

City of Black River Falls
COMMON COUNCIL – AGENDA

Tuesday – June 4, 2024 – 6:00 PM
City Hall – 101 S. Second Street, Black River Falls, WI

Join Zoom Meeting:

<https://us02web.zoom.us/j/81050807650?pwd=NEtVbWhMK05yeFZhSGJUSWxVbW9>

Or Dial: 1-312-626-6799

Meeting ID: 810 5080 7650

Password: cityhall

1. Call to Order
2. Roll Call
3. Pledge of Allegiance
4. Reading of the Minutes of the May 7, 2024 Common Council Meeting – Action
5. Citizens in Attendance
6. County Jail / Justice Center Project
7. Committee Reports:
 - a. Airport Commission Public Hearing March 21, 2024
 - b. Airport Commission March 21, 2024
 - c. Board of Review May 7, 2024
 - d. Committee of the Whole May 15, 2024
 - e. Business Improvement District (BID) Board May 16, 2024
 - f. Utility Commission May 20, 2024
8. Mayor's Appointments – Action
9. Application for a Temporary Class B Beer (Picnic) License for the Rotary Club of Black River Falls for Festival in the Park July 13, 2024 at 1400 Tyler Street (Lunda Community Park) – Action
10. Applications for Renewal of Class A, B and C Beer, Wine, Liquor and Wholesale Retailer Licenses (2024-2025) – Action
11. Number of fowl city residents are allowed to keep – Discussion
12. **ORDINANCE 887** – An ordinance regarding plan examination for commercial buildings – 1st Reading

13. Façade Improvement Grant Program for TIF #6 – Action
14. Shared Ride Taxi Update – Discussion Only
15. Convene in to closed session for the purpose of deliberating the sale of public properties related to an offer to purchase a vacant lot on S. 1st Street, the sale of a portion of Parcel 010-0617.0005 and the purchase of property for access to Parcel 010-0617.0005 where competitive or bargaining reasons require a closed session which is authorized under Section 19.85(1)(e) of the Wisconsin Statutes – Action
16. Reconvene in to Open Session to Take or Announce Action, if any and if Appropriate
17. Meetings: Committee of the Whole **Wednesday, June 19, 2024 6:00 PM**
18. Adjourn

Posted: May 31, 2024

The Common Council met at City Hall in the City of Black River Falls on May 7, 2024 at 6:06 P.M. Alderpersons Gearing-Lancaster and Dougherty were present. Alderpersons Wussow, Ammann, E. Rave, and Olson attended remotely via Zoom meetings. Alderperson M. Rave was absent. Mayor J. Eddy presided.

It was moved by Alderperson Gearing-Lancaster, seconded by Alderperson Dougherty to dispense with the reading of the minutes of the April 16, 2024 Common Council meeting (old business) and approve as presented. Motion carried.

It was moved by Alderperson Ammann, seconded by Alderperson E. Rave to dispense with the reading of the minutes of the April 16, 2024 Common Council meeting (new business) and approve as presented. Motion carried.

CITIZENS IN ATTENDANCE

There were 2 citizens in attendance for agenda items.

There were no updates on the County jail / justice center project.

COMMITTEE REPORTS

It was moved by Alderperson Ammann, seconded by Alderperson Dougherty to place on file the minutes of the April 11, 2024 Business Improvement District meeting. Motion carried.

It was moved by Alderperson Dougherty, seconded by Alderperson Gearing-Lancaster to place on file the minutes of the April 29, 2024 Utility Commission meeting. Motion carried.

It was moved by Alderperson Ammann, seconded by Alderperson Olson to approve the Parks Maintenance Worker job description as presented. Motion carried.

The City Administrator provided an update on the shared ride taxi service. Total estimated deficit for 2024 is \$61,883.94. An application for a planning grant was submitted to the Department of Transportation for a public transit study which will cost up to \$25,000. This is an 80/20 grant so the local share would be up to \$5,000. These grants are typically awarded in July. If awarded, the Mississippi River Regional Planning Commission would be contracted to complete the study which would take 1-2 months to complete. The MRRPC is currently doing a similar study for their SMART Bus program and are familiar and very capable of doing this type of study.

Letters of interest for the vacant Ward 2 Alderperson position were received from Jacob Peloquin and Victoria Michalski. Both individuals addressed the Council and answered questions.

The Council voted by written ballot to fill the vacant Ward 2 Alderperson position and then those votes were read aloud. Jacob Peloquin received 4 votes and Victoria Michalski received 2 votes. By majority vote, Jacob Peloquin was appointed to the Ward 2 Alderperson position.

It was moved by Alderperson Olson, seconded by Alderperson Wussow to adjourn. Motion carried at 6:40pm.

A. Brad Chown
City Administrator



Jackson County Sheriff's Office

30 N. 3rd Street - Black River Falls, WI 54615 - (715) 284-9009 - Fax: (715) 284-0252

DUANE M. WALDERA, SHERIFF

E-MAIL: sheriff@jacksoncountywi.gov

May 31, 2024

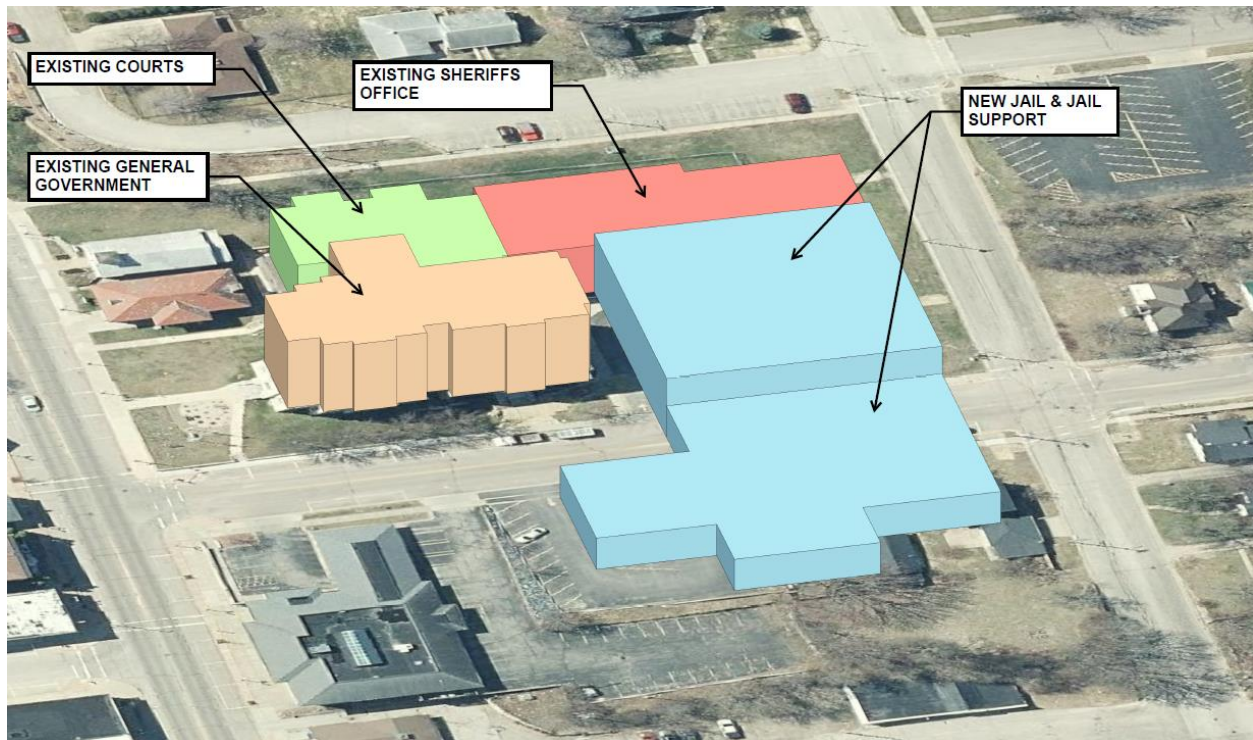
Reference: Jackson County Jail Improvement Project

Black River Falls Common Council,

Jackson County Law Enforcement Committee (LEC) is the initial oversight for the current jail improvement project. The Sheriff's Office and approved building consultants are involved with researching, developing, and presenting jail improvement options to the LEC. Many options have been discussed with the LEC and there are three options that would involve closing a city street that borders our current location, 30 N 3rd Street.

The three options and conceptional designs are as follows:

3rd Street closure – between Main and Harrsion Streets?



Harrison Street – between 3rd and 4th Streets?



4th Street – South of Harrison Street?



The above overlay concepts are not complete and are only intended to provide Common Concil an idea of what the closure locations would look like.

Would the Common Council approve closing any of the city streets to allow the construction and improvement to the Jackson County Jail and associated county buildings located at 30 N. 3rd Street, in the City of Black River Falls?

I should reiterate that the County is exploring possible options to improve our current location on 3rd Street. This request is not intended to force the City of Black River Falls into closing a street, especially if it creates a hardship or a burden to the citizens of Black River Falls. Your review and insight into this matter is greatly appreciated.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "D. M. Waldera". The signature is fluid and cursive, with a large initial "D" and a stylized "M".

Duane M. Waldera
Jackson County Sheriff

BLACK RIVER FALLS AIRPORT PUBLIC HEARING

Thursday, March 21st, 2024

5:30 p.m.

1. Airport Mgr. Dale Klevgard welcomes the public and introduces Commission Members Desiree Gearing-Lancaster, Garth Rolbiecki, Ed Chamberlain, Dale Hoff and Kylee Wussow.
2. The purpose of meeting and overview of airport funding was presented for the public by Airport Mgr. Klevgard.
 - a. Mgr. Klevgard informed the public of the intent to request funding for future airport improvement projects as listed in paragraph #5.
 - b. Mgr. Klevgard further explained that there is no Federal or State funding for daily operations.
 - i. Funding/Revenue sources:
 1. City/County contributions: \$12,500.00 each (\$5.10 per \$100,000 property value in city, \$.85 per \$100,000 in county)
 2. Fuel Sales - 2023 total: \$49,000.00
 3. Hanger Lot leases – 2023 total: \$4,700.00
 4. Rental of Airport owned hangers: 2023 total \$7,000.00

TOTAL REVENUE FOR 2023: \$88,000.00

TOTAL OPERATING EXPENSES FOR 2023: \$94,000.00

3. Mgr. Klevgard explains how the airport can fund future improvement projects:
 - a. Entitlement Funds from Airport Improvement Program (AIP): \$150,000.00/year from Federal government.
 - i. Mgr. Klevgard states that projects will not receive money until it is needed for projects. We can loan money to other airports needing funding (\$770,000.00 currently on loan to others). Mgr. Klevgard explains that this is a use it or lose it situation.
 - ii. Additional \$483,000.00 in Entitlements available through 2023. TOTAL available Entitlement Funding is over \$1.2 million.
4. Mgr. Klevgard states that we need to complete the petition process for access to those funds.
5. Mgr. Klevgard reviews possible airport projects as listed:
 - a. Airport Master Plan;
 - b. Airfield pavement maintenance;
 - c. Reconstruct Runway 8/26 and Taxiway Alpha;
 - d. Purchase of snow removal equipment;
 - e. Construction of hangers;

- f. Upgrading of fuel system;
 - g. Clearing of and maintenance of runway approaches; and
 - h. Other necessary and related work that is eligible for Federal funding.
- 6. Committee/Commissioners commends Airport Mgr. Klevgard for a very informative and well put together presentation.
- 7. Dakota Tennant questions the upgrading of the fuel system and if a chip/card system would be an option. Mgr. Klevgard explains that the system the airport is using now is no longer available and parts for the system would be very difficult to obtain and would eventually lead to an upgrade of the entire system. A Cloud System would be the only option available at this time. Mgr. Klevgard explains that the cost of this system would be \$1,300.00 not including the cost of Internet of up to \$600.00/year and \$1,440.00/per year to use the system. Mgr. Klevgard also explains that State funding may be available for an upgrade of up to \$10,000.00.
- 8. Commissioner Rolbiecki question if there are any other fuel systems available at this time and Mgr. Klevgard stated that there is not at this time.
- 9. Daine Crawford questions if there are replacement parts for the fuel system available now and Mgr. Klevgard explains that as of now, yes, parts are available.
- 10. Larry Lunda comments that the age of the fuel system dates to 2006.
- 11. Committee questions Mgr. Klevgard as to how long the Petition is good for. Mgr. Klevgard believes that there is not an expiration date to the Petition, but will check for an affirmative answer.
- 12. It was discussed by all Commission members working together to present the Petition for Future Airport projects to city/county boards. Those who can be available will work together to answer any questions that may arise if Airport Mgr. Klevgard cannot be available for presentation.
- 13. As there were no other questions, it was moved by Commissioner Rolbiecki, seconded by Commissioner Chamberlain to close the public hearing. Motion carried at 6:01 p.m.

Respectfully submitted by,

Kylee Wussow
Airport Commission

The Airport Commission met at Black River Falls City Hall on March 21, 2024 at 6:00 p.m. Commissioners Desiree Gearing-Lancaster, Ed Chamberlain, Garth Rolbiecki, Dale Hoff and Kylee Wussow present. Other attendees included Airport Mgr. Dale Klevgard, Jeff Casper, Dakota Tennant, Melissa Crawford, Daine Crawford and Larry Lund.

1. Meeting was called to order at 6:02 p.m. by Commissioner Gearing-Lancaster.
2. It was moved by Commissioner Chamberlain, seconded by Commissioner Hoff to approve the minutes from February 1, 2024 with approved changes to meeting location and time following public hearing. Motion carried.
3. Petition for Airport Improvement Funding: requirements met for public hearing; next step to submit the petitioner to the city/county with information to support the petition. Moved by Commissioner Rolbiecki, seconded by Commissioner Chamberlain to approve. Motion carried. Discussion of putting on the next city/county agenda; Mgr. Klevgard to assist.
4. Airport Mgr. Klevgard announces that he will extend his position to May 4, 2024. Also states that he has received four (4) applications for the manager's position. Moved by Commissioner Rolbiecki, seconded by Commissioner Chamberlain to convene to closed session for purposes of discussion of applications and interviews of Applicants for Airport Manager Position. Motion carried at 6:12 p.m.
5. It was moved by Commissioner Rolbiecki, seconded by Commissioner Chamberlain to reconvene into open session to take action, if any and if appropriate. Motion carried at 7:12 p.m.
6. Commissioner Gearing-Lancaster announced to those present and on-line that the meeting was back in session.
7. It was moved by Commissioner Rolbiecki, seconded by Commissioner Chamberlain to recommend Melissa Crawford for the Airport Manager position. Motion carried. Commissioner Rolbiecki suggests additional schooling/online courses to Melissa Crawford to assist in her duties.
8. Motion to adjourn by Commissioner Rolbiecki, seconded by Commissioner Hoff to adjourn. Motion carried at 7:17 p.m.

Respectfully submitted by,
Kylee Wussow
Airport Commission

The Board of Review met at City Hall in the City of Black River Falls, WI on May 7, 2024 at 5:45 P.M. Board members present were Mayor Jay Eddy, Alderperson Pete Olson, and City Administrator Brad Chown.

1. The City Administrator called the Board of Review to order at 5:45 PM.
2. It was moved by Alderperson Olson, seconded by Mayor Eddy to adjourn the Board of Review to October 10, 2024 from 9:00am to 5:00pm. Motion carried 5:46 PM.

A. Brad Chown
City Administrator

The Committee of the Whole met at City Hall in the City of Black River Falls on May 15, 2024 at 6:00 P.M. Alderpersons Gearing-Lancaster, Wussow, Ammann, Peloquin and Dougherty were present. Alderperson Olson attended remotely via telephone. Alderperson E. Rave was excused. Alderperson M. Rave was absent. Mayor Jay Eddy presided.

1. There were no citizens in attendance.
2. There were no updates on the County jail / justice center project.
3. The Department Head monthly reports were reviewed. Department heads present were Darryl Nelson, Jarod Meyer, and Brad Chown. Jody Stoker, Cara Hart, and Travis Brown were excused.
4. The Parks & Recreation Director advised the drainage grates at the Hoffman Aquatic Center can be replaced at the end of the season. Slides at the Aquatic Center passed inspection, on track to open the pool after school lets out, and plan to begin filling the pool on Monday May 20th.
5. It was moved by Alderperson Wussow, seconded by Alderperson Dougherty to approve the vouchers for April 2024 Check #73821 - #73977 totaling \$647,854.95. Motion carried.
6. It was moved by Alderperson Olson, seconded by Alderperson Gearing-Lancaster to approve the City Treasurer's Report for April 2024. Motion carried.
7. It was moved by Alderperson Dougherty, seconded by Alderperson Gearing-Lancaster to approve the Revenue & Expense Reports for April 2024. Motion carried.
8. It was moved by Alderperson Olson, seconded by Alderperson Peloquin to adjourn. Motion carried at 6:24pm.

A Brad Chown
City Administrator

A meeting of the Business Improvement District (BID) Board was held at City Hall on May 16, 2024 at 5:30 P.M. Board members Kylee Wussow, Duane Johnson, Lyall White, Andrea Hoffman (5:55pm), Vincent Meyer, and the City Administrator were present. There was 1 citizen in attendance.

1. The City Administrator called the meeting to order at 5:38 pm.
2. The City Administrator reminded the Board that members having a conflict of interest should recuse themselves from the discussion and vote for items that could result in them realizing personal financial gain. Recusing should include leaving the room because the member's presence could influence the discussion and/or the decision.
3. It was moved by Lyall White, seconded by Duane Johnson to move item #3 after item #4 on the agenda. Motion carried.
4. Rod McGillivray advised the newly formed Downtown BRF group is waiting to hear from the IRS on their 501(c)(3) status. Documents and fees have been submitted and they are now reviewing. Downtown merchants are excited. Rod also shared some thoughts on roles of members and some festivals and events that they are discussing. No action was taken.
5. BID Board member Vincent Meyer recused himself and left the Council Chambers.
6. The Board reviewed the Façade Grant application from Mans Ruin, LLC for 44 Main Street. The application was missing the following required documents: building permit or documentation confirming a building permit is not required and a copy of the rendered or photographic description of the improvement project.
7. It was moved by Kylee Wussow, seconded by Duane Johnson to request the missing required documents from Man's Ruin, LLC for the Façade Grant application for 44 Main Street. Motion carried.
8. BID Board member Vincent Meyer returned to the meeting.
9. BID Board member Andrea Hoffman arrived at 5:55pm. The City Administrator reviewed conflict of interest with Andrea Hoffman.
10. BID Board member Lyall White recused himself and left the Council Chambers.
11. The Board reviewed the Signage Grant application from Reflections on Water for 212 Main Street. The applicant indicated in her hand writing that a building permit is not required for vinyl. A building permit is required for vinyl. The applicant was advised of that, but the applicant has not applied for one to date. A copy of a building permit or documentation confirming a building permit is not required is required documentation.
12. It was moved by Kylee Wussow, seconded by Duane Johnson to request the missing required building permit documents from Reflections on Water for the Signage Grant application for 212 Main Street. Motion carried.
13. BID Board member Vincent Meyer recused himself and left the Council Chambers.
14. The Board reviewed the Signage Grant application from Mans Ruin, LLC for 44 Main Street. The application was missing the following required documents: building permit or documentation confirming a building permit is not required and a copy of signed contractor's estimate or a copy of itemized project cost estimate prepared by the building or business owner. It appears the work is already done, and the paid invoice can serve as the estimate.

15. It was moved by Kylee Wussow, seconded by Duane Johnson to approve Mans Ruin, LLC's Signage Grant application for 44 Main Street in the amount of \$750 contingent on them submitting the missing required building permit documentation. Motion carried.
16. The Board reviewed the Signage Grant application from Hold Fast Properties, LLC for 20 North 1st Street. The application was missing the following required documents: building permit or documentation confirming a building permit is not required and a copy of signed contractor's estimate or a copy of itemized project cost estimate prepared by the building or business owner. It appears the work is already done, and the paid invoice can serve as the estimate.
17. It was moved by Kylee Wussow, seconded by Duane Johnson to approve Hold Fast Properties, LLC's Signage Grant application for 20 North 1st Street in the amount of \$750 contingent on them submitting the missing required building permit documentation. Motion carried.
18. BID Board members Lyall White and Vincent Meyer returned to the meeting.
19. The next BID Board meeting will be scheduled once requests have been received from applicants and the Downtown BRF group has confirmation on their 501(c)(3) status.
20. It was moved by Duane Johnson, seconded by Kylee Wussow to adjourn. Motion carried at 6:16 pm.

A. Brad Chown, City Administrator
City of Black River Falls

BLACK RIVER FALLS UTILITY COMMISSION MEETING MINUTES

May 20, 2024

Utility Commission President John Lund called a meeting of the Black River Falls Municipal Utility Commission to order on May 20, 2024 at 3:30 p.m. in the Utility Conference Room at 349 South McKinley Street. Commissioners in attendance were Jeff Amo, Jay Eddy, Don Mathews and Pete Olson. Also present were General Manager Casey Engebretson, Electric Supt. Kevin LaValley, and Garrett Aleckson (Banner Journal).

A motion was made by Commissioner Eddy and seconded by Commissioner Amo to approve the minutes from the April 29, 2024 regular meeting.

Aye: Lund, Amo, Eddy, Mathews and Olson
Motion carried.

A motion was made by Commissioner Olson and seconded by Commissioner Mathews to approve the accounts payable vouchers; CK #42024 - #42073; and EP #100820 - #100828 – Totaling \$768,376.33.

Aye: Lund, Amo, Eddy, Mathews and Olson
Motion Carried.

The Commission reviewed the April arrears. Casey Engebretson reported that there were 17 electric disconnections, 14 customers have been reconnected, and three customers remain disconnected.

Casey Engebretson reviewed the sequence of work and the engineer's opinion of probable cost for the addition of a new east side well. Initial estimates put the cost of the well at approximately \$3,800,000 (2024 costs), which is higher than the initial high level estimate. The next step includes entering into an agreement with SEH to facilitate a well investigation report. The Commission instructed Casey to proceed with developing the agreement with SEH. Casey also stated that he would contact our financial advisor Ehlers to analyze the best financing options.

Casey Engebretson presented the Commission with Resolution 2024-1; Compliance Maintenance Annual Report. This Resolution is required on an annual basis to verify that the utility governing body has reviewed the annual report for the WWTP.

A motion was made by Commissioner Mathews and seconded by Commissioner Olson to adopt Resolution 2024-1; Compliance Maintenance Annual Report.

Aye: Lund, Amo, Eddy, Mathews and Olson
Motion Carried.

Casey Engebretson and Kevin LaValley provided an update on the voltage conversion project. Casey has worked with Reukert-Mielke (RM) and narrowed the grant search to the PSCW Grid Resiliency Grant Program. Casey stated we will likely contract with R-M for grant assistance services later this fall, as the applications are due in February 2025. The next steps with the electrical engineer (EPS) include developing a scope of work, entering into an agreement, developing a site layout, and completing and submitting Construction Authorization (CA) to the PSCW.

BRFMU IS AN EQUAL OPPORTUNITY PROVIDER

The Commission discussed a possible revision to the handbook nepotism policy. No action was taken by the Commission. The Commission asked Casey Engebretson to make minor edits and bring the policy back for consideration at the June commission meeting.

Casey Engebretson provided an update on the 1000-hour employee recruitment process. The application deadline is May 24th at 10:00 a.m. and four (4) applications have been received to-date. Casey informed the Commission that the tabling of the nepotism handbook policy effects the 1000-hour employee recruitment. The Commission instructed Casey to keep the current application deadline and inform all applicants that the process will be delayed until after the June commission meeting.

A motion was made by Commissioner Eddy and seconded by Commissioner Mathews to adjourn to closed session at 4:22 p.m., Pursuant to Section 19.85(1)(f), to consider medical and personnel matters.

Aye: Lund, Amo, Eddy, Mathews and Olson
Motion Carried.

A motion was made by Commissioner Mathews and seconded by Commissioner Amo to reconvene to Open Session at 4:37 p.m.

Aye: Lund, Amo, Eddy, Mathews and Olson
Motion Carried.

The next meeting is scheduled for June 24, 2024 at 3:30 p.m.

A motion was made by Commissioner Mathews and seconded by Commissioner Eddy to adjourn the meeting at 4:38 p.m.

Casey Engebretson, General Manager

comm.mtg.minutes.5.20.2024

MAYOR'S APPOINTMENTS 2024-2025

Approved by Council: 04/16/2024

PLAN COMMISSION

		<u>Term Ends</u>			<u>Term Ends</u>
Jay Eddy	Mayor	2026	Anneliese Eddy	3-yr	2025
Mike Rave	Council	2025	Randy Eddy	3-yr	2026
Jared Smith	3-yr	2027	Dennis Guenther	3-yr	2026
Joel Busse	3-yr	2027			

INDUSTRIAL PARK COMMISSION

				<u>Term Ends</u>	
Jay Eddy	Mayor		Bob Becker - Citizen	2025	2-yr Term
Mike Rave	Aldersperson		Eric Chrisinger - Citizen	2025	2-yr Term
Jeff Amo	County Board Chair		Julie Murray	2026	2-yr Term
Bill Laurent	County Board Supervisor		Kevin Babcock - Citizen	2026	2-yr Term
Norm Stoker	Brockway Board Chair		John Steindorf		Ho-Chunk Nation Designee

LIBRARY BOARD

Justin Dougherty	City Council Rep	None	Mitch Wester	City Resident	2026
Melanie Floyd	School District	None	Kristin Franks	City Resident	2025
Max Hart	County Board Rep	None	Grady Gutknecht	City Resident	2026
Gaylord Oppegard	County Appointed	2026	Tracy Gilbertson	City Resident	2026
Poppy Crowe	City Resident	2026		3-Year Terms	

CITY HOUSING AUTHORITY

Desiree Gearing-Lancaster

Kylee Wussow

Barb Simonis

Jacob Peloquin

Victoria Michalski

ELECTRIC & WATER UTILITIES COMMISSION

		<u>Term Ends</u>			<u>Term Ends</u>
Jay Eddy-Mayor	3-Year Term	2027	Don Mathews-Citizen	2-Year Term	2027
Pete Olson-Aldersperson	3-Year Term	2025	Jeff Amo-Citizen	2-Year Term	2025
John Lund-Citizen	2-Year Term	2027			

BOARD OF ZONING APPEALS

		<u>Term Ends</u>			<u>Term Ends</u>
Julie Murray		2027	Anneliese Eddy		2026
Joel Busse		2027	Brad Rahmlow		2026
Randy Eddy		2027	Dennis Guenther	Alternate	2025
	3-Year Terms		Jeriah Rave	Alternate	2026

AIRPORT COMMISSION

Desiree Gearing-Lancaster	City	Dale Hoff	County
Kylee Wussow	City	Garth Rolbiecki	County
		Ed Chamberlain	County

POLICE COMMITTEE

	<u>Term Ends</u>		<u>Term Ends</u>
Randy Eddy (3-Year Term)	2027	Robert Stapel (3-Year Term)	2026
Fred Goettl (3-Year Term)	2025		

MAYOR'S APPOINTMENTS 2023-2024

CDBG HOUSING COMMITTEE

Jay Eddy	Mayor	Jacob Peloquin	Aldersperson
Erin Rave	Aldersperson	Desiree Gearing-Lancaster	Aldersperson

HIRING COMMITTEE

Jay Eddy	Brad Chown	Justin Dougherty	Gary Ammann
Desiree Gearing-Lancaster			

CONTRACT NEGOTIATING COMMITTEE

Jay Eddy	Mike Rave
Brad Chown	Gary Ammann

BOARD OF REVIEW

Jay Eddy	Mayor	Justin Dougherty	Aldersperson - Alternate
Brad Chown	City Clerk	Mike Rave	Aldersperson - Alternate
Pete Olson	Aldersperson		

ADMINISTRATIVE REVIEW APPEALS BOARD

Jay Eddy - Mayor	Desiree Gearing Lancaster - Alder	Ron Danielson - City Resident 1-Year Term
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BUSINESS IMPROVEMENT DISTRICT (BID) BOARD

		<u>Term Ends</u>			<u>Term Ends</u>
Kylee Wussow	1-Year	2026	Andrea Hoffman	2-Year	2025
Duane Johnson	2-Year	2025	Vincent Meyer	2-Year	2026
Mark Hanson	2-Year	2026			

HISTORICAL PRESERVATION COMMISSION

	<u>Term Ends</u>		<u>Term Ends</u>
Jacob Peloquin	2026	Darren Durman	2026
Mary Woods	2025	Jim Hoffman	2026
Barb Simonis	2025	Dana Olson	2026
Joe Gaier	2025		

RURAL FIRE BOARD ~ Justin Dougherty

CITY FIRE INSPECTOR ~ Fire Chief

TOURISM COMMISSION ~ Erin Rave

JACKSON COUNTY FAIR PARK ASSOCIATION ~ City Parks Director

MILT LUNDA MEMORIAL ARENA COMMITTEE ~ City Parks Director

LUNDA COMMUNITY PARK ADVISORY BOARD ~ City Parks Director

COPY

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00 pdApplication Date: May 15, 2024
County of Jackson☐ Town ☐ Village ☒ City of Black River Falls

The named organization applies for: (check appropriate box(es).)

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.at the premises described below during a special event beginning 12:00 pm 7/13/24 and ending 10:00 pm 7/13/24 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- ☒ Bona fide Club ☐ Church ☐ Lodge/Society
☐ Veteran's Organization ☐ Fair Association or Agricultural Society
☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name ROTARY CLUB OF BLACK RIVER FALLS(b) Address P.O. Box 734 Black River Falls, WI 54601
(Street) ☐ Town ☐ Village ☒ City(c) Date organized Prior to 1980

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President MARY BETH JACOBSVice President BRAD EBERHARTSecretary MARYANN TURKELSONTreasurer MICHELLE STEIN(g) Name and address of manager or person in charge of affair: ROD McQUILLIN

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 1400 TYLER ST. BLACK RIVER FALLS, WI

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? NO

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event FESTIVAL IN THE PARK(b) Dates of event 7/13/24

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer [Signature] 5/15/24
(Signature / Date)ROTARY CLUB OF BLACK RIVER FALLS
(Name of Organization)Date Filed with Clerk 5/15/24

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

COPY

For Municipal Use Only

Municipality
City of Black River Falls
License Period
7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

License Fees	\$ <u>400.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>405.⁰⁰</u>

Part A: Premises/Business Information

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

MAN'S Ruin LLC

2. Business Trade Name or DBA

~~MAN'S~~ ADRIAN'S DELICATESSEN

3. FEIN

85-3287329

4. Wisconsin Seller's Permit Number

456-1030482741.02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

10/2020

8. Wisconsin DFI Registration Number

9. Premises Address

441 MAIN ST

10. City

BLF

11. State

WI

12. Zip Code

54615

13. County

Jackson14. Governing Municipality: ☒ City ☐ Town ☐ Villageof: Black River Falls

15. Aldermanic District

16. Premises Phone

715.670.0226

17. Premises Email

ADRIANSDeli@yahoo.com

18. Website

✓

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.

2 lg Rooms for each of 2 floors

20. Mailing Address (if different from premises address)

SAME

21. City

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. ☐ 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 . . . ☐ 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

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.

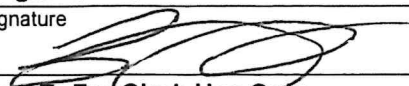
Last Name	First Name	Title	Phone
Moyon	Vincent	owner	305.942.3224

Part D: Attestation

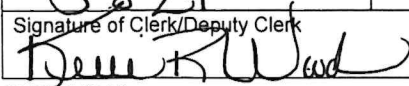
One of the following must sign and attest to this application:

- 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 Moyon		First Name Vincent		M.I. E
Title owner		Email ADDIESDELI@yahoo.com	Phone 305 942 3224	
Signature 			Date 5.7.24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-8-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ ~~Reserve "Class B" Liquor~~ Cigs \$ 100.⁰⁰
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 500. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 5. ⁰⁰
Total Fees	\$ 505. ⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Carpi's LLC		
2. Business Trade Name or DBA Carpi's Bar		
3. FEIN 82-2138962	4. Wisconsin Seller's Permit Number 456-1029457501-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 01/07/2018	8. Wisconsin DFI Registration Number C098169
9. Premises Address 20 S 2nd Street		
10. City Black River Falls	11. State Wi	12. Zip Code 54615
13. County Jackson	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Black River Falls	15. Aldermanic District
16. Premises Phone 715-670-0123	17. Premises Email carptree29@gmail.com	18. Website
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. Premises at 20 S 2nd Street and entire rear parking lot behind 20 S 2nd Street. Also to be included will be the "drive thru" area between 20 S 2nd Street and 26 S 2nd Street, aka the drive thru area for the old CCU bldg @ 125 Fillmore. Records are kept in the basement at 20 S 2nd Street.		
20. Mailing Address (if different from premises address) PO Box 727		
21. City Black River Falls	22. State Wi	23. Zip Code 54615

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 . . ☐ 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
-----------------------------	--------------------------

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.

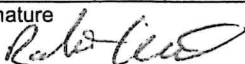
Last Name	First Name	Title	Phone
Carpenter	Robert	Owner	715-299-3466

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 Carpenter	First Name Robert	M.I.
Title Owner	Email carptree29@gmail.com	Phone 715-299-3466
Signature 		Date 4/26/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-1-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☒ Class "A" Beer \$ 100.⁰⁰ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.⁰⁰ ☐ "Class B" Liquor \$ _____
- ☐ ~~"Class A" Liquor (cider only)~~ \$ 100.⁰⁰ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>605.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) CONVENIENCE STORE OPERATIONS LLC		
2. Business Trade Name or DBA CSO		
3. FEIN 45-4925992	4. Wisconsin Seller's Permit Number 456-1027783314-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address 448 N WATER STREET		
10. City BLACK RIVER FALLS	11. State WI	12. Zip Code 54615
13. County Jackson	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____	15. Aldermanic District
16. Premises Phone (715) 670-0119	17. Premises Email BLACKRIVERFALLS1@GMAIL.COM	18. Website
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. <u>Beer will be stored in cooler and 30backs will be stored on shelves. Liquor will be stored on shelves left side in the store.</u>		
20. Mailing Address (if different from premises address)		
21. City	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. ☐ 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 . . ☐ 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

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.

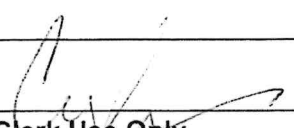
Last Name	First Name	Title	Phone

Part D: Attestation

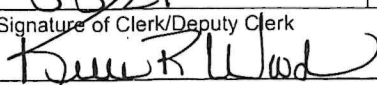
One of the following must sign and attest to this application:

- 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 DHALI WAL		First Name GURPAL	M.I.
Title MEMBER	Email BLACKRIVERFALLS1@GMAIL.COM	Phone (414) 788-1707	
Signature 		Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-3-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☒ Class "A" Beer \$ 100.⁰⁰ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.⁰⁰ ☐ "Class B" Liquor \$ _____
- ☒ ~~"Class A" Liquor (cider only)~~ \$ 100.⁰⁰ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>605.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Corner Store, IT IS LLC</u>			
2. Business Trade Name or DBA			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1030837454-00</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>1-1-2021</u>	
8. Wisconsin DFI Registration Number			
9. Premises Address <u>923 Main St</u>			
10. City <u>Black River Falls</u>		11. State <u>WI</u>	12. Zip Code <u>54615</u>
13. County <u>JACKSON</u>		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Black River Falls</u>	
15. Aldermanic District		16. Premises Phone <u>715-284-0450</u>	
17. Premises Email <u>brandonbue@yahoo.com</u>		18. Website	
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. <u>Brick and Mortar stored in a cooler, stored on a shelf, sold at register</u>			
20. Mailing Address (if different from premises address) <u>NA</u>			
21. City <u>NA</u>		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. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
<u>NA</u>		
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
<u>NA</u>		
Law/Ordinance Violated	Location	Trial Date
<u>NA</u>		
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
<u>NA</u>		

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

NA

4b. Business Entity FEIN

NA

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.

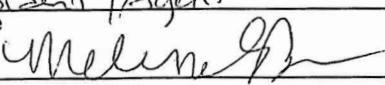
Last Name	First Name	Title	Phone
Bue	Melissa	Agent / President	715-299-1576
Bue	Brandon	partner	715-299-9871

Part D: Attestation

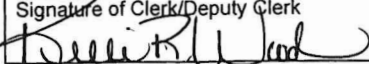
One of the following must sign and attest to this application:

- 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.
Bue	Melissa	E
Title	Email	Phone
President / Agent	brandonbue@yahoo.com	715-299-1576
Signature	Date	
		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5-2-24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
			

Form
AB-200

Alcohol Beverage License
Application

COPY

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☒ Class "A" Beer.....\$ 100 ☐ Class "B" Beer.....\$ _____
- ☒ "Class A" Liquor....\$ 400 ☐ "Class B" Liquor\$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 500
Background Check Fee	\$
Publication Fee	\$ \$9.15
Total Fees	\$ \$509.15

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) DOLGENCORP, LLC		
2. Business Trade Name or DBA DOLLAR GENERAL STORE # 10118		
3. FEIN 61-0852764	4. Wisconsin Seller's Permit Number 456-0000208845-05	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization TENNESSEE	7. Date of Organization 10/9/2008	8. Wisconsin DFI Registration Number
9. Premises Address 205 E MAIN ST		
10. City BLACK RIVER FALLS	11. State WI	12. Zip Code 54615-1469
13. County JACKSON	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: BLACK RIVER FALLS	15. Aldermanic District
16. Premises Phone 7152554140	17. Premises Email tax-beerandwinlicense@dollargeneral.com	18. Website
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. 8561 SQ FT Stand Alone building consisting of sales area and stockroom.		
20. Mailing Address (if different from premises address) 100 MISSION RIDGE, ATTN: TAX DEPT		
21. City GOODLETTSVILLE	22. State TN	23. Zip Code 37072

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 . . . ☐ 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 DOLLAR GENERAL CORPORATION 4b. Business Entity FEIN 61-0502302

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
BRINING	ZACHARY	LLC MANAGER	615-855-4000
TAYLOR	EMILY	LLC MANAGER	615-855-4000
FUENTES	QUINN	AGENT	615-855-4000

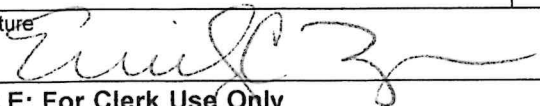
Part D: Attestation

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

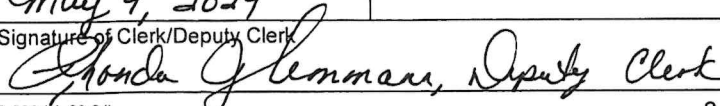
- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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 TAYLOR	First Name EMILY	M.I. C
Title LLC MANAGER	Email tax-beerandwinelicense@dollargeneral.com	Phone 615-855-4000

Signature  Date 4/23/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk May 4, 2024	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100.⁰⁰

Fees	
License Fees	\$ 500. ⁰⁰ 400
Background Check Fee	\$
Publication Fee	\$ 5
Total Fees	\$ 505. ⁰⁰ 405

Part A: Premises/Business Information

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

Falls Florist & Greenhouse, LLC

2. Business Trade Name or DBA

3. FEIN

83-2860462

4. Wisconsin Seller's Permit Number

456-1030305072-02

5. Entity Type (check one)

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

6. State of Organization

Wi

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

704 Main Street

10. City

Black River Falls

11. State

Wi

12. Zip Code

54615

13. County

Jackson

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Black River Falls

15. Aldermanic District

16. Premises Phone

(715) 284-2821

17. Premises Email

fallsflorist@outlook.com

18. Website

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.

All wine is stored and sold in a retail space.

20. Mailing Address (if different from premises address)

21. City

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. ☐ 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 . . ☐ 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

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.

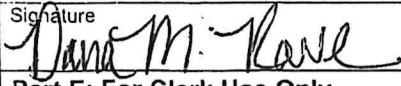
Last Name	First Name	Title	Phone
Rave	Dana	owner	(715) 284-2821

Part D: Attestation

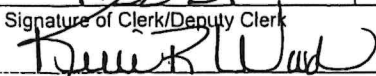
One of the following must sign and attest to this application:

- 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 Rave		First Name Dana		M.I. M
Title Owner		Email fallsflorist@outlook.com		Phone (715) 284-2821
Signature 			Date 04/22/20	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-22-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Kelli Wood

From: Falls Florist <FallsFlorist@outlook.com>
Sent: Wednesday, May 8, 2024 2:39 PM
To: Kelli Wood
Subject: Re: Class C Wine License

Thank you, really thank you.

From: Kelli Wood <kelli.wood@blackriverfallswi.gov>
Sent: Wednesday, May 8, 2024 10:45 AM
To: Falls Florist <FallsFlorist@outlook.com>
Subject: RE: Class C Wine License

Sounds good. I will include the wine license on your application. Thanks!

From: Falls Florist <FallsFlorist@outlook.com>
Sent: Wednesday, May 8, 2024 10:28 AM
To: Kelli Wood <kelli.wood@blackriverfallswi.gov>
Subject: Re: Class C Wine License

We will need the one to sell as well.

From: Kelli Wood <kelli.wood@blackriverfallswi.gov>
Sent: Monday, May 6, 2024 2:24 PM
To: Falls Florist <FallsFlorist@outlook.com>
Subject: RE: Class C Wine License

Is that the only license you would need, or did you still want the Class A to sell other liquors/fermented beverages as well?

From: Falls Florist <FallsFlorist@outlook.com>
Sent: Monday, May 6, 2024 2:20 PM
To: Kelli Wood <kelli.wood@blackriverfallswi.gov>
Subject: Re: Class C Wine License

Thats what I would like now

From: Kelli Wood <kelli.wood@blackriverfallswi.gov>
Sent: Monday, May 6, 2024 1:07 PM
To: Falls Florist <FallsFlorist@outlook.com>
Subject: RE: Class C Wine License

Last year we were unable to issue you a Class C Wine license, as the state informed us that only those with a restaurant could hold that license. You were issued a Class A Retailers license, which is only for consumption away from the premises where sold. So you were not able to serve wine at any of your events. A Class C Wine would allow you to do this.

From: Falls Florist <FallsFlorist@outlook.com>
Sent: Monday, May 6, 2024 10:29 AM
To: Kelli Wood <kelli.wood@blackriverfallswi.gov>
Subject: Re: Class C Wine License

I really don't know too much about the license process, could you give me some education about the difference

From: Kelli Wood <kelli.wood@blackriverfallswi.gov>
Sent: Friday, May 3, 2024 4:25 PM
To: Falls Florist <FallsFlorist@outlook.com>
Cc: Kyle Schomber <microboy20@att.net>
Subject: Class C Wine License

Hello!

We just received word from the WI DOR that a Class C Wine license no longer has to be tied to a restaurant. If you would like to modify your application to include this license, please let me know by next Wednesday.

Have a great weekend!

Thanks,

Kelli R. Wood
Deputy Clerk/Treasurer - City of Black River Falls
101 S 2nd Street | Black River Falls, WI 54615
Phone: (715) 284-2315 | Fax: (715) 284-1777
www.blackriverfallswi.gov
Population 3,612

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 \$ 100.⁰⁰ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.⁰⁰ ☐ "Class B" Liquor \$ _____
- ☒ "Class A" Liquor (cider only) \$ 100.⁰⁰ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.⁰⁰</u>
Background Check Fee	\$ <u>N/A</u>
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>605.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Hansen's Iga Inc.			
2. Business Trade Name or DBA Hansen's IGA Inc.			
3. FEIN 39-1098106		4. Wisconsin Seller's Permit Number 456-0000340870-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization	
8. Wisconsin DFI Registration Number 1H06831			
9. Premises Address 449 County Rd A			
10. City Black River Falls		11. State WI	12. Zip Code 54615
13. County Jackson		14. Governing Municipality: ☒ City ☐ Town ☐ Village of Black River Falls	
15. Aldermanic District		16. Premises Phone (715) 284-4308	
17. Premises Email		18. Website	
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. entire store			
20. Mailing Address (if different from premises address) P.O. Box 160			
21. City Bangor		22. State WI	23. Zip Code 54614

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 . . ☐ 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

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.

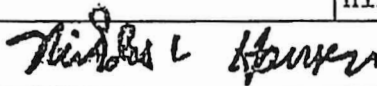
Last Name	First Name	Title	Phone
Hansen	Gregory	owner	(608) 792-9980
Hansen	Nicholas	owner	(608) 760-4610
Hansen	Kari	owner	(608) 792-6890

Part D: Attestation

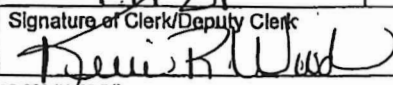
One of the following must sign and attest to this application:

- 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 Hansen	First Name Nicholas	M.I.
Title owner	Email nlhansen@hansensiga.com	Phone (608) 790-4610
Signature 		Date 4/17/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-19-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

* INVOICE LATER #

For Municipal Use Only

Municipality
Black River Falls City of

License Period
July 1, 2024 to June 30, 2025

COPY

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

- ☒ Class "A" Beer \$ 100.⁰⁰ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.⁰⁰ ☐ "Class B" Liquor \$ _____
- ☒ ^{Cider} "Class A" Liquor (cider only) \$ 100.⁰⁰ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

License Fees	\$ <u>600.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>605.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 240

3. FEIN
39-1036365

4. Wisconsin Seller's Permit Number
456-0000287614-03

5. Entity Type (check one)

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

6. State of Organization
Wisconsin

7. Date of Organization
October 7, 1964

8. Wisconsin DFI Registration Number
----- 1K04801

9. Premises Address
15 County Hwy A

10. City
Black River Falls

11. State
WI

12. Zip Code
54615

13. County
Jackson

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Black River Falls City of

15. Aldermanic District

16. Premises Phone
715-284-245

17. Premises Email
LicensingDept@kwiktrip.com

18. Website
www.KwikTrip.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.

One story frame construction with storage in walk-in cooler, on sales floor and behind sales counter.

20. Mailing Address (if different from premises address)
Kwik Trip, Inc. - Legal Dept., P.O. Box 2107

21. City
La Crosse

22. State
WI

23. Zip Code
54602-2107

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 _____ ation _____ Trial Date _____

Penalty Imposed _____ Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated _____ Location _____ Trial Date _____

Penalty Imposed _____ Was sentence completed? ☐ Yes ☐ No

Please see enclosed list of
retail store violations.

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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
Zietlow	Scott	CEO & President	608-793-4741 608-791-7385
Wagner	David	CFO & Treasurer	608-793-4741 608-791-7385
Clerigo	John Edward	Agent	715-299-5296

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 Zietlow		First Name Scott		M.I. P
Title CEO & President		Email LicensingDept@kwiktrip.com		Phone 608-791-7385 608-793-4741
Signature <i>Scott P. Zietlow</i>			Date April 1, 2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>4-29-24</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>[Signature]</i>			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License
Application

COPY

INVOICE LATER

For Municipal Use Only

Municipality
Black River Falls City of

License Period
July 1, 2024 to June 30, 2025

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

- ☒ Class "A" Beer \$ 100.⁰⁰ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.⁰⁰ ☐ "Class B" Liquor \$ _____
- ☒ ^{Ciga} "Class A" Liquor (cider only) \$ 100.⁰⁰ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

License Fees	\$ 600. ⁰⁰
Background Check Fee	\$ _____
Publication Fee	\$ 5. ⁰⁰
Total Fees	\$ 605. ⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 648

3. FEIN
39-1036365

4. Wisconsin Seller's Permit Number
456-0000287614-03

5. Entity Type (check one)

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

6. State of Organization
Wisconsin

7. Date of Organization
October 7, 1964

8. Wisconsin DFI Registration Number
----- 1K04801

9. Premises Address
751 State Highway 54

10. City
Black River Falls

11. State
WI

12. Zip Code
54615

13. County
Jackson

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Black River Falls City of

15. Aldermanic District

16. Premises Phone
715-284-9247

17. Premises Email
LicensingDept@kwiktrip.com

18. Website
www.KwikTrip.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.

One-story frame construction with storage in lockable walk-in cooler, on sales floor and behind sales counter.

20. Mailing Address (if different from premises address)
Kwik Trip, Inc. - Legal Dept., P.O. Box 2107

21. City
La Crosse

22. State
WI

23. Zip Code
54602-2107

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 _____ tion Trial Date _____

Penalty Imposed _____ Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated _____ Location _____ Trial Date _____

Penalty Imposed _____ Was sentence completed? ☐ Yes ☐ No

Please see enclosed list of
retail store violations.

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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
Zietlow	Scott	CEO & President	608-793-4741 608-791-7385
Wagner	David	CFO & Treasurer	608-793-4741 608-791-7385
Converse	Carrie	Agent	715-937-2587

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 Zietlow	First Name Scott	M.I. P
Title CEO & President	Email LicensingDept@kwiktrip.com	Phone 608-791-7385 608-793-4741
Signature <i>Scott P. Zietlow</i>		Date April 1, 2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-29-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Kevin R. Wood</i>		Date Provisional License Issued (if applicable)	

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality
City of Black River FallsLicense Period
7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____
- ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____
- ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____
- ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100.⁰⁰

Fees

License Fees	\$ 200. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 5. ⁰⁰
Total Fees	\$ 205.⁰⁰

Part A: Premises/Business Information

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

Leroy's Grill LLC

2. Business Trade Name or DBA

3. FEIN

82-5369140

4. Wisconsin Seller's Permit Number

456-1030375535-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

4-11-2018

8. Wisconsin DFI Registration Number

9. Premises Address

942 Red Iron Rd

10. City

Black River Falls

11. State

WI

12. Zip Code

54615

13. County

Jackson

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Black River Falls

15. Aldermanic District

16. Premises Phone

608-780-5317

17. Premises Email

leroy'sgrill@yahoo.com

18. Website

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.

Dining Room & patio

20. Mailing Address (if different from premises address)

Same

21. City

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. ☐ 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 . . . ☐ 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

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
Nofsinger	Heroy	owner	608-780-5317
Nofsinger	Tonia	owner	608-780-5317

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 Nofsinger		First Name Heroy		M.I. A
Title Owner		Email 1eroysgri11@yahoo.com		Phone 608-780-5317
Signature Leroy A Nofsinger			Date 5-1-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-2-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Kevin R. Ward			Date Provisional License Issued (if applicable)

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

COPY

For Municipal Use Only

Municipality
City of Black River Falls
License Period
7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____
- ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____
- ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____
- ☐ Reserve "Class B" Liquor \$ 100.⁰⁰
- ☐ "Class C" Liquor (wine only) \$ _____
- Black River Cigar

Fees

License Fees	\$ 500. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 5. ⁰⁰
Total Fees	\$ 505. ⁰⁰

Part A: Premises/Business Information

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

Moons Ruin LLC

2. Business Trade Name or DBA

Little Vinnys

3. FEIN

85-3287329

4. Wisconsin Seller's Permit Number

456-1030482741.02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

10/2020

8. Wisconsin DFI Registration Number

9. Premises Address

43 MAIN ST

10. City

BRA

11. State

WI

12. Zip Code

546015

13. County

JACKSON

14. Governing Municipality: ☐ City ☐ Town ☐ Village

of: Black River Falls

15. Aldermanic District

16. Premises Phone

715-670-0187

17. Premises Email

LITTLEVINNYSBAR@YAHOO.COM

18. Website

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.

First floor 1 main room + basement

20. Mailing Address (if different from premises address)

Same

21. City

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. ☐ 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 . . . ☐ 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
Meyer	Vincent	owner	305-942-3224

Part D: Attestation

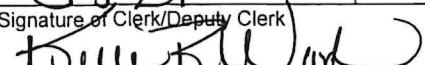
One of the following must sign and attest to this application:

- 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 Meyer		First Name Vincent		M.I. B
Title owner		Email L.HLEVINNYS BAR@yahoo.com	Phone 305-942-3224	
Signature 			Date 5.7.24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-8-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☒ Class "A" Beer \$ 100.⁰⁰
☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.⁰⁰
☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ 100.⁰⁰
☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

License Fees	\$ 600. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 5. ⁰⁰
Total Fees	\$ 605.⁰⁰

Part A: Premises/Business Information

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

MANS RUM LLC

2. Business Trade Name or DBA

LITTLE VINNY'S LIQUORS

3. FEIN

85-3287329

4. Wisconsin Seller's Permit Number

456-1030482741-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

10/2020

8. Wisconsin DFI Registration Number

9. Premises Address

13 N 1ST STREET

10. City

BRF

11. State

WI

12. Zip Code

54615

13. County

JACKSON

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: BLACK RIVER FALLS

15. Aldermanic District

16. Premises Phone

715-896-3849

17. Premises Email

LITTLEVINNYSLIQUORS@GMAIL.COM

18. Website

✓

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.

SINGLE ROOM WITH BATHROOM

20. Mailing Address (if different from premises address)

SAME

21. City

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. ☐ 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 . . . ☐ 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

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.

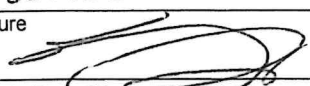
Last Name	First Name	Title	Phone
Meyer	Vincent	owner	305.942.3224

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 Meyer		First Name Vincent		M.I. E
Title owner		Email Little Vinys Liquors@yahoo.com	Phone 305.942.3224	
Signature 			Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-8-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☒ Class "A" Beer \$ ☒ Class "B" Beer \$ 100.⁰⁰
☒ "Class A" Liquor \$ ☒ "Class B" Liquor \$ 300.⁰⁰
☐ "Class A" Liquor (cider only) \$ ☐ Reserve "Class B" Liquor \$
☐ "Class C" Liquor (wine only) \$

Fees	
License Fees	\$ 400. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 5. ⁰⁰
Total Fees	\$ 405. ⁰⁰

Part A: Premises/Business Information

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

McSweet's Irish Pub Inc

2. Business Trade Name or DBA

3. FEIN

83-4674264

4. Wisconsin Seller's Permit Number

456-1030510334-04

5. Entity Type (check one)

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

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

N6600 Riverview Dr

10. City

Black River Falls

11. State

WI

12. Zip Code

54615

13. County

Jackson

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Black River Falls

15. Aldermanic District

16. Premises Phone

715-284-3020

17. Premises Email

josweet317@gmail.com

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.

Entire former "Pines" property located east of Riverview Dr. Main building w/bar, dance floor, two bathrooms, kitchen, deck, outdoor patio. Also 9x6 cooler for additional storage of alcoholic beverages.

20. Mailing Address (if different from premises address)

N6534 Riverview Dr

21. City

Black River Falls

22. State

WI

23. Zip Code

54615

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 . . ☐ 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

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.

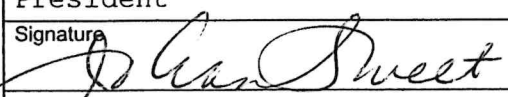
Last Name	First Name	Title	Phone
Sweet	JoAnn	President	715-299-1415
Sweet	Theron	Vice President	715-299-2392

Part D: Attestation

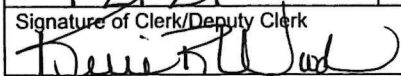
One of the following must sign and attest to this application:

- 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.
Sweet	JoAnn	L.
Title	Email	Phone
President	josweet317@gmail.com	715-299-1415
Signature	Date	
	4-27-2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4-29-24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
			

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 400. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 5. ⁰⁰
Total Fees	\$ 405. ⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)		
Miles Hagen American Legion Post 200		
2. Business Trade Name or DBA		
3. FEIN	4. Wisconsin Seller's Permit Number	
39-1307215	456-0000432165-02	
5. Entity Type (check one)		
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number
WI		
9. Premises Address		
421 State Hwy 54 West		
10. City	11. State	12. Zip Code
Blk Rvr Falls	WI	54615
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village	15. Aldermanic District
Jackson	of: BRF	
16. Premises Phone	17. Premises Email	18. Website
715-284-9552		
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.		
Bar, kitchen, hall, two bathrooms		
20. Mailing Address (if different from premises address)		
21. City	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. ☐ 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 ... ☐ 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

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.

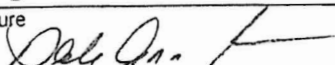
Last Name	First Name	Title	Phone
Hansen	Steve	Commander	(715) 896-1885
Ayers	Rebecca	First Vice	(715) 523-3516
Bjerke	Randy	Treasurer	(715) 533-0465

Part D: Attestation

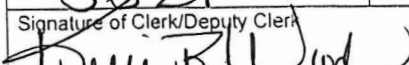
One of the following must sign and attest to this application:

- 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.
Bohac	Dale Ann	
Title	Email	Phone
Manager	bohac5962@gmail.com	(715) 896-1735
Signature	Date	
	04/30/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5-3-24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
			

COPY

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____
 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100.⁰⁰

Fees	
License Fees	\$ <u>200.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>205.⁰⁰</u>

Part A: Premises/Business Information

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

MR. PITA

2. Business Trade Name or DBA

3. FEIN

82-3906835

4. Wisconsin Seller's Permit Number

456-1029 73244602

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

march 2018

8. Wisconsin DFI Registration Number

9. Premises Address

24 N. Water Street

10. City

Black River Falls

11. State

WI

12. Zip Code

54615

13. County

Jackson14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Black River Falls

15. Aldermanic District

16. Premises Phone

715-670-1300

17. Premises Email

18. Website

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.

Dining Room, 2 Bathrooms, Kitchen

20. Mailing Address (if different from premises address)

21. City

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. ☐ 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 . . . ☐ 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

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
TRUJILLO	SHARON	owner	608-780-8920

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 TRUJILLO		First Name SHARON		M.I. E
Title OWNER		Email	Phone 608-780-8920	
Signature <i>Sharon Trujillo</i>			Date 5/3/2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-10-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>[Signature]</i>			Date Provisional License Issued (if applicable)

COPY

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 100.00
Background Check Fee	\$
Publication Fee	\$ 5.00
Total Fees	\$ 105.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Pilot Travel Centers, LLC		
2. Business Trade Name or DBA Pilot Travel Center # 7506		
3. FEIN 34-1953155	4. Wisconsin Seller's Permit Number 456-0000318168-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization Delaware	7. Date of Organization 4/19/2021	8. Wisconsin DFI Registration Number P03822
9. Premises Address 780 State Hwy 54		
10. City Black River Falls	11. State WI	12. Zip Code 54605
13. County Jackson	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____	
15. Aldermanic District	16. Premises Phone 715-284-4341	
17. Premises Email		
18. Website		
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. gas station		
20. Mailing Address (if different from premises address) 6518 Lonas Dr.		
21. City Knoxville	22. State TN	23. Zip Code 37939

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 National Indemnity Company 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
Robin	Stake	Manager	715-284-4341

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 <u>Stake</u>	First Name <u>Robin</u>	M.I. <u>A</u>
Title <u>Manager</u>	Email <u>robin.stake@pilothillventures.com</u>	Phone <u>715-284-4341</u>
Signature <u>Robin Stake</u>	Date <u>5/15/24</u>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <u>May 15, 2024</u>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <u>Shonda Jemman - Deputy Clerk</u>		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

COPY

For Municipal Use Only	
Municipality	<u>City of Black River Falls</u>
License Period	<u>7/1/24 - 6/30/25</u>

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

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ 100.⁰⁰
☐ "Class A" Liquor \$ _____
 ☐ "Class B" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>100.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>105.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Northfield Restaurant Corporation</u>			
2. Business Trade Name or DBA <u>Pizza Hut</u>			
3. FEIN <u>48-0959344</u>		4. Wisconsin Seller's Permit Number <u>456-0000083212-03</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WI</u>	7. Date of Organization <u>08/04/1983</u>	8. Wisconsin DFI Registration Number <u>N/A</u>	
9. Premises Address <u>666 State Highway 54</u>			
10. City <u>Black River Falls</u>		11. State <u>WI</u>	12. Zip Code <u>54615-5448</u>
13. County <u>Jackson</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Black River Falls</u>		15. Aldermanic District
16. Premises Phone <u>(715) 284-4000</u>	17. Premises Email <u>N/A</u>	18. Website <u>www.dalandcorporation.c</u>	
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. <u>One story free standing bldg with storage</u>			
20. Mailing Address (if different from premises address) <u>9313 E. 34th Street N. Suite</u>			
21. City <u>Wichita</u>		22. State <u>KS</u>	23. Zip Code <u>67226-2638</u>

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 . . . ☐ 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

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
N/A			

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 Seiwert		First Name Alan		M.I. E.
Title Treasurer		Email alanseiwert@dalandcorp.com	Phone (316) 681-1081	
Signature 			Date 4/23/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-1-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____
 ☐ "Class B" Liquor \$ _____
- ☒ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100.⁰⁰

Fees	
License Fees	\$ <u>700.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>705.⁰⁰</u>

Part A: Premises/Business Information

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

Revolution Coffee

2. Business Trade Name or DBA

Same

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

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

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

38 Main Street

10. City

Black River Falls

11. State

Wi

12. Zip Code

54615

13. County

 14. Governing Municipality: ☐ City ☐ Town ☐ Village
 of: _____

15. Aldermanic District

16. Premises Phone

715-670-0707

17. Premises Email

Revolutioncoffeebrf@gmail.c

18. Website

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.

Stored upstairs behind bar and down stairs in wine cellar.

20. Mailing Address (if different from premises address)

21. City

Black river falls

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. ☐ 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 . . . ☐ 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

Revolution Coffee LLC

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
Timp	Carrie	Owner	715-896-4729
Hoffman	Andrea	Owner	

Part D: Attestation

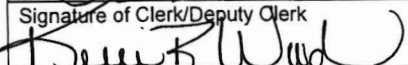
One of the following must sign and attest to this application:

- 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.
Timp	Carrie	Ann
Title	Email	Phone
Owner	Revolutioncoffeebrf@gmail.com	7158964729
Signature	Date	
	5/1/2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5-2-24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
			

COPY

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality City of Black River Falls
License Period 7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ 100.⁰⁰
☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ 300.⁰⁰
☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>400.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>405.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Rozario's LLC			
2. Business Trade Name or DBA Rozario's Pizza			
3. FEIN 87-2731200		4. Wisconsin Seller's Permit Number 456-1030799584-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 09/17/2021	
8. Wisconsin DFI Registration Number R080393			
9. Premises Address 42 N 1st ST			
10. City Black River Falls		11. State WI	12. Zip Code 54615
13. County Jackson		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>BLACK RIVER FALLS</u>	
15. Aldermanic District			
16. Premises Phone (715) 284-0006		17. Premises Email NICKRESPICIO@GMAIL.COM	
18. Website			
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. Upstairs bar/restaurant area, kitchen, basement storage area, outdoor patio.			
20. Mailing Address (if different from premises address)			
21. City		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. ☐ 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 . . ☐ 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
-----------------------------	--------------------------

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
RESPICIO	NICHOLAS	OWNER	(608) 386-3383

Part D: Attestation

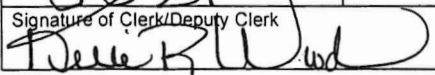
One of the following must sign and attest to this application:

• 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 RESPICIO	First Name NICHOLAS	M.I. S
Title OWNER	Email NICKRESPICIO@GMAIL.COM	Phone (608) 386-3383
Signature 		Date 5-3-2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-3-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 400. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 5. ⁰⁰
Total Fees	\$ 405. ⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
BRF Rec Dept - Ass			
2. Business Trade Name or DBA			
Skyline Golf			
3. FEIN		4. Wisconsin Seller's Permit Number	
(39-0924133)		(451043)	
5. Entity Type (check one)			
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address			
612 N 11th St			
10. City		11. State	
BRF		WI	
12. Zip Code		13. County	
54615		Jackson	
14. Governing Municipality: ☒ City ☐ Town ☐ Village		15. Aldermanic District	
of:		(Ward 1)	
16. Premises Phone		17. Premises Email	
715-284-2613		info@skylinegolf.com	
18. Website		Skyline Golf	
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.			
Club House			
20. Mailing Address (if different from premises address)			
612 N 11th St			
21. City		22. State	
BRF		WI	
23. Zip Code		54615	

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
Leadholm	Thomas	Manager	715 864 1167

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	Leadholm	First Name	Thomas	M.I.	A
Title	Manager	Email	Headholm@gmail.com	Phone	715 864 1167
Signature	Thomas Leadholm		Date		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5-3-24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
Tom R. Wood			

COPY

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☒ Class "A" Beer \$ 100.⁰⁰

☒ ~~Class "A" Liquor~~ \$ 100.⁰⁰

☐ "Class A" Liquor (cider only) \$ _____

☐ "Class C" Liquor (wine only) \$ _____

☐ Class "B" Beer \$ _____

☐ "Class B" Liquor \$ _____

☐ Reserve "Class B" Liquor \$ _____

Fees	
License Fees	\$ <u>200.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>205.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Smokers Corner LLC			
2. Business Trade Name or DBA Smokers Corner			
3. FEIN 88-2736458		4. Wisconsin Seller's Permit Number 456-1031089007-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 06/20/2002	
8. Wisconsin DFI Registration Number			
9. Premises Address 6 East Main Street			
10. City Black River Falls		11. State WI	
12. Zip Code 54615		13. County Jackson	
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Black River Falls</u>		15. Aldermanic District	
16. Premises Phone (715) 670-0101		17. Premises Email	
18. Website smokerscorner6.wixsite.c		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. Small 2 door retail building on the corner has one big main sales area and a bathroom we are working on getting beer just getting the license ahead of time but it will be stored in a fridge or in a beer selection area	
20. Mailing Address (if different from premises address)			
21. City Black River Falls		22. State WI	
23. Zip Code 54615		24. City Black River Falls	

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 . . ☐ 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

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
Schomber	Kyle	CEO	(715) 896-8787

Part D: Attestation

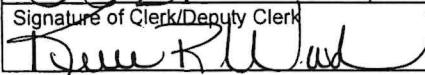
One of the following must sign and attest to this application:

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

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Last Name Schomber		First Name Kyle		M.I. B
Title CEO		Email microboy20@att.net	Phone (715) 896-8787	
Signature 			Date 05/03/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-3-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality
City of Black River Falls
License Period
7/1/2024 - 6/30/2025

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

- ☒ Class "A" Beer \$ 1 ☒ Class "B" Beer \$ 100.⁰⁰
☒ "Class A" Liquor \$ ☒ "Class B" Liquor \$ 300.⁰⁰
☐ "Class A" Liquor (cider only) \$ ☐ Reserve "Class B" Liquor \$
☐ "Class C" Liquor (wine only) \$

Fees

License Fees	\$ <u>400.⁰⁰</u>
Background Check Fee	\$ <u> </u>
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>405.⁰⁰</u>

Part A: Premises/Business Information

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

STAG & LION PUB, LLC

2. Business Trade Name or DBA

STAG & LION PUB, LLC

3. FEIN

863342445

4. Wisconsin Seller's Permit Number

456-1030734241-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

4/12/21

8. Wisconsin DFI Registration Number

K056703

9. Premises Address

123 MAIN ST.

10. City

BLACK RIVER FALLS

11. State

WI

12. Zip Code

54615

13. County

JACKSON14. Governing Municipality: ☒ City ☐ Town ☐ Villageof: BLACK RIVER FALLS

15. Aldermanic District

1

16. Premises Phone

(812) 581-9511

17. Premises Email

staglionpub@gmail.com

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.

100 ft by 34 ft building with bar and cooler

20. Mailing Address (if different from premises address)

21. City

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. ☐ 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 . . . ☐ 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
-----------------------------	--------------------------

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
McGILLIVRAY	POI	OWNER/MANAGER	812581-9511

Part D: Attestation

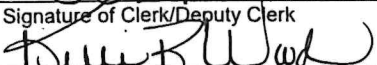
One of the following must sign and attest to this application:

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

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Last Name McGILLIVRAY	First Name RODERICK	M.I. D
Title OWNER/MGR	Email rodmcgil11965@gmail.com	Phone (812)581-9511
Signature 		Date 5/4/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5.3.24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

COPY

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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) \$ 100.⁰⁰

Fees	
License Fees	\$ <u>100.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>105.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Judith Brauner</u>			
2. Business Trade Name or DBA <u>The Yoga Studio Black River Falls</u>			
3. FEIN <u>93-2968331</u>		4. Wisconsin Seller's Permit Number <u>456-1031516063-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>8.6.23</u>	
8. Wisconsin DFI Registration Number			
9. Premises Address <u>449 N Water Street</u>			
10. City <u>Black River Falls</u>		11. State <u>WI</u>	
12. Zip Code <u>54615</u>		13. County <u>Jackson</u>	
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Black River Falls</u>		15. Aldermanic District	
16. Premises Phone <u>715-896-2144</u>		17. Premises Email <u>judybrauneryoga@gmail.com</u>	
18. Website <u>the yogastudiobrf.com</u>			
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. <u>1st Floor Storage Room</u>			
20. Mailing Address (if different from premises address) <u>N7384 S Odeen Rd</u>			
21. City <u>Black River Falls</u>		22. State <u>WI</u>	
23. Zip Code <u>54615</u>		24. County <u>Jackson</u>	

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 . . ☐ 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

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.

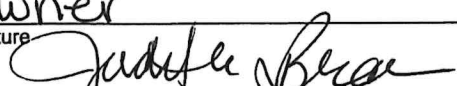
Last Name	First Name	Title	Phone
Brauner	Judith	owner	715-896-2144

Part D: Attestation

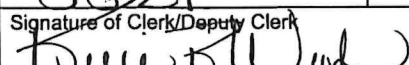
One of the following must sign and attest to this application:

- 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.
Brauner	Judith	A
Title	Email	Phone
owner	judybrauneryoga@gmail.com	715-896-2144
Signature	Date	
	5.3.24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5.3.24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
			

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2024 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____
- ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____
- ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____
- ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 400. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 5. ⁰⁰
Total Fees	\$ 405. ⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Viva Ciro De Mayo B/M J&P		
2. Business Trade Name or DBA		
3. FEIN 99-0490721	4. Wisconsin Seller's Permit Number 456-1031584247-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization Wisconsin	7. Date of Organization January 1, 2024	8. Wisconsin DFI Registration Number
9. Premises Address 109 Main Street		
10. City Blackriver falls	11. State WI	12. Zip Code 54615
13. County Jackson	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____	15. Aldermanic District
16. Premises Phone 715-284-5002	17. Premises Email	18. Website
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.		
20. Mailing Address (if different from premises address)		
21. City	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. ☐ 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

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	Valencia	First Name	Rosa	M.I.	Elena
Title	President	Email	rosaevalencia@gmail.com	Phone	414-467-0767
Signature			Date	May 2, 2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	5-3-24	License Number		Date License Granted		Date License Issued	
Signature of Clerk/Deputy Clerk				Date Provisional License Issued (if applicable)			

COPY

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 \$ <u>100.⁰⁰</u>
☒ "Class A" Liquor \$ <u>400.⁰⁰</u>
☒ ^{Cig} "Class A" Liquor (cider only) \$ <u>100.⁰⁰</u>
☐ "Class C" Liquor (wine only) \$ _____ | ☐ Class "B" Beer \$ _____
☐ "Class B" Liquor \$ _____
☐ Reserve "Class B" Liquor \$ _____ |
|--|--|

Fees	
License Fees	\$ <u>600.⁰⁰</u>
Background Check Fee	\$ <u>N/A</u>
Publication Fee	\$ <u>5.⁰⁰</u>
Total Fees	\$ <u>605.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) WAL-MART STORES EAST, LP			
2. Business Trade Name or DBA WALMART #1277			
3. FEIN 71-0862119		4. Wisconsin Seller's Permit Number 456-1020028180-05	
5. Entity Type (check one) ☐ Sole Proprietor ☒ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization DE		7. Date of Organization 11/09/2001	
8. Wisconsin DFI Registration Number W042856			
9. Premises Address 611 HWY 54 EAST			
10. City BLACK RIVER FALLS		11. State WI	12. Zip Code 54615
13. County Jackson	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: BLACK RIVER FALLS		15. Aldermanic District
16. Premises Phone (715) 284-2434	17. Premises Email scott.stegall@walmart.com		18. Website
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. 1 room, 1 story building approx. 164,242 SQ. FT., INCLUDING STALLS AND/OR CANOPY LOCATIONS IN PARKING LOT SPECIFICALLY DESIGNATED FOR ONLINE GROCERY PICKUP			
20. Mailing Address (if different from premises address)			
21. City		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. ☐ 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 . . ☐ 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
-----------------------------	--------------------------

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
PLEASE SEE ATTACHED FOR	LIST OF OFFICERS .		
CAYER VARELA	JULIANA	AGENT	(608) 387-0643

Part D: Attestation

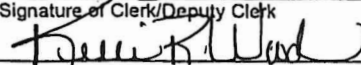
One of the following must sign and attest to this application:

- 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 LITTLE	First Name SARAH	M.I. C
Title ASSISTANT SECRETARY	Email SARAH.LITTLE@WALMART.COM	Phone (479) 544-7713
Signature 		Date APR 16 2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-19-24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

LICENSES AND PERMITS 12.10(3)

(3) LOCATION. The area of the Farmers Market shall be designated by the Chief of Police.

(4) TIME AND HOUR OF OPERATION. The Farmers Market shall be open for operation each week day from June 1 through November 1 from 8:00 A.M. to 8:00 P.M. Use of the Market at times other than those set forth herein may be available upon the consent of the Chief of Police.

(5) PENALTY. Any person who offers for sale the items set forth in sub. (1) above outside of the designated Farmers Market or who has not obtained a permit for the use of the Market shall, upon conviction thereof, be subject to a forfeiture of not less than \$10 nor more than \$100, together with the costs of prosecution.

→ **12.11 FOWL & FARM ANIMALS.** (1) Purpose. The purpose of this ordinance is to govern the ownership of non-traditional domestic animals in the city. This ordinance is not meant to conflict with any current ordinances governing traditional domestic animals. It also is not meant to supersede any zoning ordinances.

(2) Authority. The Common Council of the City of Black River Falls, Jackson County, Wisconsin, has the specific authority to adopt this Fowl and Farm Animal Ordinance under s. 66.0103 Wis. Stats.

(3) Adoption of Ordinance. This ordinance adopted on proper notice with a quorum and roll call vote by a majority of the Common Council present and voting, provides the authority for the City to regulate the ownership of fowl and other farm animals in the city.

(4) DEFINITIONS. The following definitions shall apply to this section:

- a) "Fowl" means any domestic breed of chicken or guinea hen. No other species of bird shall fall under this definition.
- b) "Livestock" means bovine animals, equine animals, goats, sheep, swine, farm-raised deer, farm-raised game birds, camelids, ratites, and farm-raised fish. In this definition, "swine" does not include potbelly pigs.

(5) RESTRICTIONS ON KEEPING OF FOWL AND OTHER FARM ANIMALS.

-
- a) No person shall keep any livestock within the city limits.
 - b) No person shall keep more than four (4) fowl on their property.
 - 1) None of the allowed fowl shall be roosters or male animals of the species.
 - c) No person shall keep more than four (4) rabbits on their property.
 - d) No person shall keep more than two (2) potbelly pigs on their property.
 - e) All animals that fall under this Section shall remain subject to the other applicable Chapters of the Municipal Code of Black River Falls.

LICENSES AND PERMITS 12.11(6)

(6) **BUILDINGS.** Any person keeping animals under this Section shall provide appropriate shelter for those animals, as required by Chapter 951.14 Wis. Stats. Said shelter must comply with the Zoning Codes for the City of Black River Falls.

(7) **Enforcement.** This ordinance may be enforced by any law enforcement officer authorized to enforce the laws of the state of Wisconsin.

(8) **Penalties.** Any person who shall violate any provision of this chapter, or permit or cause a public nuisance, shall be subject to a penalty as provided in sec. 25.04 of this Code.

(9) **Severability.** If any provision of this ordinance or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this ordinance that can be given effect without the invalid provision or application, and to this end the provisions of this ordinance are severable.

12.12 VACANT – PREVIOUSLY USED REPEALED WITH ORDINANCE 877

12.13 WIRELESS COMMUNICATION FACILITIES IN THE RIGHT OF WAY.

(1) Definitions: For the purposes of this Chapter, the terms below shall have the following meanings:

- (a) “Administrator” means the City Administrator or his or her designee.
- (b) “Application” means a formal request, including all required and requested documentation and information, submitted by an applicant to the City of Black River Falls (the “City”) for a wireless permit.
- (c) “Applicant” means a person or entity filing an application for a wireless permit under this Chapter.
- (d) “Base Station,” consistent with 47 C.F.R. § 1.6100(b)(1), means a structure or wireless equipment at a fixed location that enables FCC-licensed or authorized wireless communications between user equipment and a communications network. This definition does not include towers or any equipment associated with a tower.
- (e) “Eligible Facilities Request,” consistent with 47 C.F.R. § 1.6100(b)(3), means any request for modification of an existing tower or base station that does not substantially change the physical dimensions of such tower or base station, involving: (i) collocation of new transmission equipment; (ii) removal of transmission equipment; or (iii) replacement of transmission equipment.
- (f) “FCC” means the Federal Communications Commission.
- (g) “Governmental Pole,” consistent with Wis. Stat. § 66.0414(1)(n), means a utility pole that is owned or operated by the City in the right-of-way.
- (h) “Historic District,” consistent with Wis. Stat. § 66.0414(3)(c)5, means an area

AN ORDINANCE REPEALING AND RECREATING SECTION 14.17(2) OF THE CODE OF ORDINANCES FOR THE CITY OF BLACK RIVER FALLS, JACKSON COUNTY, WISCONSIN REGARDING PLAN EXAMINATION FOR COMMERCIAL BUILDINGS

BUILDING CODE 14.14 (7)

(7) PREVIOUSLY ERECTED ANTENNAS. Subject to sub. (7) above, this section shall not affect any satellite antenna erected prior to the adoption of this section.

14.15 HOUSE NUMBERING SYSTEM. See Sec. 8.12 of this Code.

14.16 NON-ASSUMPTION OF LIABILITY This chapter shall not be considered as assuming any liability on the part of the City or any official or employee thereof for damages to anyone injured or for any property destroyed by any defect in any building or equipment, or in any plumbing or electric wiring or equipment.

14.17 CERTIFIED MUNICIPALITY. The City has adopted the Certified Municipality Status as described in SPS 361.60 of the Wisconsin Administrative Code.

(1) **Responsibilities.** The City shall assume the following responsibilities for the Department of Safety and Professional Services (Department):

- a. Provide inspection of commercial buildings with certified commercial building inspectors.
- b. Provide plan examination of commercial buildings with certified commercial building inspectors.

(2) **Plan Examination.** Drawings, specifications, and calculations for all the types of buildings and structures, except state-owned buildings and structures, to be constructed within the limits of the municipality shall be submitted, if the plans are for any of the following:

- ~~a. A new building or structure containing less than 50,000 cubic feet of total volume.~~
- ~~b. An addition to a building or structure where the area of the addition results in the entire building or structure containing less than 50,000 cubic feet of total volume.~~
- ~~c. An addition containing no more than 2,500 square feet of total floor area and no more than one floor level, provided the largest roof span does not exceed 18 feet and the exterior wall height does not exceed 12 feet.~~
- ~~d. An alteration of a space involving less than 100,000 cubic feet of total volume.~~

a. All commercial buildings, without size limitations.

City of Black River Falls



Façade Improvement Grant Program

Tax Increment Finance (TIF) District VI – Downtown

Façade Improvement Grant Program – TIF District VI (6)

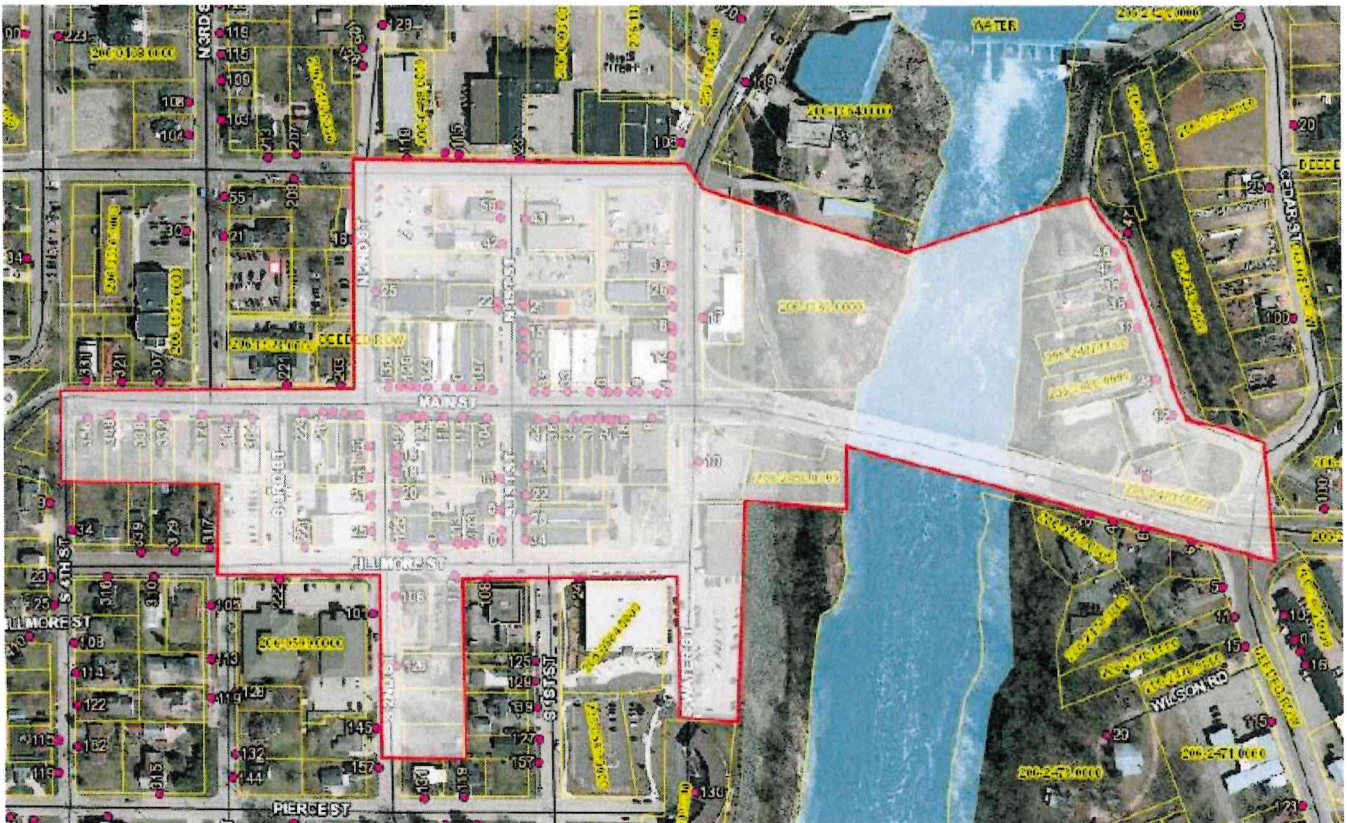
The City of Black River Falls Historic Preservation Commission (HPC) is responsible for administering a “TIF VI Downtown Façade Improvement Grant Program,” intended to stimulate improvements to the exterior of downtown commercial or mixed-use buildings.

Purpose

The purpose of this program is to provide financial assistance to commercial property owners within Tax Increment Financing District VI in order to upgrade and improve the facades and appearance of commercial/retail buildings. The goal of this program is to strengthen the vitality of Main Street by improving the pedestrian experience, increasing building transparency, preserving historically significant architecture, and beautifying buildings through façade revitalization efforts which will have a lasting impact on downtown Black River Falls. The Façade Improvement Grant Program is funded to stimulate building improvements while being mindful of the historical significance and uniqueness of the downtown structures.

Eligible Properties

Owners of existing commercial/retail buildings within the downtown Tax Increment Finance District VI, see map below.



Ineligible Properties

- Any property owned by a unit of government (federal, state, county, local, tribal, etc.);
- Property owned by religious groups or by a non-profit organization on which real estate taxes are not being paid;
- Properties that have any delinquent payments due to the City, such as bills, charges, or taxes.
- Properties exclusively used as residences.

Eligible Activities

- Restoration and rehabilitation of the building's exterior wall(s) that are viewable from a public street (alleys are not included). Examples include (list is not all inclusive):
- Storefronts
- Signage *
- Doors and windows *
- Wall treatments (painting, acid washes, etc.)
- Details (light fixtures, awnings, etc.) *
- Building additions that meet local building codes and zoning requirements and the principles and guidelines of the Program.

* Costs associated with these improvements may only be considered for matching grant funds if they are part of an overall building improvement project or restoration project. For example, replacing awnings, signage, or windows that are not historically relevant does not meet the intent of the program and will not qualify for matching grant funds. The HPC reserves the right to approve these improvements for projects that restore the historical integrity of the building.

Ineligible Activities

- Interior improvements, fixtures and furnishings, or roof repair, not visible from the street.
- Removal of architecturally significant features.
- Purchase of property.
- Inventory or operating capital.
- Any activity completed prior to receiving final approval of grant funds.

Historic Buildings

All structural and decorative elements should be repaired or replaced to match or be compatible with the original materials and design of the building to the greatest extent possible. Buildings that are an integral element of a historic streetscape should reflect and complement the character of the surrounding area to the greatest extent possible.

“Buy Local”

Whenever possible, applicants are strongly encouraged to use local contractors to complete all tasks associated with their renovation. This will not only help garner support to continue this program, but more importantly help boost our local economy.

Award Reimbursement

Reimbursement shall be limited to no more than 40% of the total cost of eligible improvements not covered by other grants or donations. No single City reimbursement shall exceed ten thousand dollars (\$10,000) unless it is approved by the Common Council.

All necessary government approvals, building permits, and taxes are not eligible for reimbursement. Projects approved for grant assistance will be required to submit a written request to release the funds upon completion of the entire project. Copies of all invoices and receipts related to the façade improvements must accompany the request for release of funding. Invoices and receipts shall clearly explain the related work (i.e. cost for square feet of brick cleaning, etc.).

The Historic Preservation Commission (HPC) reserves the right to refuse reimbursement in whole or part for work that:

- Does not conform to the program design guidelines.
- Does not conform to the proposal submitted with your application and authorized by the HP/DRC.
- Is not completed within 1 year from the date the project was approved for funding.

How to Apply

To be considered for matching grant assistance, the property owner will complete the attached “TIF VI Façade Improvement Grant Program” application and deliver it to the City Administrator at 101 South Second Street, Black River Falls, WI 54615. **Only applications that contain all required information will be considered for funding.**

All complete applications for façade improvement matching grant assistance will be reviewed by the HPC to determine the project's compliance with the specific standards contained within this Program Description.

The HPC will review a complete application within approximately 30 days of receipt. The HPC will review the applications to ensure eligibility and compliance with the TIF VI Façade Improvement Grant Program requirements. Applicants will be invited to attend the public HPC meeting where review will occur. Following their review, the City Administrator will notify the applicant(s) of the HPC's decision to approve or deny the request.

If the request for financial assistance is approved, the applicant will receive a written notice of the HPC's decision detailing the amount of funding approved, any terms and/or conditions of the approval, as well as how the funds will be released. City staff will draft a façade improvement grant agreement, outlining the grant details that shall be executed between both parties before the project can begin.

Ranking Order of Applicants

Generally, projects having the greatest aesthetic impact will be given first priority. Priority will also be given to the following:

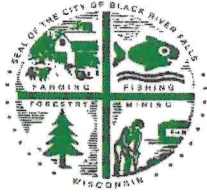
- Projects that will encourage other restoration or redevelopment within the downtown TIF District area.
- Buildings where an immediate renovation will stop serious deterioration of the building's façade.
- Projects that improve the architectural integrity of the building and restore the historic architecture.
- Buildings where historic or architecturally significant features contributing to the building's character are in danger of being lost due to disrepair.
- Vacant properties where façade improvements would help to improve the overall appearance.
- Projects that demonstrate collaboration and will help attract people.
- Projects that will result in significant new investment and creation of jobs.
- Projects that incorporate mixed uses or multiple tenants.

Application Deadline

The application period is open until funds are extinguished. Thereafter, review and ranking of applications will occur by the City's Historic Preservation Commission. See the program description for a list of ranking criteria. Applicants are encouraged to contact the City Administrator to ensure eligibility and funding availability before they apply. Only complete applications that contain all required information will be considered.

Contact

A. Brad Chown
City Administrator
City of Black River Falls
101 S. Second Street
Black River Falls, WI 54615
Ph: (715) 284-2315
Fax: (715) 284-1777
Email: city.admin@blackriverfallswi.gov
Website: www.blackriverfalls.gov



City of
Black River Falls

TIF VI FAÇADE IMPROVEMENT GRANT PROGRAM

FOR OFFICE USE ONLY:

Date Received:	Amount Requested:
Date Reviewed:	Tax ID Number:

PROPERTY OWNER INFORMATION

☐ Check if Applicant

Name: _____ Year Purchased: _____

Address: _____

Telephone: _____ Email Address: _____

BUSINESS INFORMATION

☐ Check if Applicant

Business Name: _____

Primary Contact: _____

Address: _____

Telephone: _____

Type of Business: _____

Check the appropriate type of ownership:

☐ The business owns the property

☐ The business leases the property

PROPOSED IMPROVEMENTS

Describe the Storefront Façade Improvements:

Describe any other improvements, if applicable:

Estimated Cost of Improvements: \$ _____

Amount of funding from other grants: \$ _____

Estimated Applicant cost: \$ _____

Have you engaged the services of a Contractor, Designer or Architect:

☐ Yes

☐ No

Would you be able to complete the improvements this year:

☐ Yes

☐ No

APPLICATION PROCESS

1. The following documents must accompany a completed application:

- a. Proof of property ownership or lease.
- b. Written consent from the property owner giving permission to conduct the façade improvements.
- c. Color photographs of existing storefront façade conditions.
- d. Two or more competitive proposals from contractors.
- e. Other supporting documentation deemed necessary by the Historic Preservation Committee or the Applicant.

2. Process after application submission

- a. A meeting will take place to go over the submitted improvement proposal to discuss grant expectations and to address grant concerns.
- b. The grant recipient or its contractor must commence the improvements sixty (60) days after an approved Grant Agreement.
- c. After façade improvements are complete, the grant funds will be disbursed for reimbursement to the applicant after all of the following pieces of information have been submitted:
Proof of Final Inspection by the Building Inspector (if applicable), A copy of the Final Invoice Received from Contractor, Photos of improvements, Proof of Payment to Contractor (i.e. receipt, invoice, etc.)

APPLICANT ACKNOWLEDGEMENTS

1. The Applicant shall hold the City of Black River Falls, its officers, consultants, attorneys and agents harmless from any and all claims arising from or in connection with the Grant Program or its Application, including but not limited to, any legal or actual violations of any State or Federal laws.
2. The Applicant recognizes and agrees that the City of Black River Falls and the Historic Preservation Committee retain absolute authority and discretion to decide whether or not to accept or deny any particular Grant Applicant, and that all expenditures, obligations, costs, fees, or liabilities incurred by the Applicant in connection with the Grant Application are incurred by the Applicant at its sole risk and expense.
3. The Applicant acknowledges that they have read the TIF VI Façade Improvement Grant Program and understand that if the proposal is approved, they will make the above referenced improvements to the property within the specific time allowed.

The undersigned, a duly authorized representative of the Applicant, hereby certifies that the foregoing information is true, correct and complete as of the date hereof and agrees that the Applicant shall be bound by the terms and provisions herein.

APPLICANT'S SIGNATURE

DATE

PROPERTY OWNER'S SIGNATURE

DATE

Shared Ride Taxi – Estimated 2024 Deficit

Operating & Capital

Grant Opportunity

City of Black River Falls

2024 Public Transit Assistance Program (PTAP)

Type: FTA

Application Deadline: 12/15/2023 3:00:00 PM

Status: Complete

[Details](#)

Application Forms

Before you can submit this opportunity you would need to download and re-upload all necessary documents.

* The Certification of Review and Accuracy and Federal Funding Accountability and Transparency Act (FFATA) certification boxes must be checked in the Organizations section of BlackCat Transit before the opportunity can be submitted.

Form		
	Download - Application Instructions & Checklist (required for all applicants)	View
	Download - Operating Assistance Cover Letter (required for operating assistance applicants)	View
	Download - Management Plan (required for all applicants)	View
	Download - Local Share Calculation (required for all applicants)	View
	Download - Capital Grant Cover Letter (required for capital grant applicants)	View
	Download - Capital Grant Application (required for capital grant applicants)	View
	Download - Certifications & Assurances (required for Rural/Tier C applicants only)	View
	Download - Human Service Vehicle Price Estimates & ALI Codes	
Requires Upload	Optional	Upload Complete
		
Download All		

Projects

Line Item	CY	Description	Budgeted Amount
30.09.01	2024	Operating	\$477,448.00
Total			\$477,448.00

Capital Expenses		\$0.00
Operating Expenses		\$477,448.00
Less Contra Expenses		\$0.00
Recognized 2024 Expenditures		\$477,448.00
Recognized 2024 Revenues		\$90,000.00
Projected Overage/Deficit		\$387,448.00
Federal Funding (5311)	40.6%	- \$ 193,724.00
State Funding (85.20)	13.4%	- \$ 64,169.00
Projected Local Share		\$ 129,555.00
Capital Grant – Local Share		\$ 15,600.00
Subtotal – Estimated Deficit		\$ 145,155.00
2024 Levy for Shared Ride Taxi		\$ 80,000.00
TOTAL ESTIMATED DEFICIT 2024		\$ 65,155.00

Updated: May 28, 2024

2024 Wisconsin Rural Area Agency (Tier C) Funding Distribution

Recipient	Projected Operating Expenses	Projected Farebox Revenues	Farebox As Pct of Expenses	Net Operating Deficit	Federal (5311) Funding	Fed Pct of Expenses	State (85.20) Funding	State Pct of Expenses	Local Investment	Local Pct of Expenses	Fed+State Funding Pct
TIER C BUS											
<i>Bay Area Rural Transit Commission</i>	\$2,432,896	\$201,881	8.3%	\$2,231,015	\$1,115,508	45.9%	\$198,620	8.2%	\$916,887	37.7%	54.02%
<i>City of Manitowoc</i>	\$2,779,298	\$217,425	7.8%	\$2,561,873	\$1,280,937	46.1%	\$220,300	7.9%	\$1,060,636	38.2%	54.02%
<i>City of Merrill</i>	\$604,991	\$70,100	11.6%	\$534,891	\$267,446	44.2%	\$59,340	9.8%	\$208,105	34.4%	54.02%
<i>City of Platteville</i>	\$837,951	\$200,000	23.9%	\$637,951	\$318,976	38.1%	\$133,643	15.9%	\$185,332	22.1%	54.02%
<i>City of Stevens Point</i>	\$2,649,190	\$190,000	7.2%	\$2,459,190	\$1,229,595	46.4%	\$201,364	7.6%	\$1,028,231	38.8%	54.02%
<i>County of La Crosse</i>	\$591,832	\$15,000	2.5%	\$576,832	\$288,416	48.7%	\$31,262	5.3%	\$257,154	43.5%	54.02%
<i>Dunn County Transit Commission</i>	\$590,612	\$51,692	8.8%	\$538,920	\$269,460	45.6%	\$49,559	8.4%	\$219,901	37.2%	54.02%
<i>Lac du Flambeau Tribe</i>	\$944,177	\$27,710	2.9%	\$916,467	\$458,234	48.5%	\$51,763	5.5%	\$406,470	43.1%	54.02%
<i>Menominee Tribe</i>	\$2,556,304	\$553,445	21.7%	\$2,002,859	\$1,001,430	39.2%	\$379,357	14.8%	\$622,072	24.3%	54.02%
<i>Oneida-Vilas Transit Comm</i>	\$746,781	\$65,000	8.7%	\$681,781	\$340,891	45.6%	\$62,482	8.4%	\$278,408	37.3%	54.02%
<i>Rusk County Transit Commission</i>	\$1,776,012	\$462,003	26.0%	\$1,314,009	\$657,005	37.0%	\$302,307	17.0%	\$354,697	20.0%	54.02%
<i>Sawyer Co/LCO Transit Comm</i>	\$2,211,388	\$308,000	13.9%	\$1,903,388	\$951,694	43.0%	\$242,786	11.0%	\$708,908	32.1%	54.02%
TIER C TAXI											
<i>City of Baraboo***</i>	\$571,460	\$248,952	43.6%	\$322,508	\$182,867	32.0%	\$125,807	22.0%	\$13,834	2.4%	54.02%
<i>City of Beaver Dam</i>	\$1,139,200	\$245,000	21.5%	\$894,200	\$447,100	39.2%	\$168,237	14.8%	\$278,863	24.5%	54.02%
<i>City of Berlin</i>	\$311,150	\$57,500	18.5%	\$253,650	\$126,825	40.8%	\$41,243	13.3%	\$85,582	27.5%	54.02%
<i>City of Black River Falls</i>	\$477,448	\$90,000	18.9%	\$387,448	\$193,724	40.6%	\$64,169	13.4%	\$129,555	27.1%	54.02%
<i>City of Edgerton</i>	\$100,613	\$9,400	9.3%	\$91,213	\$45,607	45.3%	\$8,739	8.7%	\$36,867	36.6%	54.02%
<i>City of Fort Atkinson***</i>	\$293,840	\$141,000	48.0%	\$152,840	\$94,029	32.0%	\$58,811	20.0%	\$0	0.0%	52.02%
<i>City of Hudson</i>	\$443,623	\$84,000	18.9%	\$359,623	\$179,812	40.5%	\$59,811	13.5%	\$120,000	27.0%	54.02%
<i>City of Jefferson</i>	\$264,099	\$38,000	14.4%	\$226,099	\$113,050	42.8%	\$29,603	11.2%	\$83,446	31.6%	54.02%
<i>City of Lake Mills</i>	\$138,198	\$14,000	10.1%	\$124,198	\$62,099	44.9%	\$12,549	9.1%	\$49,550	35.9%	54.02%
<i>City of Marinette***</i>	\$498,478	\$144,811	29.1%	\$353,667	\$199,391	40.0%	\$69,862	14.0%	\$84,414	16.9%	54.02%
<i>City of Marshfield***</i>	\$1,225,272	\$500,000	40.8%	\$725,272	\$392,087	32.0%	\$269,743	22.0%	\$63,442	5.2%	54.02%
<i>City of Mauston</i>	\$274,179	\$84,100	30.7%	\$190,079	\$95,040	34.7%	\$53,058	19.4%	\$41,981	15.3%	54.02%
<i>City of Medford</i>	\$213,275	\$25,000	11.7%	\$188,275	\$94,138	44.1%	\$21,062	9.9%	\$73,075	34.3%	54.02%
<i>City of Monroe</i>	\$672,403	\$116,000	17.3%	\$556,403	\$278,202	41.4%	\$84,996	12.6%	\$193,205	28.7%	54.02%
<i>City of New Richmond</i>	\$258,618	\$70,000	27.1%	\$188,618	\$94,309	36.5%	\$45,383	17.5%	\$48,926	18.9%	54.02%
<i>City of Portage</i>	\$1,135,973	\$402,000	35.4%	\$733,973	\$366,987	32.3%	\$246,608	21.7%	\$120,378	10.6%	54.02%
<i>City of Prairie du Chien</i>	\$420,374	\$110,000	26.2%	\$310,374	\$155,187	36.9%	\$71,878	17.1%	\$83,309	19.8%	54.02%
<i>City of Reedsburg***</i>	\$457,754	\$211,000	46.1%	\$246,754	\$146,481	32.0%	\$100,273	21.9%	\$0	0.0%	53.91%
<i>City of Rhinelander***</i>	\$811,826	\$344,000	42.4%	\$467,826	\$259,784	32.0%	\$178,723	22.0%	\$29,319	3.6%	54.02%
<i>City of Richland Center***</i>	\$359,702	\$117,000	32.5%	\$242,702	\$143,881	40.0%	\$50,412	14.0%	\$48,409	13.5%	54.02%
<i>City of Ripon</i>	\$415,752	\$133,000	32.0%	\$282,752	\$141,376	34.0%	\$83,192	20.0%	\$58,184	14.0%	54.02%
<i>City of River Falls</i>	\$351,946	\$49,000	13.9%	\$302,946	\$151,473	43.0%	\$38,630	11.0%	\$112,843	32.1%	54.02%
<i>City of Shawano***</i>	\$443,712	\$180,000	40.6%	\$263,712	\$141,988	32.0%	\$97,683	22.0%	\$24,041	5.4%	54.02%
<i>City of Tomah***</i>	\$1,151,886	\$461,550	40.1%	\$690,336	\$368,604	32.0%	\$253,587	22.0%	\$68,145	5.9%	54.02%
<i>City of Viroqua</i>	\$596,330	\$150,000	25.2%	\$446,330	\$223,165	37.4%	\$98,942	16.6%	\$124,223	20.8%	54.02%
<i>City of Watertown</i>	\$969,657	\$337,000	34.8%	\$632,657	\$316,329	32.6%	\$207,431	21.4%	\$108,897	11.2%	54.02%
<i>City of Waupaca</i>	\$673,316	\$185,000	27.5%	\$488,316	\$244,158	36.3%	\$119,533	17.8%	\$124,625	18.5%	54.02%
<i>City of Waupun</i>	\$187,643	\$51,000	27.2%	\$136,643	\$68,322	36.4%	\$33,033	17.6%	\$35,288	18.8%	54.02%
<i>City of Whitewater</i>	\$321,815	\$47,000	14.6%	\$274,815	\$137,408	42.7%	\$36,420	11.3%	\$100,987	31.4%	54.02%
<i>City of Wisconsin Rapids</i>	\$1,458,432	\$340,000	23.3%	\$1,118,432	\$559,216	38.3%	\$228,555	15.7%	\$330,661	22.7%	54.02%
<i>Clintonville Transit Commission</i>	\$145,868	\$10,000	6.9%	\$135,868	\$67,934	46.6%	\$10,857	7.4%	\$57,077	39.1%	54.02%
<i>County of Clark</i>	\$494,056	\$47,035	9.5%	\$447,021	\$223,511	45.2%	\$43,353	8.8%	\$180,157	36.5%	54.02%
<i>County of Door</i>	\$1,123,899	\$154,000	13.7%	\$969,899	\$484,950	43.1%	\$122,124	10.9%	\$362,825	32.3%	54.02%
<i>County of Grant</i>	\$78,728	\$6,000	7.6%	\$72,728	\$36,364	46.2%	\$6,161	7.8%	\$30,203	38.4%	54.02%
<i>County of Kenosha</i>	\$379,724	\$15,000	4.0%	\$364,724	\$182,362	48.0%	\$22,746	6.0%	\$159,616	42.0%	54.02%
<i>County of Walworth</i>	\$2,166,693	\$174,000	8.0%	\$1,992,693	\$996,347	46.0%	\$173,991	8.0%	\$822,355	38.0%	54.02%
<i>Oneida Nation</i>	\$1,284,623	\$15,000	1.2%	\$1,269,623	\$634,812	49.4%	\$59,077	4.6%	\$575,734	44.8%	54.02%
<i>Village of Plover***</i>	\$317,048	\$90,000	28.4%	\$227,048	\$126,819	40.0%	\$44,434	14.0%	\$55,795	17.6%	54.02%
<i>Village of Prairie du Sac***</i>	\$179,105	\$49,500	27.6%	\$129,605	\$71,642	40.0%	\$25,101	14.0%	\$32,862	18.3%	54.02%
Total Tier C:	\$41,529,150	\$7,908,104	19.0%	\$33,621,046	\$17,026,972	41.0%	\$5,398,600	13.0%	\$11,195,474	27.0%	54.00%

***Capital Cost of Contracting utilized to maximize leverage of federal funds. Check your 5311 grant agreement for reimbursement percentage used in this calendar year.

Italics designates directly-operated systems not eligible for capital cost of contracting

Local share estimated based on application budget; actual costs and revenues may increase or decrease final share. Listed Final Share Pct not guaranteed.