City of Black River Falls

COMMON COUNCIL – AGENDA

Tuesday – December 3, 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 November 20, 2024 Special Common Council Meeting – Action
5. Citizens in Attendance
6. Committee Reports:

    a. Utility Commission November 18, 2024

7. Application for renewal of Pawnbroker License submitted by Nick's Pawn located at 26 N. Water Street – Action
8. Application for Class A Beer retailer license for Smokers Corner, LLC for premises located at 14 South Roosevelt Road – Action
9. Meetings: **Committee of the Whole** **Wednesday December 18, 2024 6:00pm**
10. Adjourn

Posted: November 27, 2024

The Common Council met in special session at City Hall in the City of Black River Falls on November 20, 2024 at 6:00 P.M. Alderpersons Gearing-Lancaster, Wussow, Ammann, Peloquin, E. Rave, Dougherty, and Busse were present. Alderperson M. Rave attended remotely via Zoom meetings. Mayor J. Eddy presided.

It was moved by Alderperson Peloquin, seconded by Alderperson Gearing-Lancaster to dispense with the reading of the minutes of the November 6, 2024 Common Council meeting and approve as presented. Motion carried.

CITIZENS IN ATTENDANCE

There were 3 citizens in attendance – 2 in person and 1 via Zoom meetings. Tim Knopps expressed his opinion regarding the City's recent abatement of his property at 20 East Jefferson Street.

Mayor Eddy opened the public hearing on the proposed 2025 City Operating and Capital Budgets.

2025 proposed budget highlights included $90,550 increase to the levy for EMS which is new in 2025, $25,000 increase in Aquatic Center levy from $70,000 to $95,000, $10,000 decrease in shared-ride taxi levy from $85,000 to $75,000 and a 24% decrease ($140,500) in the capital budget from $561,000 to $420,500. There were no comments or objections from citizens in attendance.

It was moved by Alderperson Wussow, seconded by Alderperson Ammann to close the public hearing. Motion carried at 6:07 pm

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It was moved by Alderperson Wussow, seconded by Alderperson Dougherty to approve the 2025 City Operating and Capital budgets as presented and set the levy at $2,312,696. Motion carried.

It was moved by Alderperson Dougherty, seconded by Alderperson Gearing-Lancaster to approve the 2025 Fire Department EMS Division budget as presented. Motion carried.

The Department Head monthly reports were reviewed. Department heads present were Darryl Nelson, Jarod Meyer, Jody Stoker, Travis Brown, Cara Hart, and Brad Chown.

The Police Chief advised a new hire will be starting soon, but will need to complete 16 weeks of training before being on his own. This leaves 1 full-time patrol officer vacancy.

The Fire Chief thanked the Council and everyone involved for the new 100-foot platform truck the Fire Department was able to purchase. It is an amazing piece of equipment and will serve the City well for a long time.

It was moved by Alderperson Busse, seconded by Alderperson Gearing-Lancaster to approve **RESOLUTION 2024-07** – a resolution supporting proposed renovations to facilities at Marks Field. Motion carried.

CITY OF BLACK RIVER FALLS RESOLUTION 2024-07

A RESOLUTION SUPPORTING PROPOSED RENOVATIONS TO FACILITITES AT MARKS FIELDS IN THE CITY OF BLACK RIVER FALLS, JACKSON COUNTY, WISCONSIN

WHEREAS, the Jackson County Little League organization wishes to replace the existing concession stand and rest rooms at Marks Field; and,

WHEREAS the Jackson County Little League organization also wishes to add a playground area at Marks Field; and,

WHEREAS the estimated cost for this project will be between $500,000 and $800,000; and,

WHEREAS, the Jackson County Little League organization has committed to raising the funds necessary to complete the project; and,

WHEREAS, the Jackson County Little League organization has committed to covering the cost related to initial design and cost estimating; and,

WHEREAS, the fundraising efforts will include the establishment of a maintenance fund designated specifically for the new amenities at Marks Field; and,

WHEREAS, the new facilities would be constructed on City property and become City assets upon completion; and,

WHEREAS, the City of Black River Falls will be responsible for the maintenance and upkeep of the new facilities after completion; and,

WHEREAS, the City of Black River Falls believes the renovated space will better serve the Mark's Field area and surrounding neighborhoods; and,

WHEREAS, the City of Black River Falls believes the renovated space may be conducive to additional shelter rental opportunities for the Parks & Recreation Department;

NOW, THEREFORE, BE IT RESOLVED, that the City of Black River Falls City Council hereby supports Jackson County Little League's plans to replace the existing concession stand and rest rooms with one new combined building and the group's plans to add a playground to the Marks Fields area.

It was moved by Alderperson Dougherty, seconded by Alderperson E. Rave to approve the Assessor Maintenance Contract for 2025-2027 as presented. Motion carried.

It was moved by Alderperson Dougherty, seconded by Alderperson Peloquin to approve vouchers for October 2024 Check #74656 - #74783 totaling $592,712.81. Motion carried.

It was moved by Alderperson Wussow, seconded by Alderperson Gearing-Lancaster to approve the City Treasurer's Report for October 2024. Motion carried.

It was moved by Alderperson Ammann, seconded by Alderperson Dougherty to approve the Revenue & Expense Report for October 2024. Motion carried.

It was moved by Alderperson Peloquin, seconded by Alderperson E. Rave to adjourn. Motion carried at 6:34pm.

A. Brad Chown
City Administrator

BLACK RIVER FALLS UTILITY COMMISSION MEETING MINUTES

November 18, 2024

Utility Commission President John Lund called a meeting of the Black River Falls Municipal Utility Commission to order on November 18, 2024 at 3:29 p.m. in the Utility Conference Room at 349 South McKinley Street. Commissioners in attendance were Jeff Amo, Justin Dougherty, Jay Eddy and Don Mathews. Also present were General Manager Casey Engebretson, Electric Supt. Kevin LaValley, Office Manager Samantha Linehan, and Garrett Aleckson (Banner Journal).

A motion was made by Commissioner Mathews and seconded by Commissioner Eddy to approve the minutes from the October 28, 2024 regular meeting.

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

A motion was made by Commissioner Dougherty and seconded by Commissioner Mathews to approve the accounts payable vouchers; CK #42407 - #42479; VC #42480 – 42484; CK #42485 – 42487; VC #42488; CK #42489 – 42500; and EP #100872 - #100879 – Totaling $670,099.57.

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

The Commission reviewed the October 2024 arrears.

Casey Engebretson informed the Commission that he and SEH met with the local DNR Engineer to discuss the setback studies and limited options for the placement of a new well. The DNR Engineer suggested filing the report and application with the preferred site(s) listed and follow the guidance of the DNR reviewers. SEH will proceed with the report and application submittal.

Casey Engebretson informed the Commission that the influent pumps at the WWTP were installed the first week of November. Additional conduit will need to be installed to meet electrical code. WWTP staff is obtaining pricing and availability.

Casey Engebretson informed the Commission that a semi struck a power pole, resulting in the line crews getting called out for the repair, which took approximately eight (8) hours. Staff later found another pole that was damaged. The City police have obtained security camera footage from various businesses and continue to investigate the incidents. Staff has filed a claim with the City's insurance company.

A motion was made by Commissioner Amo and seconded by Commissioner Dougherty to designate Samantha Linehan as an Authorized User and signer for Utility accounts at Security Financial Bank and Black River Country Bank.

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

A motion was made by Commissioner Mathews and seconded by Commissioner Eddy to appoint Samantha Linehan as the WPPI Board of Directors – Alternate for Black River Falls Municipal Utilities.

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

A motion was made by Commissioner Eddy and seconded by Commissioner Amo to make the following contributions from the Value of Public Power funds:

- Black River Falls Fire Dept. - $1,550 ($800 Community Contributions + $750 Customer Service & Branding) for equipment on the new fire truck
- Black River Area Chamber of Commerce - $1,000 (Economic Development) for Trail of Terror expenses and/or Small Business Saturday chamber bucks/gift cards
- School District of Black River Falls - $1,000 (Customer Service & Branding) for the new Community Education Program

Aye: Lund, Amo, Eddy, and Mathews
Abstain: Dougherty
Motion Carried.

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

A motion was made by Commissioner Amo and seconded by Commissioner Mathews to adjourn the meeting at 3:48 p.m.

Casey Engebretson, General Manager

comm.mtg.minutes.11.18.2024

DTCP-BCP-009.docx (rev. 11/2023)

Td

Wisconsin Department of Agriculture, Trade and Consumer Protection
Bureau of Consumer Protection
2811 Agriculture Drive, PO Box 8911, Madison WI 53708-8911
Phone: (800) 422-7128 FAX: (608) 224-4677 TDD: (608) 224-5058
Email: DATCPHotline@wi.gov Website: datcp.wi.gov

LICENSE APPLICATION for

- **Pawnbroker**
- **Secondhand Jewelry Dealer**
- **Secondhand Article Dealer**
- **Secondhand Article Dealer Mall or Flea Market**

Wis. Stat. § 134.71

Completion of this form is mandatory; failure to fully complete this form will result in denial of the license application. Personally identifiable information may be used for purposes other than for which it is originally being collected. *Wis. Stat. § 15.04(1)(m).*

CHECK ALL THAT APPLY:

☐ Original application ☒ Renewal

TYPE: ☒ Pawnbroker ☐ Secondhand Jewelry Dealer ☐ Secondhand Article Dealer ☐ Mall or Flea Market

INSTRUCTIONS:
NATURAL PERSON (INDIVIDUAL) LICENSE – Complete Sections 1, 2, 3 and 6
PARTNERSHIP LICENSE – Complete Sections 1, 2, 3, 4 and 6
CORPORATE LICENSE – Complete Sections 1, 2, 3, 5, and 6

(SECTION 1) APPLICANT INFORMATION

FIRST NAME	MI	LAST NAME	HOME TELEPHONE NUMBER
SHARON	E.	TRUJILLO	(608) 780 8920

SEX	RACE	DATE OF BIRTH	PLACE OF BIRTH (City, State, Country)
Female	white	11-13-1960	Viroqua. WI. Vernon

ADDRESS STREET	CITY	STATE	ZIP
N587- North Bend Drive	Melrose	WI	54642

LIST ALL STATES APPLICANT PREVIOUSLY RESIDED:
South Dakota

IS APPLICANT A: ☐ Natural Person (Individual) ☐ Corporation ☒ Limited Liability Company ☐ Partnership

(SECTION 2) CONVICTION RECORD

Has the applicant, been convicted or adjudicated of any of the following **within the last 10 years** where the circumstances of the offense substantially relate to the circumstances of the licensed activity:

a felony?	☐ YES	☒ NO
a misdemeanor?	☐ YES	☒ NO
a statutory violation punishable by forfeiture?	☐ YES	☒ NO
a county or municipal ordinance violation?	☐ YES	☒ NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction or penalty information:

Attach additional sheets if necessary.

(SECTION 3) BUSINESS INFORMATION

BUSINESS NAME	ADDRESS STREET	CITY	STATE	ZIP	PHONE NUMBER
Nick's Pawn	26 N. Water Street	Black River Falls	WI	54615	(715) 284-7296
OWNER'S NAME	ADDRESS STREET	CITY	STATE	ZIP	PHONE NUMBER
Sharon Trujillo	N587-North Bend Drive	Melrose	WI	54642	(608) 780-8920
BUSINESS MANGER'S NAME	ADDRESS STREET	CITY	STATE	ZIP	PHONE NUMBER
Sharon Trujillo	N587 North Bend Drive	Melrose	WI	54642	(608) 780-8920
BUILDING OWNER'S NAME	ADDRESS STREET	CITY	STATE	ZIP	PHONE NUMBER
Sharon Trujillo	N587 North Bend Drive	Melrose	WI	54642	(608) 780--8920

IMPORTANT: More questions on next page.

(SECTION 4) LIMITED LIABILITY COMPANY INFORMATION

Limited Liability Company Name:

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

Name (Last, First, MI)	DOB	Street Address	City	State	Zip
Trujillo, Sharon, E.	11-13-1960	N557 North Bend Drive	Melrose	WI	54642

(SECTION 5) PARTNERSHIP INFORMATION

Partnership Name:

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

Name (Last, First, MI)	DOB	Street Address	City	State	Zip

(SECTION 6) CORPORATION INFORMATION

Corporation Name:

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

Name (Last, First, MI)	DOB	Street Address	City	State	Zip

(SECTION 7) PENALTY NOTICE

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of *Wis. Stat. §§ 134.71, 943.34, 948.62 or 948.63.*

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

YOUR SIGNATURE	PRINT NAME
Mrs Sharon Trujillo	Sharon TRUJILLO

FOR ADMINISTRATIVE USE ONLY

LICENSING AUTHORITY	LICENSE NUMBER ASSIGNED	DATE EFFECTIVE	CLERK

FEES RECEIVED:	Pawnbroker Bond	$	Secondhand Article License	$
	Pawnbroker License	$	Secondhand Dealer Mall/Flea Market License	$
	Secondhand Jewelry License	$	**TOTAL FEE:**	$

FOR LAW ENFORCEMENT USE ONLY

☒ Recommend Approval ☐ Recommend Denial (Attach explanation.)

Investigating Office Signature: Travis P Brown Date: 11/19/24

Print Name of Investigating Officer: CHIEF TRAVIS BROWN

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

Fees	
License Fees	$ 100.00
Background Check Fee	$
Publication Fee	$ 14.95
Total Fees	$ 114.95

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: 08/01/2022
8. Wisconsin DFI Registration Number: 10
9. Premises Address: 14 S Roosevelt Road
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: Adams
16. Premises Phone: (715) 670-0101
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.

Strip mall rental with two doors one window. open space with displays all around. Alcohol will be sold in a frigde or shelf in view for all to purchase.

20. Mailing Address (if different from premises address):
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 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	First Name	M.I.
Schomber	Kyle	B

Title	Email	Phone
Owner	microboy20@att.net	(715) 896-8787

Signature	Date
	11/13/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
11-21-24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date: 11/13/2024

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): Smokers Corner LLC
2. Business Trade Name or DBA: Smokers Corner
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Schomber	Kyle	B

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	microboy20@att.net	(715) 896-8787

7. Home Address: N7299 County Road A

8. City	9. State	10. Zip Code	11. Date of Birth
Black River Falls	WI	54615	10/11/99

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
S516-5029-9381-09	WI

Part C: Address History

1. Do you currently reside in Wisconsin? ☑ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
15	

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

	City	State	Zip Code
Previous Address 1: 321 west chippewa street	Cadott	WI	54727
Previous Address 2: 571 nasturtium lane	Altoona	WI	54720
Previous Address 3: N7299 county road A	Black River Falls	WI	54615
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☑ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

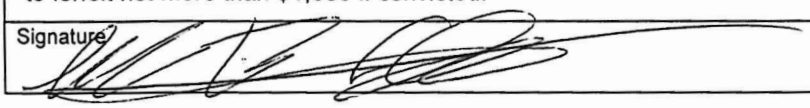
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

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

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
	11/13/2024

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
11/13/2024

Agent Type *(check one)*

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

Part A: Business Information

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

2. Business Trade Name or DBA
Smokers Corner

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

4. Alcohol Beverage Business Authorization *(check one)*
☑ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Scohomber	Kyle	B

4. Email	5. Phone
Microboy20@att.net	715-896-8787

6. Home Address
N7299 County Road A

7. City	8. State	9. Zip Code	10. Age
Black River Falls	WI	54615	25

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
s516-5029-9381-09	WI

Part C: Agent Questions

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

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire?* Submit a completed Form AB-100 with this form. ☑ Yes ☐ No

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

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Schomber	Kyle	B

Title	Email	Phone
Owner	microboy20@att.net	(715) 896-8787

Signature	Date
	11/13/2024

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Schomber	Kyle	B

Signature	Date
	11/13/24