

City of Black River Falls
COMMON COUNCIL – AGENDA

Tuesday – June 2, 2026 – 6:00 PM
City Hall – 101 S. Second Street, Black River Falls, WI

Join Zoom Meeting:

<https://us02web.zoom.us/j/86241711746?pwd=3j1mdQUH6aHx285zblkyh27Na3byaM.1>

Or Dial: 1-312-626-6799

Meeting ID: 862 4171 1746

Password: cityhall

1. Call to Order
2. Roll Call
3. Pledge of Allegiance
4. Reading of the Minutes of the May 20, 2026 Special Common Council Meeting – Action
5. Citizens in Attendance
6. Committee Reports:
 - a. Utility Commission May 18, 2026
 - b. Board of Review May 28, 2026
7. Applications for Renewal of Class A, B and C Beer, Wine, Liquor and Wholesale Retailer Licenses (2026-2027) – Action
8. Application for a Temporary Alcohol Beverage License from Black River Youth Hockey for the 2026 Gun Banquet June 27th at 388 Melrose Street (Milt Lunda Memorial Arena) – Action
9. Application for a Temporary Alcohol Beverage License from the Rotary Club of Black River Falls for Festival in the Park July 11th at 1400 Tyler Street – Action
10. License for Real Property for military to conduct field exercises and training – Action
11. Meetings: Committee of the Whole **Wednesday, June 17, 2026 6:00 PM**
12. Adjourn

Posted: May 29, 2026

The Common Council met in special session at City Hall in the City of Black River Falls on May 20, 2026 at 6:00 P.M. Alderpersons Gearing-Lancaster, Ammann and Peloquin were present. Alderpersons M. Rave, Busse, and Wussow attended remotely via Zoom meetings. Alderpersons E. Rave and Dougherty were excused. Mayor J. Eddy presided.

It was moved by Alderperson Gearing-Lancaster seconded by Alderperson Peloquin to dispense with the reading of the minutes of the May 5, 2026 Common Council meeting and approve as presented. Motion carried.

CITIZENS IN ATTENDANCE

There was one citizen in attendance for an agenda item.

COMMITTEE REPORTS

It was moved by Alderperson M. Rave, seconded by Alderperson Ammann to approve the minutes of the May 13, 2026 Plan Commission meeting. Motion carried.

The Department Head monthly reports were reviewed. Department heads present were Mark Nordahl, Darryl Nelson, Jarod Mayer, Travis Brown, and Brad Chown. Cara Hart was excused.

1. The Street Superintendent reported street work on North 8th Street is going well.
2. The City Administrator advised a television has been installed in the lobby to display advertising material for community events, and the programming will be managed by the Chamber of Commerce. He also advised the updated City website has launched and it looks good.
3. The Parks & Recreation Director advised the water supply line for the tube slide at the Hoffman Aquatic Center has a major leak. Neuman Pools has been called to inspect and potentially repair. This will not affect the pool opening, but the slide will not be in service until repaired.

It was moved by Alderperson Ammann, seconded by Alderperson Peloquin to approve **Ordinance 904** – an ordinance repealing and recreating Section 5.10(2) of the Code of Ordinances regarding fire inspections. Motion carried.

CITY OF BLACK RIVER FALLS ORDINANCE NO. 904

AN ORDINANCE REPEALING AND RECREATING SECTION 5.10(2) OF THE CODE OF ORDINANCES FOR THE CITY OF BLACK RIVER FALLS, JACKSON COUNTY, WISCONSIN REGARDING FIRE INSPECTIONS

The Common Council of the City of Black River Falls, Jackson County, Wisconsin, do ordain as follows:

SECTION 1.

Section 5.10(2) shall be created to read as follows:

(2) INSPECTION DUTIES. The Fire Inspectors shall inspect all public buildings and places of employment, as defined in §101.01, Wis. Stats. 101.14 and SPS 314.01(13), within the City and participating towns for the purpose of noting and causing to be corrected any conditions liable to cause fires. Pursuant to SPS 314.01 (13) (7), the chief of the fire department is authorized to reduce the frequency of fire inspections required under SPS 314.01(13) to at least once per calendar year, provided the interval between those inspections does not exceed fifteen (15) months. The Chief of the Fire Department may require or conduct more frequent inspections than required under this subsection. Repairs or alterations necessary to remove the hazardous condition shall be made within a reasonable time at the expense of the owner. The Inspector shall also investigate the storage and handling of explosives and flammable liquids

It was moved by Alderperson M. Rave, seconded by Alderperson Gearing-Lancaster to approve the Certified Survey Map submitted by Ethan Remus on behalf of April Riley for property located at 1114 Pierce Street. Motion carried.

It was moved by Alderperson Busse, seconded by Alderperson Wussow to approve the Certified Survey Map submitted by Badger-Land Survey, LLC on behalf of PO Properties for property located at 1005 and 1007 Spruce Street. Motion carried.

It was moved by Alderperson Wussow, seconded by Alderperson Ammann to approve the vouchers for April 2026 Check #76871 - #76989 totaling \$323,898.41. Motion carried.

It was moved by Alderperson Gearing-Lancaster, seconded by Alderperson Busse to approve the City Treasurer's Report for April 2026. Motion carried.

It was moved by Alderperson Ammann, seconded by Alderperson Peloquin to approve the Revenue & Expense Report for April 2026. Motion carried.

It was moved by Alderperson Peloquin, seconded by Alderperson Gearing-Lancaster to adjourn. Motion carried at 6:24pm.

A. Brad Chown
City Administrator

BLACK RIVER FALLS UTILITY COMMISSION MEETING MINUTES

May 18, 2026

Utility Commission President John Lund called a meeting of the Black River Falls Municipal Utility Commission to order on May 18, 2026 at 3:30 p.m. in the Utility Conference Room at 349 South McKinley Street. Commissioners in attendance were Jeff Amo, Jay Eddy, and Don Mathews. Commissioner Justin Dougherty was excused. Also present were General Manager Casey Engebretson and Garrett Aleckson (Banner Journal).

A motion was made by Commissioner Amo and seconded by Commissioner Eddy to approve the minutes from the April 27th, 2026 regular meeting.

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

The Commission reviewed the March vouchers.

A motion was made by Commissioner Eddy and seconded by Commissioner Mathews to approve the accounts payable vouchers; CK #43722 – 43801 and EP #101014 - 101022 – Totaling \$957,040.97.

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

The Commission reviewed the April 2026 arrears.

Casey Engebretson discussed a memo provided to the Commission which contained the engineer's answers to questions posed at the April meeting. Casey stated the last comprehensive water system study was completed in 2014. Subsequent to the 2014 study, a number of changes have occurred, including but not limited to, a new 10th St. tower, small diameter water main replacements, and usage patterns. All of these factors affect water system characteristics. Casey recommended requesting a quote to conduct a new comprehensive system study to allow the Commission to make more informed decisions using up-to-date information, for future system improvements. After a short discussion, the Commission asked Casey to obtain a quote from SEH for a new system study.

Casey Engebretson informed the Commission that the weirs in the digester at the WWTP are showing significant deterioration and will need to be replaced. Casey has asked WWTP staff to procure quotes for this work.

Casey Engebretson informed the Commission that EPS was onsite to perform the Plant No. 2 regulator rehabilitation. Casey also stated that the new bucket truck was delivered and the line crew is finishing up transferring tools and equipment from the old truck to the new truck. Casey is obtaining more information from a second option for selling the old bucket truck.

Casey Engebretson presented a Simplified Water Rate Case (SRC) application to the Commission. Casey explained the process and confirmed that BRFMU met the criteria to qualify for the SRC. Casey reiterated the fact that the Water Department has been operating at nearly a break-even point for quite some time. Initial plans were to apply for a comprehensive conventional rate increase in conjunction with a large well project. With the substandard well pumping result forcing the Utility to look at other options, Casey felt that applying for a SRC is needed to bridge the gap until a decision is made for a future large project. Casey stated that the SRC will result in a 3.0% increase, resulting in an approximate \$1.50 increase per month for a residential customer. The notice would be published on June 3, 2026, with the new rates effective on August 1, 2026.

A motion was made by Commissioner Amo and seconded by Commissioner Eddy to authorize Casey Engebretson to file a SRC application with the Public Service Commission.

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

Casey Engebretson informed the Commission that the company leasing the property adjacent to the Lincoln substation has requested the lease be renewed. The original lease is set to expire in 2033. Casey provided information from the City Attorney to the Commission and a short discussion ensued. The Commission felt there was still ample time remaining on the existing lease and the decision to renew should be made closer to the expiration of the original lease. No action was taken.

Casey Engebretson stated that WPPI Energy will be starting the process of asking members to extend the all-requirements power supply contracts later this summer. A typical extension process involves the Commission approving a resolution/recommendation to the City Council to extend the contract, with final approval by the City Council. Casey will provide more information as it becomes available.

Casey Engebretson reminded the Commission that the Customer Appreciation Luncheon will be held on Wednesday June 10th from 11 a.m. – 1 p.m at the Utility Operations Center at 349 S. McKinley St.

Next Meeting: June 29, 2026 @ 3:30 p.m.

A motion was made by Commissioner Eddy and seconded by Commissioner Mathews to adjourn the meeting at 4:14 p.m.

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

Casey Engebretson, General Manager
comm.mtg.minutes.5.18.2026

The Board of Review met at City Hall in the City of Black River Falls, WI on May 28, 2026 at 10:00 A.M. Board members present were Mayor Jay Eddy, Alderperson Mike Rave, and City Administrator A. Brad Chown.

1. Administrator Chown called the Board of Review to order at 10:00 AM.
2. Administrator Chown verified a recording device was present and recording.
3. Administrator Chown confirmed the May 28, 2026 Board of Review meeting notice was posted April 16, 2026 and published in the Banner Journal on April 29, 2025.
4. Mayor Eddy nominated himself for Chairperson of the Board of Review. There were no other nominations.
5. It was moved by Alderperson M. Rave, seconded by Administrator Chown to close the nominations and cast a unanimous ballot for Mayor Eddy for Chairperson of the Board of Review. Motion carried.
6. Alderperson M. Rave nominated Brad Chown for Vice-Chairperson of the Board of Review. There were no other nominations.
7. It was moved by Alderperson M. Rave, seconded by Mayor Eddy to close the nominations and cast a unanimous ballot for Brad Chown for Vice-Chairperson of the Board of Review. Motion carried.
8. The Board verified that Administrator Chown attended Board of Review Training on May 11, 2026.
9. Administrator Chown verified City of BRF Ordinance 717 – an ordinance relating to the confidentiality of information about income and expenses requested by the Assessor in property assessment matters in the City.
10. Administrator Chown verified City of BRF Resolution 2023-04 – a resolution establishing Board of Review policy and procedure for sworn telephone or sworn written testimony requests.
11. Administrator Chown verified City of BRF Resolution 2023-05 – a resolution establishing Board of Review policy and procedure for waiver of Board of Review hearing requests.
12. Administrator Chown confirmed receipt of the assessment roll from the Assessor.
13. Attorney Bill Wentzel was in attendance representing Wal-Mart Real Estate Trust for the Request for Waiver of Board of Review Hearing from Wal-Mart Real Estate Business Trust for parcel 206-2210.0000. Administrator Chown confirmed timely receipt of the Objection to Real Property Assessment brought by Wal-Mart Real Estate Trust for Parcel 206-2210.0000 for property located at 611 East State Hwy 54 that is assessed at \$13,139,300 and a stated opinion of value of \$6,910,000 and the Request for Waiver of Board of Review.
14. It was moved by Administrator Chown, seconded by Alderperson M. Rave to grant the Request for a Waiver of a Board of Review Hearing from Wal-Mart Real Estate Business Trust for Parcel 206-2210.0000 located at 611 State Highway 54 to allow them to take the matter directly to circuit court. Motion carried.
15. The Board reviewed the assessment roll and performed their statutory duties.
16. The assessor confirmed there were no Open Book changes to include in the assessment roll.
17. The Board found no need to schedule additional Board of Review dates.
18. It was moved by Administrator Chown, seconded by Alderperson M. Rave to adjourn the Board of Review. Motion carried at 12:01 PM.

A. Brad Chown
City Administrator

2026-2027 BEER, LIQUOR, CIDER, WINE, WHOLESALE LICENSE LIST

STATE QUOTA
 Quota Established by BRF Code Section: 12.02(9)(e) 12.02(9)(a) 12.02(9)(b) 12.02(9)(c) 12.02(9)(d)

Business Name	License Type							
	C Wine	B Liquor	B Beer	A Liquor	A Beer	Cider	Wholesale	Winery
Adelaid's Delicatessen (Mans Ruin, LLC)		1	1					
Harry Black River Falls				1	1			
Corner Store It Is, LLC				1	1			
Dollar General Store #10118				1	1			
Falls Florist	1							
Hansen's IGA				1	1			
Kwik Trip, Inc. Hwy A #240				1	1			
Kwik Trip, Inc. Hwy 54 E #648				1	1			
Leroy's Grill	1		1					
Little Vinny's (Mans Ruin, LLC)		1	1					
Docside, LLC		1	1					
Miles-Hagen American Legion Post #200		1	1					
Mr. Pita	1		1					
Pilot Travel Center, LLC (Flying J)					1			
Pizza Hut			1					
PJ's Bar (Carpi's Temp, LLC)		1	1					
Revolution Coffee, LLC	1		1					
Rozario's Pizza & Pasta, LLC		1	1					
Skyline Golf Course (BRF Recreation Association)		1	1					
Smoker's Corner								
Stag & Lion Pub, LLC		1	1					
Viva Cinco De Mayo		1	1					
Wal-Mart				1	1			

Total Issued	4	9	12	7	8	0	0	0
** Total Authorized	13	9	14	13	13	8	N/A	N/A
Available	9	0	2	6	5	8	N/A	N/A

****Docside, LLC**

Class C Wine = On Premise Wine
Class B Liquor = On Premise Liquor Class A Liquor = Off Premise Liquor
Class B Beer = On Premise Beer Class A Beer = Off Premise Beer

**** One (1) of the (9) total authorized Class B Liquors is a "Reserve Class B Liquor License" - minimum \$10k initial fee (non-refundable) specifically for the Old Pines Property due to annexation. (for state quota compliance)**

Statutory Quota on "Class B" Liquor Licenses Only - §125.51(4) - All other quotas are controlled locally via ordinance/code

Form
AB-200

Alcohol Beverage License
Application

COPY

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

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

Class "A" Beer \$ _____
 "Class A" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 "Class C" Liquor (wine only) \$ _____
 Class "B" Beer \$ 100.⁰⁰
 Regular "Class B" Liquor \$ 300.⁰⁰
 Reserve "Class B" Liquor \$ _____
 Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$ 400. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 10. ⁰⁰
Total Fees	\$ 410.⁰⁰

Part A: Premises/Business Information

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

2. Business Trade Name or DBA
ADelaides 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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization *WISCONSIN* 8. Date of Organization *10.02.2020* 9. Wisconsin DFI Registration Number *1112590*

10. Premises Address
44 MAIN ST

11. City *Black River Falls* 12. State *WI* 13. Zip Code *54615*

14. County *Jackson* 15. Governing Municipality: City Town Village
of: *Black River Falls* 16. Aldermanic District

17. Premises Phone *715-670.0226* 18. Premises Email *ADelidesDeli@yasthoo.com* 19. Website *ADelidesDeli.com*

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City _____ 23. State _____ 24. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information


Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 <i>Meyer</i>	First Name <i>Vincent</i>	M.I. <i>O</i>
Title <i>OWNER</i>	Email <i>ADDIES Deli @yashad.com</i>	Phone <i>305.942.3224</i>
Signature 		Date <i>4.29.26</i>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>4-29-26</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Kerri R. Ward</i>		Date Provisional License Issued (if applicable)	

COPY

Form AB-200

Alcohol Beverage License Application

Table with 2 columns: For Municipal Use Only, Municipality (City of Black River Falls), License Period (07/01/2026 - 06/30/2027)

Application Type (check one)

Initial (New) Renewal

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

Class A/B Beer, Class A/B Liquor, Class C Liquor, Reserve Class B Liquor, Above-Quota Class B Liquor

Table with 2 columns: Fees, License Fee(s), Background Check Fee, Publication Fee, Total Fees

Part A: Premises/Business Information

Form with fields for: 1. Legal Business Name, 2. Business Trade Name, 3. FEIN, 4. Wisconsin Seller's Permit Number, 5. Entity Type, 6. LLC members, 7. State of Organization, 8. Date of Organization, 9. Wisconsin DFI Registration Number, 10. Premises Address, 11. City, 12. State, 13. Zip Code, 14. County, 15. Governing Municipality, 16. Aldermanic District, 17. Premises Phone, 18. Premises Email, 19. Website, 20. Premises Description, 21. Mailing Address, 22. City, 23. State, 24. Zip Code

Part B: Questions

Form with questions: 1. Has the business been convicted of violating federal or state laws or local ordinances? Includes fields for Law/Ordinance Violated, Location, Trial Date, and Was sentence completed?

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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

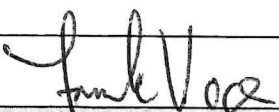
(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

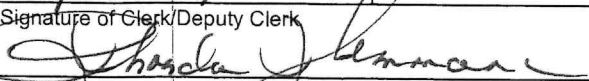
Part D: Attestation

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 Voge		First Name Frank		M.I.
Title Manager		Email fvog60@gmail.com		Phone 920-960-1519
Signature 			Date 4-24-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk April 27, 2024	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	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)		Fees	
<input type="checkbox"/> Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ <u>100.⁰⁰</u>	License Fee(s)	\$ <u>400.⁰⁰</u>
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor <u>\$300.⁰⁰</u>	Background Check Fee	\$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	Publication Fee	\$ <u>10.⁰⁰</u>
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Total Fees	\$ <u>410.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Black River Falls Bee Association Inc

2. Business Trade Name or DBA
Skyline Golf Club

3. FEIN C39-0924633 4. Wisconsin Seller's Permit Number 45643

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization WI 8. Date of Organization _____ 9. Wisconsin DFI Registration Number 6137081

10. Premises Address
612 W 11th Street

11. City Black River Falls 12. State WI 13. Zip Code 54615

14. County Jackson 15. Governing Municipality: City Town Village
of: Black River Falls 16. Aldermanic District _____

17. Premises Phone 715-284-2613 18. Premises Email General manager@skylinegolf&bbf.com 19. Website _____

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address) _____

22. City _____ 23. State _____ 24. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. SERVE SAFE Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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>Millis</u>	First Name <u>Tyler</u>	M.I. <u>D</u>
Title <u>General Manager</u>	Email <u>Generalmanager@skylinejointsBAR.com</u>	Phone <u>715-299-1970</u>
Signature <u>[Signature]</u>		Date <u>4-14-2026</u>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <u>4-17-26</u>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <u>[Signature]</u>		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	07/01/2026 - 06/30/2027

COPY

Application Type (check one)

Initial (New) Renewal

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

Class "A" Beer \$ _____ Class "B" Beer \$ 100.⁰⁰
 "Class A" Liquor \$ _____ Regular "Class B" Liquor ⁴¹⁹⁵ \$ 300.⁰⁰
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 100.⁰⁰
 "Class C" Liquor (wine only) \$ _____ Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$ <u>500.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>510.⁰⁰</u>

Part A: Premises/Business Information

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

2. Business Trade Name or DBA
PJ's Bar

3. FEIN 99-3634235 4. Wisconsin Seller's Permit Number 456-1031798123-04

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization WI 8. Date of Organization 7-16-24 9. Wisconsin DFI Registration Number C129406

10. Premises Address
20 S. 2nd St

11. City Blk Rvr Fls 12. State WI 13. Zip Code 54615

14. County Jackson 15. Governing Municipality: City Town Village
 of: Blk Rvr Fls 16. Aldermanic District _____

17. Premises Phone 715-670-0123 18. Premises Email tyson.clarke@gmail.com 19. Website _____

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.
+ 20 S. 2nd St where pool table & dart board are located.

21. Mailing Address (if different from premises address)
124 Main St

22. City Blk Rvr Fls 23. State WI 24. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Clarke	First Name Tyson	M.I.
Title Owner	Email tyson.clarke@gmail.com	Phone 715-299-4655
Signature [Signature]		Date 5-1-26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-1-26	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk [Signature]		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	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

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

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

Fees	
License Fee(s)	\$ <u>600.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>610.⁰⁰</u>

Part A: Premises/Business Information

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

Corner Store I + Js LLC

2. Business Trade Name or DBA

3. FEIN

87 3479986

4. Wisconsin Seller's Permit Number

456 103 083 745404

5. Entity Type (check one)

Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No

If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization

WI

8. Date of Organization

Jan 1 2021

9. Wisconsin DFI Registration Number

C115856

10. Premises Address

923 Main St

11. City

Black River Falls

12. State

WI

13. Zip Code

54615

14. County

Jackson

15. Governing Municipality: City Town Village

of: Black River Falls

16. Aldermanic District

Ward 2

17. Premises Phone

715-284-0450

18. Premises Email

melissa-eagen@yahoo.com

19. Website

20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City

23. State

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

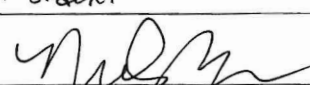
Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

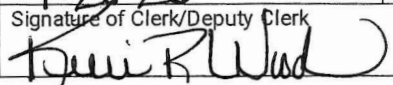
Part D: Attestation

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 Bue	First Name Melissa	M.I. E
Title President	Email Melissa_eagen@yahoo.com	Phone 715-299-1576
Signature 		Date 4-19-26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-20-26	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

Table with 2 columns: For Municipal Use Only, Municipality (City of Black River Falls), License Period (07/01/2026 - 06/30/2027)

Application Type (check one)
Initial (New) [] Renewal [x]

License(s) Requested: (up to two boxes may be checked)
Class 'A' Beer, Class 'B' Beer, Class 'A' Liquor, Regular 'Class B' Liquor, Class 'A' Liquor (cider only), Reserve 'Class B' Liquor, Class 'C' Liquor (wine only), Above-Quota 'Class B' Liquor
Fees table: License Fee(s), Background Check Fee, Publication Fee, Total Fees

Part A: Premises/Business Information
1. Legal Business Name (individual name if sole proprietorship) Derek Kunding
2. Business Trade Name or DBA Docside LLC
3. FEIN 41-4012710
4. Wisconsin Seller's Permit Number 456-1032274636-02
5. Entity Type (check one) Sole Proprietor [], Partnership [], Limited Liability Company [x], Corporation [], Nonprofit Organization []
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? [] Yes [] No
7. State of Organization WI
8. Date of Organization
9. Wisconsin DFI Registration Number DO84823
10. Premises Address N6600 Riverview Dr.
11. City Black River Falls
12. State WI
13. Zip Code 54615
14. County Jackson
15. Governing Municipality: [x] City [] Town [] Village of Black River Falls
16. Aldermanic District
17. Premises Phone 715-670-0063
18. Premises Email brfdocsidebar@gmail.com
19. Website N/A
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. [x]
21. Mailing Address (if different from premises address)
22. City
23. State
24. 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 [x] No
If yes, list the details of violation below. Attach additional sheets if necessary.
Table with columns: 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Owner Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.


- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

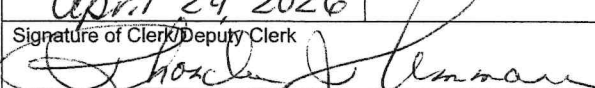
One of the following must sign and attest to this application:

- 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>Kundinger</u>	First Name <u>Derek</u>	M.I. <u>R</u>
Title <u>Owner</u>	Email <u>brfdoesidebar@gmail.com</u>	Phone <u>715-896-4680</u>
Signature 		Date <u>4-24-26</u>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <u>April 24, 2026</u>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

6/30/27

BLACK RIVER FALLS CITY(TAX-WI)
101 SOUTH 2ND STREET, 0
BLACK RIVER FALLS, WI 54615

COPY

10118

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	BLACK RIVER FALLS
License Period	7/1/26 - 6/30/27

Application Type (check one)

Initial (New) Renewal

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

Class "A" Beer \$ _____ Class "B" Beer \$ _____
 "Class A" Liquor \$ _____ Regular "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____ Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$ 500
Background Check Fee	\$ 40
Publication Fee	\$ 10
Total Fees	\$ 560

+ Agent change fee: 10

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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization
KY

8. Date of Organization
10/09/2008

9. Wisconsin DFI Registration Number
D043567

10. Premises Address
205 E MAIN ST

11. City
BLACK RIVER

12. State
WI

13. Zip Code
54615-1469

14. County
JACKSON

15. Governing Municipality: City Town Village
of: BLACK RIVER FALLS

16. Aldermanic District

17. Premises Phone
(615) 855-4000

18. Premises Email
tax-beerandwinelicense@dollargeneral.com

19. Website
www.dollargeneral.com

Vendor #240303
Invoice #202710118BLBWCITY48
Batch #33664 \$510.00

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

Separate check(s) Please return to Abby Batey

Vendor #240303 Invoice #202710118BWNEWS49 Batch #33664 \$10.00
Vendor #240303 Invoice #202710118BWBGC50 Batch #33664 \$40.00

21. Mailing Address (if different from premises address)
Attn: Tax Licensing, 100 Mission Ridge

22. City
Goodlettsville

23. State
TN

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

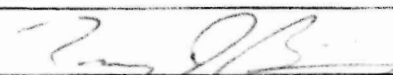
Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

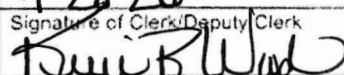
Part D: Attestation

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 Brining		First Name Zachary		M.I. J
Title LLC Manager		Email tax-beerandwinelicense@dollargeneral.com	Phone (615) 855-4000	
Signature 			Date 03/02/26	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-28-26	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

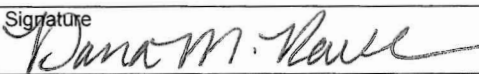
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

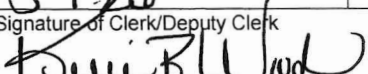
One of the following must sign and attest to this application:

- 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 05/01/26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-4-26	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Alcohol Beverage License Application

For Municipal Use Only
Municipality City of Black River Falls
License Period July 1, 2026 - June 30, 2027

COPY

Application Type (check one)	
<input type="checkbox"/> Initial (New)	<input checked="" type="checkbox"/> Renewal
License(s) Requested: (up to two boxes may be checked)	Fees
<input checked="" type="checkbox"/> Class "A" Beer \$ <u>100.⁰⁰</u>	<input type="checkbox"/> Class "B" Beer \$ _____
<input checked="" type="checkbox"/> "Class A" Liquor \$ <u>400.⁰⁰</u>	<input type="checkbox"/> Regular "Class B" Liquor \$ _____
<input checked="" type="checkbox"/> ^{Cigs} "Class A" Liquor (cider only) \$ <u>100.⁰⁰</u>	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____
	License Fee(s) \$ <u>600.⁰⁰</u>
	Background Check Fee \$ _____
	Publication Fee \$ <u>10.⁰⁰</u>
	Total Fees \$ <u>610.⁰⁰</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) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization WI		8. Date of Organization	
9. Wisconsin DFI Registration Number 1H06831			
10. Premises Address 449 County Rd A			
11. City Black River Falls		12. State WI	13. Zip Code 54615
14. County Jackson		15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Black River Falls</u>	
16. Aldermanic District		17. Premises Phone (715) 284-4308	
18. Premises Email hansbrf@hansensiga.com		19. Website	
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/> <u>Entire store</u>			
21. Mailing Address (if different from premises address) PO Box 160			
22. City Bangor		23. State WI	24. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

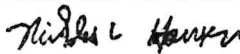
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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. L
Title Owner/Vice President	Email nlhansen@hansensiga.com	Phone (608) 790-4610
Signature 		Date 05/05/26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-5-26	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	07/01/2026 - 06/30/2027

COPY

Application Type (check one)

Initial (New) Renewal

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

Class "A" Beer \$ 100.⁰⁰ Class "B" Beer \$ _____
 "Class A" Liquor \$ 400.⁰⁰ Regular "Class B" Liquor \$ _____
 "Class A" ^{Cigs} Liquor (Cider only) \$ 100.⁰⁰ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____ Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$ <u>600.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>610.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) HARRY Black River Falls

2. Business Trade Name or DBA _____

3. FEIN 39-4097972 4. Wisconsin Seller's Permit Number 456-1032157849-04

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization WISCONSIN 8. Date of Organization _____ 9. Wisconsin DFI Registration Number H082339

10. Premises Address 448 Water St

11. City Black River Falls 12. State WI 13. Zip Code 54615

14. County JACKSON 15. Governing Municipality: City Town Village
of: Black River Falls 16. Aldermanic District _____

17. Premises Phone 917-794-1521 18. Premises Email Singh08021998@grail.com 19. Website _____

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address) _____

22. City _____ 23. State _____ 24. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 SINGH	First Name HARWINDER	M.I.
Title owner	Email Singh08021998@gmail.com	Phone 9177941521
Signature Harwinder Singh		Date 05-04-2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-4-26	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Bruce R. Ward		Date Provisional License Issued (if applicable)	

Form AB-200

Alcohol Beverage License Application

COPY

For Municipal Use Only	
Municipality	Black River Falls City of
License Period	7/1/2026 to 6/30/2027

Application Type (check one)
 Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked) <input checked="" type="checkbox"/> Class "A" Beer \$ <u>100⁻</u> <input type="checkbox"/> Class "B" Beer \$ _____ <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>400⁻</u> <input type="checkbox"/> Regular "Class B" Liquor \$ _____ <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Fees	
	License Fee(s)	\$ <u>500⁻</u>
	Background Check Fee	\$ <u>-</u>
	Publication Fee	\$ <u>10⁻</u>
	Total Fees	\$ <u>510⁻</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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. **-N/A-**

7. State of Organization
WI

8. Date of Organization
10/07/1964

9. Wisconsin DFI Registration Number
1K04801

10. Premises Address
15 County Hwy A

11. City
Black River Falls

12. State
WI

13. Zip Code
54615

14. County
Jackson

15. Governing Municipality: City Town Village
 of: Black River Falls City of

16. Aldermanic District

17. Premises Phone
715-284-245

18. Premises Email
LicensingDept@kwiktrip.com

19. Website
www.KwikTrip.com

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

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

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

22. City
La Crosse

23. State
WI

24. 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 **Please see enclosed listing of retail store violations**	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

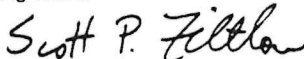
(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

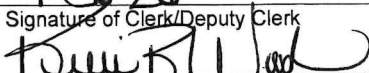
Part D: Attestation

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 			Date 02 / 27 / 2026	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-30-26	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

INCLUDE LATER

Form AB-200

Alcohol Beverage License Application

COPY

For Municipal Use Only	
Municipality	Black River Falls City of
License Period	7/1/2026 to 6/30/2027

Application Type (check one)

Initial (New) Renewal

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

Class A Beer \$100, Class B Beer, Class A Liquor \$400, Regular Class B Liquor, Class A Liquor (cider only), Reserve Class B Liquor, Class C Liquor (wine only), Above-Quota Class B Liquor

Fees

License Fee(s)	\$500
Background Check Fee	\$ -
Publication Fee	\$10
Total Fees	\$510

Part A: Premises/Business Information

1. Legal Business Name: 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: Corporation
6. If the applicant business is an LLC... N/A
7. State of Organization: WI
8. Date of Organization: 10/07/1964
9. Wisconsin DFI Registration Number: 1K04801
10. Premises Address: 751 State Highway 54
11. City: Black River Falls
12. State: WI
13. Zip Code: 54615
14. County: Jackson
15. Governing Municipality: City of Black River Falls
16. Aldermanic District:
17. Premises Phone: 715-284-9247
18. Premises Email: LicensingDept@kwiktrip.com
19. Website: www.KwikTrip.com
20. Premises Description: One-story frame construction with storage in lockable walk-in cooler, on sales floor and behind sales counter.

21. Mailing Address (if different from premises address): Kwik Trip - Legal Dept., P.O. Box 2107
22. City: La Crosse
23. State: WI
24. 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

Table with 3 columns: Law/Ordinance Violated, Location, Trial Date. Includes rows for penalty imposed and sentence completion status.

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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

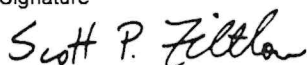
Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.


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 			Date 02 / 27 / 2026	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-30-26	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	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)		Fees	
<input type="checkbox"/> Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ 100 ⁰⁰	License Fee(s)	\$ 200 ⁰⁰
<input type="checkbox"/> "Class A" Liquor \$ _____	<input type="checkbox"/> Regular "Class B" Liquor \$ _____	Background Check Fee	\$
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	Publication Fee	\$ 10 ⁰⁰
<input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ 100 ⁰⁰	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Total Fees	\$ 210⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
LEROYS 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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization WI 8. Date of Organization 4-11-2018 9. Wisconsin DFI Registration Number L062430

10. Premises Address 942 Red Iron Rd

11. City Black River Falls 12. State WI 13. Zip Code 54615

14. County JACKSON 15. Governing Municipality: City Town Village of: Black River Falls 16. Aldermanic District

17. Premises Phone 608-780-5317 18. Premises Email leroysgrill@yahoo.com 19. Website

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.
Dining Room & Patio

21. Mailing Address (if different from premises address) same

22. City 23. State 24. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Leroy	M.I. A
Title OWNER	Email leroy.sgrill@yahoo.com	Phone 608-780-5317
Signature 		Date 4-24-26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk April 24, 2026	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable) NA	

Form
AB-200

**Alcohol Beverage License
Application** COPY

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

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

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

Fees	
License Fee(s)	\$ <u>500.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>510.⁰⁰</u>

Part A: Premises/Business Information

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

2. Business Trade Name or DBA
Little Winnys

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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization Wisconsin 8. Date of Organization 10-02-2020 9. Wisconsin DFI Registration Number W112590

10. Premises Address
43 MAIN ST

11. City Black River Falls 12. State WI 13. Zip Code 54615

14. County Jackson 15. Governing Municipality: City Town Village
 of: Black River Falls 16. Aldermanic District _____

17. Premises Phone 715-670-0187 18. Premises Email LittleWinnysBar@yahoo.com 19. Website _____

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City _____ 23. State _____ 24. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.


(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

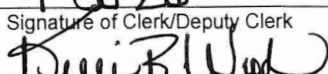
Part D: Attestation

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 <i>Meyer</i>		First Name <i>Vincent</i>		M.I. <i>E</i>
Title <i>owner</i>	Email <i>LittleVinnysBar@yshov.com</i>		Phone <i>305.942.3224</i>	
Signature 			Date <i>4.29.26</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>4-30-26</i>	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

COPY

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)	Fees
<input checked="" type="checkbox"/> Class "A" Beer \$ _____	License Fee(s) \$ 200. ⁰⁰
<input checked="" type="checkbox"/> Class "B" Beer \$ 100. ⁰⁰	Background Check Fee \$
<input type="checkbox"/> "Class A" Liquor \$ _____	Publication Fee \$ 10. ⁰⁰
<input type="checkbox"/> Regular "Class B" Liquor \$ _____	Total Fees \$ 210. ⁰⁰
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	
<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	
<input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ 100. ⁰⁰	
<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <i>MR. Pita - Sharon E. Trujillo</i>			
2. Business Trade Name or DBA <i>MR. Pita</i>			
3. FEIN <i>82-3906835</i>		4. Wisconsin Seller's Permit Number <i>456702973294602</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization <i>WIS</i>	8. Date of Organization <i>02/2018</i>	9. Wisconsin DFI Registration Number <i>M101335</i>	
10. Premises Address <i>24 North Water Street</i>			
11. City <i>Black River Falls</i>	12. State <i>WI</i>	13. Zip Code <i>54605</i>	
14. County <i>JACKSON</i>	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Black River Falls</i>		16. Aldermanic District
17. Premises Phone <i>715-670-1300</i>	18. Premises Email <i>mr.pitabrff@gmail.com</i>	19. Website	
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>			
21. Mailing Address (if different from premises address)			
22. City		23. State	24. Zip Code

Part B: Questions

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

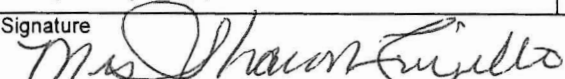
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

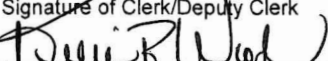
One of the following must sign and attest to this application:

- 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 mr.pita.br@gmail	Phone 608-780-8920
Signature 		Date 5/11/2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-1-26	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

Table with 2 columns: For Municipal Use Only, Municipality (City of Black River Falls), License Period (07/01/2026 - 06/30/2027)

Application Type (check one)

Initial (New) Renewal

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

- Class A Beer \$100.00, Class B Beer, Class C Liquor, Class A Liquor, Class B Liquor, Reserve Class B Liquor, Above-Quota Class B Liquor

Fees table with columns: License Fee(s), Background Check Fee, Publication Fee, Total Fees

Part A: Premises/Business Information

Form with 21 numbered sections: 1. Legal Business Name, 2. Business Trade Name, 3. FEIN, 4. Wisconsin Seller's Permit Number, 5. Entity Type, 6. LLC members, 7. State of Organization, 8. Date of Organization, 9. Wisconsin DFI Registration Number, 10. Premises Address, 11. City, 12. State, 13. Zip Code, 14. County, 15. Governing Municipality, 16. Aldermanic District, 17. Premises Phone, 18. Premises Email, 19. Website, 20. Premises Description, 21. Mailing Address

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.

Table with 3 columns: Law/Ordinance Violated, Location, Trial Date, and Was sentence completed?

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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

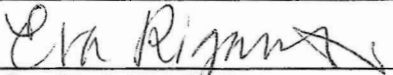
Part D: Attestation

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

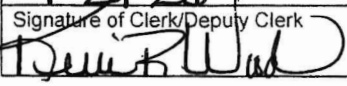
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and 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 Rigamonti	First Name Eva	M.I. V
------------------------	-------------------	-----------

Title EVP, Chief Legal Officer	Email licensing@pilottravelcenters.co	Phone (865) 588-7488
-----------------------------------	--	-------------------------

Signature 	Date 4/27/20
--	-----------------

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-29-20	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	07/01/2026 - 06/30/2027

COPY

Application Type (check one)

Initial (New) Renewal

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

Class "A" Beer \$ _____ Class "B" Beer \$ 100.⁰⁰

"Class A" Liquor \$ _____ Regular "Class B" Liquor \$ _____

"Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____

"Class C" Liquor (wine only) \$ _____ Above-Quota "Class B" Liquor \$ _____

Fees

License Fee(s)	\$ <u>100.⁰⁰</u>
Background Check Fee	\$
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>110.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Northfield Restaurant Corp			
2. Business Trade Name or DBA Pizza Hut			
3. FEIN 48-0950344		4. Wisconsin Seller's Permit Number 456-0000083212-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization WI		8. Date of Organization 08/04/1983	9. Wisconsin DFI Registration Number N022006
10. Premises Address 666 State Highway 54			
11. City Black River Falls		12. State WI	13. Zip Code 54615-5448
14. County Jackson	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Black River Falls</u>		16. Aldermanic District
17. Premises Phone (715) 284-4000	18. Premises Email		19. Website www.dalandcorporation.co
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input type="checkbox"/> One story free standing bldg with storage			
21. Mailing Address (if different from premises address) 9313 E 34th St N, Suite 100 (eff 06/01 8200 E Thorn Dr, Suite 150 Wichita KS)			
22. City Wichita		23. State KS	24. Zip Code 67226

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.


(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

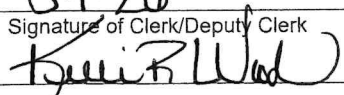
Part D: Attestation

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 <i>Seiwert</i>		First Name <i>Alan</i>		M.I. <i>E</i>
Title <i>Treasurer</i>		Email <i>alanseiwert@dalandcorp.com</i>		Phone <i>316.681.1081</i>
Signature 			Date <i>4/27/26</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>5-1-26</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

**Alcohol Beverage License
Application**

COPY

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

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

<input type="checkbox"/> Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ <u>100.⁰⁰</u>
<input type="checkbox"/> "Class A" Liquor \$ _____	<input type="checkbox"/> Regular "Class B" Liquor \$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____
<input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ <u>100.⁰⁰</u>	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$ <u>200.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>210.⁰⁰</u>

Part A: Premises/Business Information

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

2. Business Trade Name or DBA
Revolution Coffee

3. FEIN 81-392605 4. Wisconsin Seller's Permit Number 456-1029280501-02

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization Wi 8. Date of Organization 4/1/2017 9. Wisconsin DFI Registration Number R066154

10. Premises Address
38 Main Street

11. City Black River Falls 12. State WI 13. Zip Code 54754

14. County Jackson 15. Governing Municipality: City Town Village
of: Black River Falls 16. Aldermanic District _____

17. Premises Phone 715-670-0707 18. Premises Email Revolutioncoffeebrf@gmail.com 19. Website _____

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City _____ 23. State _____ 24. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

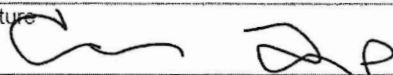
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 timp		First Name Carrie		M.I. A
Title Owner		Email carrietimp@rocketmail.com		Phone 715-896-4729
Signature 			Date 4/29/2026	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-29-26	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

Municipality
City of Black River Falls
License Period
07/01/2026 - 06/30/2027

COPY

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)		Fees	
<input type="checkbox"/> Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ <u>100</u>	License Fee(s)	\$ <u>400.00</u>
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ <u>300</u>	Background Check Fee	\$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	Publication Fee	\$ <u>10.00</u>
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Total Fees	\$ <u>410.00</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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization
WI

8. Date of Organization
09/2021

9. Wisconsin DFI Registration Number
R 080393

10. Premises Address
42 N 1st ST

11. City
Black River Falls

12. State
WI

13. Zip Code
54615

14. County
Jackson

15. Governing Municipality: City Town Village
of: BlackRiverFalls

16. Aldermanic District

17. Premises Phone
715-284-0006

18. Premises Email
nickrespicio@gmail.com

19. Website

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City

23. State

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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.

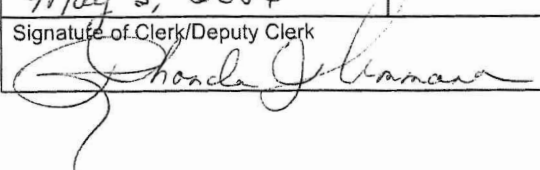
Last Name Respicio	First Name Nicholas	M.I. S
-----------------------	------------------------	-----------

Title Owner	Email nickrespicio@gmail.com	Phone 608-386-3383
----------------	---------------------------------	-----------------------

Signature 	Date 5 May 2026
--	--------------------

Part E: For Clerk Use Only

Date Application Was Filed With Clerk May 5, 2026	License Number	Date License Granted	Date License Issued
--	----------------	----------------------	---------------------

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

Alcohol Beverage License Application

For Municipal Use Only
Municipality City of Black River Falls
License Period 07/01/2026 - 06/30/2027

COPY

Application Type (check one)

Initial (New) Renewal

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

<input type="checkbox"/> Class "A" Beer \$ <u> </u>	<input checked="" type="checkbox"/> Class "B" Beer \$ <u>100.⁰⁰</u>
<input checked="" type="checkbox"/> "Class A" Liquor \$ <u> </u>	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ <u>300.⁰⁰</u>
<input type="checkbox"/> "Class A" Liquor (cider only) \$ <u> </u>	<input type="checkbox"/> Reserve "Class B" Liquor \$ <u> </u>
<input type="checkbox"/> "Class C" Liquor (wine only) \$ <u> </u>	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ <u> </u>

Fees	
License Fee(s)	\$ <u>400.⁰⁰</u>
Background Check Fee	\$ <u> </u>
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>410.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>STAG & LION PUB, LLC</u>			
2. Business Trade Name or DBA <u>STAG & LION PUB, LLC</u>			
3. FEIN <u>863342445</u>		4. Wisconsin Seller's Permit Number <u>456-1030734241-04</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization <u>WI</u>	8. Date of Organization <u>4-15-2021</u>	9. Wisconsin DFI Registration Number <u>5133834</u>	
10. Premises Address <u>123 MAIN ST</u>			
11. City <u>BLACK RIVER FALLS</u>		12. State <u>WI</u>	13. Zip Code <u>54615</u>
14. County <u>JACKSON</u>	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>BLACK RIVER FALLS</u>		16. Aldermanic District <u>1</u>
17. Premises Phone <u>(715)</u>	18. Premises Email <u>staglionpub@gmail.com</u>		19. Website
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input type="checkbox"/>			
21. Mailing Address (if different from premises address)			
22. City		23. State	24. Zip Code

Part B: Questions

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 McGILLIVRAY	First Name POD	M.I. D.
---------------------------------	--------------------------	-------------------

Title MANAGER	Email staglionpub@gmail.com	Phone (812) 581-9511
-------------------------	---------------------------------------	--------------------------------

Signature 	Date
--	------

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-30-26	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	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked) <input type="checkbox"/> Class "A" Beer \$ _____ <input checked="" type="checkbox"/> Class "B" Beer \$ _____ <input type="checkbox"/> "Class A" Liquor \$ _____ <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____ <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Fees	
	License Fee(s)	\$
	Background Check Fee	\$
	Publication Fee	\$
Total Fees		\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Viva cinco de Mayo R/m Inc

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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization *Wisconsin* 8. Date of Organization 9. Wisconsin DFI Registration Number *V034095*

10. Premises Address *119 main st*

11. City *Black River Falls* 12. State *WI* 13. Zip Code *54615*

14. County *JACKSON* 15. Governing Municipality: City Town Village 16. Aldermanic District

17. Premises Phone *715 284 5001* 18. Premises Email *MariaSVInc@gmail.com* 19. Website

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City 23. State 24. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 wholesaler? Yes No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

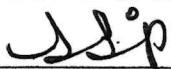
I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

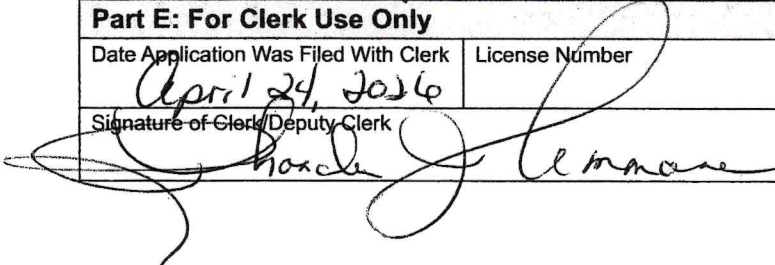
One of the following must sign and attest to this application:

- 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 Pacheco	First Name Maria	M.I. S
Title President	Email MariasVInc@gmail.com	Phone 414-467-0767
Signature 		Date 4/18/2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk April 24, 2026	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

Table with 2 columns: For Municipal Use Only, Municipality (City of Black River Falls), License Period (7/1/26 - 6/30/27)

Application Type (check one)
Initial (New) [] Renewal [x]

Table with 2 columns: License(s) Requested, Fees. Includes Class A Beer, Class A Liquor, Class B Beer, Class B Liquor, and Total Fees (\$510).

Part A: Premises/Business Information

Form containing fields 1-24: Legal Business Name (Wal-Mart Stores East, LP), Business Trade Name (Walmart #1277), FEIN (71-0862119), Wisconsin Seller's Permit Number (456-1020028180-05), Entity Type (Partnership), State of Organization (DE), Date of Organization (11/09/2001), Wisconsin DFI Registration Number (W042856), Premises Address (611 State Highway 54), City (Black River Falls), State (WI), Zip Code (54615), County (Jackson), Governing Municipality (Black River Falls), Premises Phone ((715) 284-2434), Premises Email (j0v00s3.s01277.us@wal-mart.), Website (www.walmart.com), Premises Description (1 room, 1 story building approximately 164,242 sq. ft.), Mailing Address, City, State, Zip Code.

Part B: Questions

Form containing questions 1-2: Question 1 asks if the business has been convicted of violating federal or state laws or local ordinances. Question 2 asks for details of 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

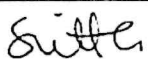
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

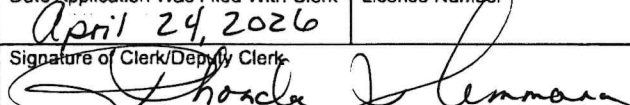
One of the following must sign and attest to this application:

- 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 complic@wal-mart.com		Phone (479) 258-7241
Signature 			Date 3/14/2026	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk April 24, 2026	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

COPY

Municipality

Form AB-220

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10. ⁰⁰
	Background Check	\$
	Total Fees	\$ 10.⁰⁰

Part A: Organization Information

1. Organization Name
Black River Youth Hockey

2. Organization Permanent Address
388 Melrose Street

3. City
Black River Falls

4. State
WI

5. Zip Code
54615

6. Mailing Address (if different from permanent address)
PO Box 4163

7. FEIN
39-1554950

8. Date of Organization/Incorporation
1987

9. State of Organization/Incorporation
501(C)3

10. Phone
715-937-8246

11. Email
elmhorst2016@gmail.com

12. Organization type (check one)
 Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization
 Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

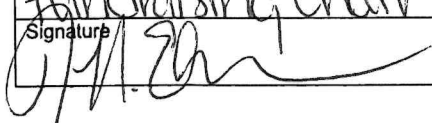
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.


Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Babeoek	Nathan	President	715-896-1374
Elmhorst	Jessica	Fundraising Chair	715-937-8246
Kovits	Emma	Web/ Ice	608-214-9474

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Black River Youth Hockey Gun Banquet			
2. Dates of Operation 6/27/26		3. Hours of Operation 12 pm - 2 am	
4. Premises Address 388 Melrose Street			
5. City Black River Falls		6. State WI	7. Zip Code 54605
8. County Jackson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Black River Falls		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Black River Youth Hockey		12. Email and/or Phone Number for Organizer of Event elmhorst2016@gmail.com	
13. Organizer Website blackriveryouthhockey.com		14. Event Website _____	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are 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. Beer will be sold in the MLMA arena area for the Gun Banquet Fundraiser			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>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 organization 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 according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted 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.</p>			
Last Name Elmhorst		First Name Jessica	M.I. R
Title Fundraising Chair	Email elmhorst2016@gmail.com		Phone 715 937-8246
Signature 		Date 05/21/2026	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 5-21-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 	

COPY

Form
AB-220

Temporary Alcohol Beverage License

Municipality
City Black River Falls

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$ -
Total Fees		\$ 10.⁰⁰

Part A: Organization Information		
1. Organization Name Rotary Club of Black River Falls		
2. Organization Permanent Address P.O. Box 734		
3. City Black River Falls	4. State WI	5. Zip Code 54615
6. Mailing Address (if different from permanent address)		
7. FEIN 39 6078186	8. Date of Organization/Incorporation 07/01/28	9. State of Organization/Incorporation Wisconsin
10. Phone 608 387 1902	11. Email lmarta03553@gmail.com	
12. Organization type (check one)		
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.			
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Martalock Wensel	Lynn	President/Pres. Elect	608 387 1902
Steien	Michele	Treasurer	715-299-8025
Torkelson	Marianne	Secretary	715 896 3122
Johnson Olson	Dana	Historian	715 299 7937
Eberhardt	Bradley	Membership	715 896 2000

Continued →

Part C: Event Information			
1. Name of Event (If applicable) Festival in the Park			
2. Dates of Operation 07/11/2026		3. Hours of Operation 4 pm 10 pm	
4. Premises Address 1400 Tyler Street			
5. City Black River Falls		6. State WI	7. Zip Code 54615
8. County Jackson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of <u>Black River Falls</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) City of BRF/Lunda Park		12. Email and/or Phone Number for Organizer of Event 715 284 9246	
13. Organizer Website https://blackriverfallswi.gov		14. Event Website na	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are 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. Rotary will help serve Beer for the Festival from Sand Creek Brewery beer wagon at The Lunda Community Park . Consumption to take place in the Upper Shelter and Great Lawn area of Lunda Park.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>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 organization 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 according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted 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.</p>			
Last Name Martalock-Wensel		First Name Lynn	M.I. C
Title President	Email lmarta03553@gmail.com		Phone 608-387-1902
Signature <i>Lynn Martalock-Wensel</i>		Date 05/26/2026	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 5-26-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>[Signature]</i>	

LICENSE FOR REAL PROPERTY

On this day, 27th day of April 2026, the **Black River Area Chamber of Commerce and the City of Black River Falls, Jackson County, Wisconsin**, hereafter called the **Licensor**, with authority over the real property located at **120 N Water St, Black River Falls, WI 54615**, does hereby grant a license to the UNITED STATES OF AMERICA, hereinafter called the **Licensee**, under the authority of Title 10, United States Code, Section 2661, real property to conduct field exercises and training, pursuant to the terms and conditions stated herein.

1. **REVOCABLE LICENSE.** The **Licensor** grants to the **Licensee** the right to access and use the lands and premises, described in paragraph 3, within the period of **12 September 2026** through to **23 September 2026**, in order to conduct pre-coordinated military training.
2. **COMPENSATION.** The **Licensor** provides this license to the **Government at no cost**.
3. **PROPERTY DESCRIPTION.** The lands or premises affected by the License are located in the State of Wisconsin, City of Black River Falls, and are specifically described as: **Black River Area Chamber of Commerce**.
4. **SCOPE OF ACTIVITIES.** The land or premises affected will be used, generally, for **occupancy of associated training event opposition force (OPFOR) and limited military participant activity**. The specific uses or activities that will be conducted pursuant to this License agreement are outlined in the attached Walkthrough Worksheet.
5. **WALKTHROUGH.** Prior to Licensee's use of the premises under this License, representatives of the Licensee and Licensor will conduct a walkthrough of the premises to observe the general condition of the property and to discuss any necessary preparations, the scope of training activities to be conducted, and expected repairs. Should the Licensor elect to not participate in the walkthrough, the Licensee will still execute a walkthrough and will send a copy of the Walkthrough Worksheet to the Licensor. Subsequent to the training event. Representatives of the Licensee and Licensor will conduct a second walkthrough to discuss cleanup and repair issues, if any, documented on a Closeout Worksheet.
6. **LIABILITY.** Absent very rare circumstances, the Federal government is prevented, by law, from being subject to state or other municipal jurisdictions. The Licensee is responsible, under the terms of the Federal Tort Claims Act (FTCA), 28 U.S.C. 1346(b), 2671-2680, or the Military Claims Act (MCA), 10 U.S.C. § 2733, as applicable, to Licensor and any third parties for any injury to persons or damage to property proximately caused by the acts or omissions of Licensee employees acting within the scope of their employment.
 - a. Licensor or injured third parties may use the FTCA or MCA to recover losses caused as a result of the training exercise that are not repaired or compensated adequately by the Licensee using other means. In no case will the Lessee's liability exceed that allowable unde applicable law, including the FTCA and MCA.

- b. Liability to the Licensee. Licensors are not liable to Licensees, or to third parties, for damage or destruction to Licensee property or equipment, or injury or death to Licensee personnel, unless negligence on the part of the Licensor causes said damage. Licensor makes no representation that the property is suitable for the contemplated training. Licensee representatives will inspect and evaluate the suitability and safety of the property for the proposed training. The Licensee acknowledges that these premises may contain hazardous conditions.

7. CONTRACT DAMAGES TO PROPERTY. Licensee agrees to return the property to the Licensor in substantially the same condition it was prior to the training event, unless otherwise agreed upon. The Licensee reserves the right to make repairs to the property that would return it to such condition. The right to make repairs should not be construed as a modification of the rights and obligations under the FTCA or MCA. Licensor agrees to proactively find and communicate any damages to Licensee; Licensee agrees to repair damage in a timely manner. Both parties agree to work in good faith to directly resolve issues before turning to the claims process.

8. SECURITY. Licensor consents to the Licensee's placement of guards at various points, if deemed necessary, to ensure the safety of, prevent unauthorized observation by, and avoid interference by third parties during the training.

9. LICENSOR'S REPRESENTATION. Licensor makes no representation as to whether the premises are occupied or vacant. It is the Licensee's responsibility to maintain control of training activity during times of property occupation to ensure safety of training participants and potential property occupants.

10. NOTICE.

a. Any notice under this License shall be in writing signed by a duly authorized representative of the party giving such notice.

b. If given by the Licensee, such notice shall be addressed to the Licensor at the address above or by email of a scanned document to chamber@blackrivercountry.net and brad.chown@blackriverfallswi.gov or by hand delivery. Notice is effective the day after delivery to the Licensor.

c. If given by the Licensor, such notice shall be addressed to the Licensee at Joint Aerospace Operations Center (JAOC), Mr. Donald Newton, 2744 Malvesti St, Fort Bragg, North Carolina 28307 or by email of a scanned document to newton@socom.mil, or by hand. Delivery notice is effective the day after the date of mailing, hand delivery to the Licensor.

11. AGAINST CONTINGENT FEES. The Licensor warrants that no person or selling agency has been employed or retained to solicit or secure this License upon an agreement or understanding for a commission, percentage, brokerage, or a contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Licensor for the purpose of securing business. Upon discovery of breach or

violation of this warranty, the Licensee shall have the right to, at the Licensee's discretion, terminate this License entirely.

12. GRATUITIES.

- a. The Licensee may, by written notice to the Licensor, terminate the right of the Licensor to proceed under this License if it is found, after notice and hearing by the Secretary of the Army or the Secretary of the Army's duly authorized representative, that gratuities (in any form) were offered or given by the Licensor, or any agent or representative of the Licensor, to any officer, or employee of the Licensee with a view toward securing a license or securing favorable treatment with respect to the awarding or amending the license.
- b. In the event this License is terminated as provided above, the Licensee shall be entitled: (i) to pursue the same remedies against the Licensor as it could pursue in the event of a breach of this License by the Licensor, and (ii) as a penalty in addition to any other damages to which it may be entitled by law, to exemplary damages in an amount (as determined by the Secretary of the Army or Secretary of the Army's duly authorized representative) which shall be not less than three nor more than ten times the costs incurred by the Licensor in providing any such gratuities to an officer or employee.
- c. The rights and remedies of the Licensee provided in this paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this License.

13. MODIFICATION. No change or modification of this License shall be effective unless it is in writing and signed by both parties to this License.

14. DISPUTES CLAUSE.

- a. If applicable (for instance, if there is a dispute over performance or activity outlined in the License) all disputes arising under or relating to this License shall be resolved under the provisions of the Contract Disputes Act of 1978, as amended (41 U.S.C. §§ 601-613).
- b. The parties shall proceed diligently with their performance of this License, pending final resolution of any request for relief, claim, appeal, or action arising under the License.

15. ENTIRE AGREEMENT.

- a. This License contains all terms and conditions agreed to by the parties and no other verbal statement or conditions will be honored without an amendment to this License in writing as provided above. The failure of either party to insist on strict performance of any covenant or condition hereof or to exercise any option herein contained shall not be construed as a waiver of such covenant, condition, or option in any other instance.

- b. This License cannot be changed or terminated orally. The provisions of this License shall apply to, bind and inure to the benefit of Licensor and Licensee, and their respective heirs, successors, legal representatives and assigns of the parties hereto.
- c. Nothing in this license agreement shall constitute, or be deemed to constitute an obligation of future appropriations by the Licensee, for the costs herein set forth.
- d. If any provision of this agreement is held to be invalid or illegal for any reason, that defect shall not affect the remaining provisions but instead shall be fully severable and this agreement shall be interpreted as if the invalid provision had never been included.

IN WITNESS WHEREOF, the parties have subscribed their names as of the date first above written.

By: _____
Robert Crampes
Black River Area Chamber of Commerce
Executive Director

By: _____
Donald Newton, GS-12
Joint Aerospace Operations Center

Phone: (715) 284-4658 x203
Email: chamber@blackrivercountry.net

Phone: (910) 951-8122
Email: newton@socom.mil

Address for notice:
120 N Water Street
Black River Falls, WI 54615

Address for notice:
2744 Malvest Street
Fort Bragg, NC 28307

By: _____
Brad Chown
City Administrator, City of Black River Falls

Phone: (715) 284-2315
Email: brad.chown@blackriverfallswi.gov

Address for notice:
101 South 2nd Street
Black River Falls, WI 54615