

MEMORANDUM

TO: Heather Boehm, City Clerk

FROM: Daniel A. Meyer, Chief of Police

DATE: June 18, 2025

REF: ALCOHOL BEVERAGE LICENSE APPLICATION
The Waypoint Bar and Games LLC
141B W Whitewater St
Whitewater, WI 53190
Agent: Jessica L Marks

Effective June 18, 2025, the following information is being supplied on an official basis concerning the license application of the above named party. Only that information which would bear upon this application is recorded. Traffic Violations are excluded.

Pertinent records of the appropriate local and state agencies have been searched as of this date with the following results:

No information was disclosed that would hinder the issuance of the above requested license.

DM/jh

**2025-2026 Alcohol License Summary
RENEWAL APPLICATIONS**

BUSINESS	AGENT	DOB	LOCAL ARREST RECORD (violations on/after 6/01/2023)	CIB/NCIC Wants	WI CCAP & CIBR "E" CHECK (violations on/after 6/01/2023)	Convicted Felon	NOTES
The Waypoint Bar & Games LLC 141B W Whitewater St	Jessica L. Marks	12/05/1991	No Arrests on/after 06/01/2023 - 06/18/2025 jh	No	No Arrests on/after 06/01/2023	No	



Office of the City Clerk

312 W Whitewater St

P.O. Box 178

Whitewater, WI 53190

www.whitewater-wi.gov

Telephone: (262) 473-0103

Fax: (262) 473-0509

MEMORANDUM

To: All City of Whitewater Beer/Alcohol License Holders
From: Tiffany Albright, Deputy Clerk – Telephone: (262) 473-0103
talbright@whitewater-wi.gov
Re: Renewal of Alcohol, Cigarette, or Public Entertainment Licenses
APPLICATION DUE: May 09, 2025
Date: April 24, 2025

Enclosed are applications for renewals of beer and alcohol licenses. Please complete all blanks and return them to the City Clerk's office prior to May 09, 2025.

It is imperative that ALL PAPERWORK BE FILED IN THE CITY CLERK'S OFFICE (2nd floor of the Municipal Building, 312 W Whitewater St, P.O.Box 178, Whitewater, WI 53190). A fee of \$10 must be paid at the time of filing. You **are not** required to pay the license fee until you pick up the license(s) in June. **Please note, if we do not hear from you by May 09, 2025, we will assume you are forfeiting your license.**

Enclosed in this packet:

1. **Cigarette License Application** – Please complete if you are selling cigarettes and/or vape products. If you are not, you may dispose of this form. (\$100 per year)
2. **Public Entertainment License Application** – If you provide entertainment for your business patrons, please complete this application form. If you do not provide music, shows, juke box, etc., you may dispose of this form. (\$40 per year)
3. **Renewal Application and accompanying Auxiliary Questionnaire** – For renewal of your Beer/Wine/Liquor License.
4. **Hours of Operation Statement** – Please put the **MINIMUM** hours you will be open on this statement. Just a reminder that Chapter 5.20.032B of the Municipal Code requires an establishment to be open at least fifty days per year (license year term). The definition of a "day" is a minimum of six hours. Please be accurate as you complete this section as the Code does allow cancellation for nonuse of a license if minimum standards are not met.

INSPECTIONS:

*The Building Inspector will be making arrangements with you to complete your annual building inspection.

*Police Department has indicated that they will be sure your licenses are properly posted as they do their regular walk-through visits.

*If you have a valid, current Restaurant or Food Service License, providing me with a copy of that replaces the requirement for a Health Department inspection.

***If you do not have a Restaurant or Food Service License, you will need to arrange for an inspection of your establishment (at your expense) and provide me with a copy of the Inspection Report. One area Inspector is Jake Pfeifer, Salem Lakes, WI at (262) 960-4629. Mr. Pfeifer does charge a fee.**

*I will need a copy of your current Wisconsin Seller's Permit. Department of Revenue has made it very clear that the name on the Seller's Permit and the local license must be exactly the same. (Needed from all applicants)

*I will contact Fire Department to obtain a copy of their most current inspection of your premises. If you do not have a current inspection, a Fire Dept. inspection will have to be arranged.

If you have any questions or concerns, please feel free to call me. Thank you in advance for our cooperation.

CHECKLIST OF ITEMS NEEDED TO RENEW YOUR ALCOHOL LICENSE

- ☒ Alcohol License Application *Give print + description*
- ☒ Updated Auxiliary Questionnaire *(4)*
- ☒ Hours of Operation
- ☒ Copy of Wisconsin Seller's Permit *(We will make a photocopy if you bring original in)*
- ☐ Copy of Restaurant or Food Service Permit (We will make a photocopy if you bring original in)
[If no permit, copy of inspection completed by licensed sanitation inspector]
- ☐ \$5.00 Background Check Fee
- ☐ \$5.00 Publication Fee

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)			
The Waypoint Bar and Games LLC			
2. Business Trade Name or DBA			
The Waypoint			
3. FEIN		4. Wisconsin Seller's Permit Number	
33-4834352		456-1032082461-02	
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		7. Date of Organization	
WI		4/26/25	
8. Wisconsin DFI Registration Number			
T114027			
9. Premises Address			
141 B W. Whitewater St			
10. City		11. State	
Whitewater		WI	
12. Zip Code		53190	
13. County		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	
Walworth		of: Whitewater	
15. Aldermanic District		16. Premises Phone	
		920 728 0327 until open	
17. Premises Email		18. Website	
Jehabug1205@gmail.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.			
See map + additional sheets			
20. Mailing Address (if different from premises address)			
511 Sherman Ave W.			
21. City		22. State	
Fort Atkinson		WI	
23. Zip Code		53538	

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 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.

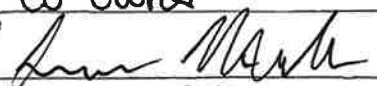
Last Name	First Name	Title	Phone
Marks	Jessica	owner-member	920 728 0327
Marks	Jon	owner-member	920 397 0660
Thatcher	Bronson	owner-member	262 473 5335
Sersich	Mike	owner-member	906-396-3226

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 Marks		First Name Jessica		M.I. L
Title co-owner		Email Jehabug1205@gmail.com	Phone 920-728-0327	
Signature 			Date 4/28/25	

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 Individual Questionnaire

Date 4/28/25

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)	
The Waypoint Bar and Games LLC	
2. Business Trade Name or DBA	
The Waypoint	
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		2. First Name		3. M.I.
Marks		Jessica		L
4. Relationship to Business (Title)		5. Email		6. Phone
Owner -		Jehabug1205@gmail.com		920 728 0327
7. Home Address				
511 Sherman Ave W.				
8. City	9. State	10. Zip Code	11. Date of Birth	
Fort Atkinson	WI	53538		
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	
M620-4329-1945-04				

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 33 Months
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
511 Sherman Ave W		Fort Atkinson	WI 53538
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
WI	Jefferson	WI	Walworth
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

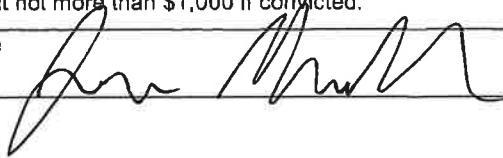
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

4/28/25

Alcohol Beverage Individual Questionnaire

Date 4/28/25

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) <u>The Waypoint Bar and Games</u>			
2. Business Trade Name or DBA			
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 <u>Marks</u>		2. First Name <u>Jon</u>	
3. M.I. <u>R</u>			
4. Relationship to Business (Title) <u>owner</u>		5. Email <u>Jonmark1208@gmail.com</u>	
6. Phone <u>920 397-0660</u>			
7. Home Address <u>511 Sherman Ave W.</u>			
8. City <u>Fort Atkinson</u>		9. State <u>WI</u>	
10. Zip Code <u>53538</u>		11. Date of Birth	
12. Drivers License/State ID Number <u>M620-4368-7448-05</u>		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"> <tr> <td>Years</td> <td>Months</td> </tr> <tr> <td><u>37</u></td> <td></td> </tr> </table>				Years	Months	<u>37</u>	
Years	Months						
<u>37</u>							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <u>511 Sherman Ave W.</u>		City <u>Fort Atkinson</u>	State <u>WI</u>				
		Zip Code <u>53538</u>					
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 <u>WI</u>	County <u>Jefferson</u>	State <u>WI</u>	County <u>Walworth</u>				
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

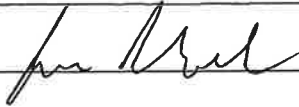
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

4/28/25

Alcohol Beverage
Individual QuestionnaireDate
4-29-2025

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)	
The Waypoint Bar and Games	
2. Business Trade Name or DBA	
The Waypoint	
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		2. First Name		3. M.I.
Thatcher		Bronson		J
4. Relationship to Business (Title)		5. Email		6. Phone
CO-Owner		Ruberas_1fan@hotmail.com		262-473-5335
7. Home Address				
1050 West Florence St.				
8. City		9. State	10. Zip Code	11. Date of Birth
Whitewater		WI	53190	11-15-1988
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	
T326-0708-8415-08				

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
				35	4
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
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	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

Bronson Thatcher

Date

4-29-2025

Alcohol Beverage Individual Questionnaire

Date: 5-1-25

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) <u>The Waypoint Bar and games</u>			
2. Business Trade Name or DBA <u>The Waypoint</u>			
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 <u>Sersich</u>		2. First Name <u>Mike</u>	
3. M.I. <u>S</u>		4. Relationship to Business (Title) <u>partowner</u>	
5. Email <u>m.sersich@gmail.com</u>		6. Phone <u>(906) 396-3728</u>	
7. Home Address <u>255 N Pratt / apt 238</u>			
8. City <u>Whitewater</u>		9. State <u>WI</u>	10. Zip Code <u>53190</u>
11. Date of Birth <u>6-19-1986</u>		12. Drivers License/State ID Number <u>SC22 5508 621904</u>	
13. Drivers License/State ID State of Issuance <u>Wis</u>			

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 <u>15</u>		Months <u>3</u>	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <u>725 Dunn St</u>		City <u>Whitewater</u>	State <u>WI</u>
Previous Address 2		City	State
Previous Address 3		City	State
Previous Address 4		City	State
Previous Address 5		City	State
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State <u>MI</u>	County <u>Dickerson</u>	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

5-1-25

Alcohol Beverage
Appointment of Agent

Date 4/28/25

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)

The Waypoint Bar + Games LLC

2. Business Trade Name or DBA

The Waypoint

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.

Part B: Agent Information

1. Last Name

Marks

2. First Name

Jessica

3. M.I.

L

4. Email

Jekabug1205@gmail.com

5. Phone

920 728 0327

6. Home Address

511 Sherman Ave W

7. City

Fort Atkinson

8. State

WI

9. Zip Code

53538

10. Age

33

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.

☒ Yes ☐ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form.

☒ Yes ☐ No


3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.

☒ Yes ☐ No

Continued →

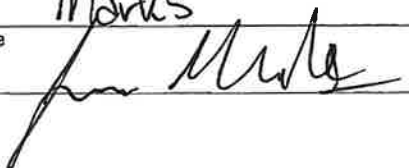
Part D: Business Attestation

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	Marks	First Name	Jessica	M.I.	L
Title	Owner	Email	Jessabough1205	Phone	920 728 0327
Signature		Date	4/28/25		

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	Marks	First Name	Jessica	M.I.	L
Signature		Date	4/28/25		

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: July 2023 - June 2024.

Trade Name & Address of Establishment: <div style="text-align: center; font-family: cursive; font-size: 1.2em;">The Waypoint Bar + games</div> <div style="text-align: center; font-family: cursive; font-size: 1.2em;">141 B W. Whitewater Ave Whitewater, WI 53190</div>	
Name Wisconsin Seller's Permit is Issued to & I.D. Number: <div style="display: flex; justify-content: space-between; font-family: cursive; font-size: 1.2em;">The Waypoint Bar and Games456-1032082461-02</div>	
Days and Hours Establishment will regularly be open for business**: <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Mon-Sun 10a-10pm Wed-Sun 3p-10pm minimum</div>	

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.

<div style="font-family: cursive; font-size: 1.5em; margin-bottom: 10px;">Jessica Markke</div> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <div style="font-size: 0.9em;">Signature of Licensee</div>	<div style="font-size: 1.5em; margin-bottom: 10px;">5/1/25</div> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <div style="font-size: 0.9em;">Date</div>
--	---

TO BE COMPLETED BY CITY CLERK'S OFFICE:

Health Inspection Completed _____

Code Enforcement Inspection Completed: _____

Police Dept. Inspection Completed: _____

Newspaper Publication Date: _____

No. of Hours Open per Year: _____



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

000015

Letter ID L1448598704

THE WAYPOINT BAR AND GAMES LLC
511 SHERMAN AVE W
FORT ATKINSON WI 53538

Wisconsin Department of Revenue Seller's Permit

Legal/real name: THE WAYPOINT BAR AND GAMES LLC
Business name: THE WAYPOINT
141b W Whitewater St
Whitewater WI 53190-2087

- 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	456-1032082461-02

APPLICATION PERMIT FOR PUBLIC ENTERTAINMENT

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

Applicant Name: Jessica Marks

Address: 511 Sherman Ave W Fort Atkinson WI 53538

Location of Entertainment: 1418 W. whitewater st

What type of entertainment is to be conducted? Arcade games / no gambling

Dates of Days of week to be used: Sun - Sat

Type(s) of Entertainment: Arcade games

Full Name of Individual in charge: Jessica Marks

Date of Birth: 12/5/91 Place of Birth: Cudahay, WI

Driver's License No. M620-4329-1945-04

Telephone No. 920 728 0327

E-mail: Jekabug1205@gmail.com

5/8/25
Date of Application

[Signature]
Signature of Individual in Charge

INSPECTION

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.

Inspection made on: _____

Approved: _____

Chief of Police

Unapproved: _____

Building Inspector

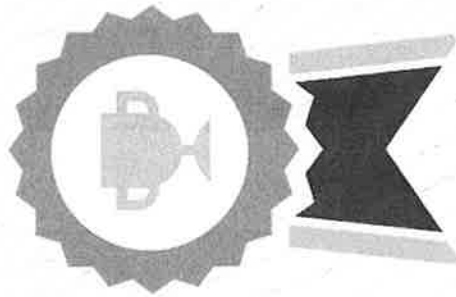
CLERK

City Manager _____ Approval _____ Disapproval _____ Date _____

License Granted: _____ or not Granted: _____

Fee: \$40

City Clerk



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Bronson Thatcher

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. Stats.

www.Wisconsin-Bartending.com

Training Provider

05/08/2025

Training Date



CERTIFICATE OF COMPLETION

This certifies that

jon marks

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
05/08/2025



Expiration Date
05/08/2027



Certificate #
WI-00637777

A blue ink signature that reads 'Smith N. Smith'.

Official Signature

This certificate is non-transferable and 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. Stats.



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Mike Sersich

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
04/30/2025



Expiration Date
04/30/2027



Certificate #
WI-00637335

A handwritten signature in black ink, appearing to read "Sarah Negroni".

Official Signature

This certificate is non-transferable and 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. Stats.



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

jessica marks

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
04/14/2025



Expiration Date
04/14/2027



Certificate #

A handwritten signature in black ink, appearing to read "Sue H. Rogers".

Official Signature

This certificate is non-transferable and 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. Stats.