date

TO BE COMPLETED BY CLERK'S OFFICE

HOW MANY DAYS OPEN PER YEAR (MUST MEET MINIMUM NO. OF HOURS): _____



PUBLIC ENTERTAINMENT LICENSE APPLICATION

Provided for in **Section 5.48.060** of Code of General Ordinances of the **CITY OF WHITEWATER**

Applicant: Viola's Beer Here

Last

First

Full Middle

Former Name

Address: 617 E. Milwaukee St. Whitewater, WI 53190

Telephone: 262-949-7191

Email: vrich62@yahoo.com

Date of Birth: [REDACTED]

Place of Birth: Milwaukee, WI

Driver's License #: [REDACTED]

State: Wisconsin

Location of Entertainment: 617 E. Milwaukee St. Whitewater, WI

Dates/Times for Entertainment: Roughly once a month

Type of Entertainment: Karaoke, Single person Band

Date: 01/06/2026

Signature (Individual in Charge)

Received by: _____ Date: _____ Date to PD: _____

INSPECTION

Inspection of the premises will be made by the Chief of Police and Building Inspector prior to the commencement of the event, in order to determine that the conduct of the entertainment shall be safe, wholesome, and in accordance with the Code of Ordinances of the City of Whitewater.

Police Approval: _____ Date: _____

Date of the Inspection: _____ Inspector: _____



Responsible Serving of Food and Alcohol

Wisconsin Responsible Serving of Alcohol

This certificate confirms that

Heather Spies

has successfully passed the Rserting Responsible Serving of Alcohol course of study.
This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.

AUTHENTIC



Robert V. Graham

Robert Graham, President/CEO

Certificate #: PSCC10000845187

Award Date: 11-06-2025

Expiration Date: 11-05-2027

To verify this certificate, go to Rserting.com.



Permit # _____

Official Use Only

APPLICATION FOR OUTDOOR PRIVATE PROPERTY CAFÉ PERMIT

PERMIT VALID FROM JULY 1ST – JUNE 30TH

APPLICATION IS HEREBY MADE FOR A REVOCABLE OUTDOOR PRIVATE PROPERTY CAFÉ PERMIT
TO OPERATE AN OUTDOOR PRIVATE PROPERTY CAFÉ IN ACCORDANCE WITH CHAPTER 5.18
OF THE CITY OF WHITEWATER, WI CODE OF ORDINANCES

BUSINESS INFORMATION

Business Name: _Viola's Beer Here

Company Name: Rich & Rae LLC

Business Address: 617 E. Milwaukee St. Whitewater WI 53190
Street City State Zip

Mailing Address: 617 E. Milwaukee St. Whitewater WI 53190
Street City State Zip

Business Phone: 262-472-9088

Current Zoning Classification: Commercial

APPLICANT INFORMATION

Name: Richard F Viola Title: Manager
First Middle Last

Home Address: [Redacted] WI [Redacted]
City State Zip

Phone: [Redacted] E-Mail: [Redacted] Cell phone: [Redacted]

DIRECTIONS

Bring the following to the Department of Public Works window located on the second floor of the Whitewater Municipal Center on 312 W. Whitewater Street, Whitewater, WI 53190:

- Completion of Application for an Outdoor Private Property Café Permit
- Site Plan Layout (to be reviewed by Neighborhood Services, Fire Department and Police Department).

- Description of items to be placed outside (standards are on next page)
- Copy of a current certificate of commercial liability insurance in the amount of at least \$100,000 per occurrence. Original Certificate of Comprehensive General Liability Insurance for at least \$100,000 which names the City of Whitewater as additional insured and covered area includes the outdoor private property café
- A copy of applicable valid Wisconsin Seller's Permit
- A copy of applicable valid Alcohol Beverage License (only if alcohol is to be served)

BASIC INFORMATION

**** WILL YOU BE SERVING ALCOHOLIC BEVERAGES?** Yes No

*** If you answered "Yes" you will have to change your Alcohol Beverage License to include the outdoor private property café. Please contact the City Clerk to make the necessary arrangements before Alcoholic Beverages can be sold.*

SITE PLAN LAYOUT SPECIFICATIONS

- Must be to Drawn Neatly with Straight Lines and all items Labeled with sizes
- Must be on 8-1/2" X 11" paper
- Must depict existing sidewalk area and adjacent private property
- Must depict proposed outdoor private property café with placement of:
 - chairs
 - tables
 - planters
 - umbrellas
 - other items to be placed in outdoor private property café
- Must depict existing trees, doorways, steps, parking meters, sidewalk benches, trash receptacles, light poles and any other obstructions
- Must show 4 feet of unobstructed sidewalk for public use

DESCRIPTION OF PLACED ITEMS OUTSIDE

- Must have picture or description of all proposed
 - tables
 - chairs
 - umbrellas
 - barriers (fencing, planters)
 - all other objects to be placed on sidewalk
- Description or picture must be accompanied by dimensions

APPLICATION FOR AN OUTDOOR PRIVATE PROPERTY CAFÉ PERMIT

In specific consideration for the City granting an outdoor private property café permit to the applicant named below, the permit holder shall agree to pay, indemnify and hold harmless the City and their respective agents, guests, invitees and employees from all suits, actions, claims, demands, damages, losses and other reasonable expenses and cost of every kind and description including attorney's fees to which the City, or its officers, agents or employees may be subject to as a result of the grant of this permit.

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief. In addition, that I have read, understand and will comply with Chapter 5.18, Outdoor Private Property Café Permit, and all other applicable laws.

Richard Viola 1-6-2026
Signature of Applicant Date

City Permit Approved by Date

Richard Viola
Print Name

OFFICIAL USE ONLY

Police Department findings - Date _____

(circle one) Approved Denied

Fire Department findings - Date _____

(circle one) Approved Denied

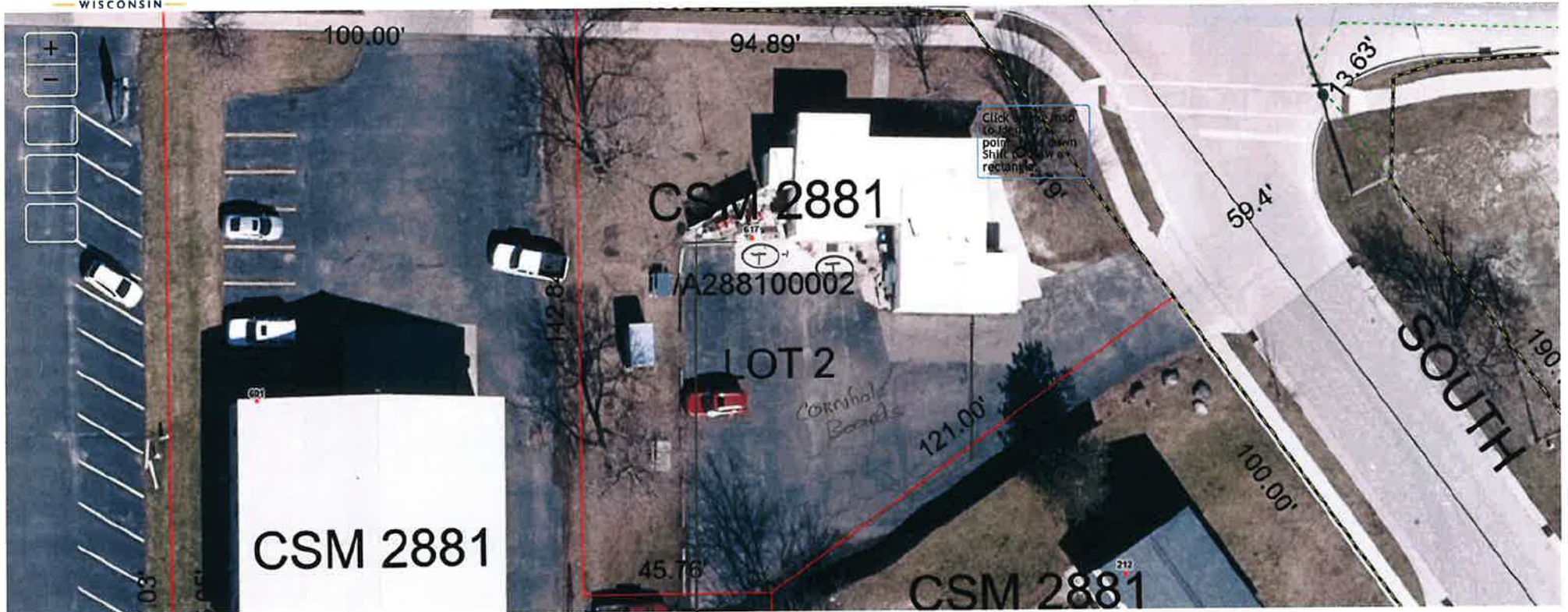
Neighborhood Services Director findings - Date _____

(circle one) Approved Denied

Conditions/Restrictions/Reason for Denial: _____



Search for a Parcel or Address



Monday Evening
Cornhole League

Cafe Permit