



Mineral Point, Wisconsin

CITY OF MINERAL POINT

137 HIGH STREET, SUITE 1
MINERAL POINT, WI 53565
608-987-2361

AGENDA

CITY OF MINERAL POINT POLICING & LICENSING COMMITTEE MEETING

Wednesday, June 4, 2025, 5:30 PM

City Hall Community Room

1. Call to Order, Roll Call, and Confirmation of Compliance with the Open Meetings Law.
2. Approval of April 10, 2025 Minutes.
3. Consideration of applications for 2025-2026 liquor licenses. **Action:** Recommend Council renewal or nonrenewal of license applications.

"Class A" Beer & Liquor

- Casey's Marketing Company, d/b/a Casey General Store #3897, 609 Dodge Street, Melissa Frank, Agent
- Five Point Market, LLC., d/b/a Five Point Market, 319 Commerce Street, Molly Huie, Agent
- Kwik Trip Inc., 622 Dodge Street, Julie Oxnem, Agent
- Triple P Express LLC, 1045 Branger Drive, Leda Poad, Agent
- Team Sullivan LLC, d/b/a Sullivan's, 303 Commerce Street, Dawn Hughes-Sullivan, Agent
- Dolgencorp, LLC, d/b/a Dollar General, 713 Dodge Street, Jacob Stankowski, Agent

Class "B" Beer

- Red Rooster Café, LLC, 158 High Street, Tammi Busse, Agent
- Five Point Market, LLC, d/b/a Café 43, 43 High Street, Molly Huie, Agent
- Schanen-Spady Hospitality, LLC, d/b/a Mineral Point Hotel, 121 Commerce Street, John Spady, Agent
- Shake Rag Alley, Inc., 18 Shakerag Street, Christina Kubasta, Agent
- The Book Kitchen, LLC, d/b/a The Book Kitchen, 151 High Street, Nicole Bujewski, Agent
- The US Hotel, LLC, d/b/a Lion and Porcupine, 265 High Street, Julian Kerbis, Agent

"Class C" Wine

- Five Point Market, LLC, d/b/a Café 43, 43 High Street, Molly Huie, Agent
- Schanen-Spady Hospitality, LLC, d/b/a Mineral Point Hotel, 121 Commerce Street, John Spady, Agent
- Shake Rag Alley, Inc., 18 Shakerag Street, Christina Kubasta, Agent
- The Book Kitchen, LLC, d/b/a The Book Kitchen, 151 High Street, Nicole Bujewski, Agent
- The US Hotel, LLC, d/b/a Lion and Porcupine, 265 High Street, Julian Kerbis, Agent

"Class B" Beer & Liquor

- Inn at Brewery Creek, LLC, d/b/a Commerce Street Brewery Hotel, 23 Commerce Street, Michael Zupke, Agent
- Catherine Yager, d/b/a Cruise Inn Bar & Grill, 221 Commerce Street
- Cow Tipper's Pub & Eatery, LLC, d/b/a Cow Tipper's Pub & Eatery, 10A Commerce Street, Lyndsey Knauer, Agent
- Faull LLC, d/b/a Midway Bar & Grill, 140 High Street, Nicole Faull, Agent
- Wild Blue, LLC, d/b/a Wild Blue Yonder Coffeehouse, 215 High Street, Margaret Payne, Agent
- Mine Shaft, LLC, d/b/a The Mine Shaft, 155 High Street, Cait Finley, Agent
- Limestone, LLC, d/b/a Eliza's Lounge, 52 High Street, Richard Baumeister, Agent
- Lorelei Foods LLC, d/b/a Popolo, 20 Commerce Street, Wendy Dueling, Agent
- Nuper Hospitality LLC, d/b/a Quality Inn, 1345 Business Park Road, Sejal Patel, Agent
- World Institute for Extreme Beauty LLC, d/b/a The Walker House, 1 Water Street, Daniel Vaillancourt, Agent
- Mineral Point Opera House, 139 High Street, Christina Harrington, Agent

OFFICE OF THE CITY CLERK-TREASURER

Mayor – Danny Clark

City Administrator | Matthew Honer | administrator@cityofmineralpointwi.gov

City Clerk-Treasurer | Christy Skelding | cityclerk@cityofmineralpointwi.gov



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4. Consideration of applications for 2025-2026 Sidewalk Cafe/Parklet Permits. **Action:** Recommendation for Council approval or denial of permit applications.
 - Five Point Market, LLC, d/b/a Café 43, 43 High Street
5. Consideration of applications for 2025-2026 Extension of Premise Licenses. **Action:** Recommendation for Council approval or denial of license applications.
 - Five Point Market, LLC, d/b/a Café 43, 43 High Street, Molly Huie, Agent
6. Consideration of applications for 2025-2026 Outdoor Drinking Permits. **Action:** Recommendation for Council approval or denial of permit applications.
 - Lorelei Foods LLC, d/b/a Popolo, 20 Commerce Street, Wendy Taylor Dueling, Agent
 - Cow Tipper's Pub & Eatery LLC, d/b/a Cow Tipper's Pub & Eatery, 10A Commerce Street, Lyndsey Knauer, Agent
 - World Institute for Extreme Beauty LLC, d/b/a The Walker House, 1 Water Street, Daniel Vaillancourt, Agent
 - Schanen-Spady Hospitality, LLC, d/b/a The Mineral Point Hotel, 121 Commerce Street, John Spady, Agent
 - Shake Rag Alley, Inc., d/b/a Shakerag Alley Center for the Arts, 18 Shakerag Street, Christina Kubasta, Agent
 - Limestone, LLC, d/b/a Eliza's Lounge, 52 High Street, Richard Baumeister, Agent
 - The US Hotel, LLC, d/b/a Lion and Porcupine, 265 High Street, Julian Kerbis, Agent
7. Consideration of applications for 2025-2026 Cigarette Licenses. **Action:** Recommendation for Council approval or denial of license applications.
 - Triple P Express LLC, 1045 Branger Drive
 - Casey's Marketing Company, d/b/a Casey's General Store #3897, 609 Dodge Street
 - Kwik Trip Inc, 622 Dodge Street
 - Little Wolf Farm CBD, LLC, 337 Dodge Street
 - Dolgencorp, LLC, d/b/a Dollar General, 713 Dodge Street, Jacob Stankowski, Agent
8. Consideration of applications for 2025-2025 Coin Operator Licenses. **Action:** Recommendation for Council approval or denial of license applications.
 - Cow Tipper's Pub & Eatery, LLC, d/b/a Cow Tipper's Pub & Eatery, 10A Commerce Street
 - Catherine Yager, d/b/a Cruise Inn Bar & Grill, 221 Commerce Street
 - Faull LLC, d/b/a Midway Bar & Grill, 140 #1 High Street
 - The Mine Shaft, 155 High Street
9. Adjourn.

Agenda Posted and Distributed: Thursday, May 29, 2025

Reasonable accommodations for participation in this meeting by persons with disabilities, as defined by the Americans with Disabilities Act, will be made upon request and if feasible. Please contact the City Clerk's office (608-987-2361) at least 24 hours prior to the scheduled meeting so that necessary accommodations can be provided.

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MINUTES

CITY OF MINERAL POINT JOINT POLICE & LICENSING AND PERSONNEL COMMITTEE MEETING

Thursday, April 10, 2025, 5:45 PM

City Hall Community Room

CALL TO ORDER/ROLL CALL

The meeting was called to order by Chair Burrows at 5:45 p.m.

Keith Burrows, Chair	Present	Brian Graber	Present
Chuck Allendorf	Present	Steph McKeon	Present
Mike Christensen	Present		
Others Present: Mayor Danny Clark, City Administrator Matthew Honer, Clerk-Treasurer Christy Skelding, Candi Richardson, Alan Schrank, Sheriff Michael Peterson, Jeff Spencer, Jared Weier, Neil Pilling, Eric Dunham, Brandon Wilhelm, Garrett Faull, Mary Glindinning, Ben C. (online), Blake W. (online), Sarah (online)			

APPROVAL OF JULY 1, 2024 MINUTES

Motion (McKeon/Graber) to approve the minutes from the July 1, 2024 meeting. Motion carried, all voting aye (5-0).

PRESENTATION AND DISCUSSION OF THE CITY OF MINERAL POINT POLICE DEPARTMENT OPERATIONS.

Chief Weier presented the roles and responsibilities of the Police Department and after having many conversations, he realizes that many people outside of the Police Department are unaware of the day-to-day operations of the department.

Chief Weier discussed multiple topics and stated that he can't overstate enough the drastic ramifications that cutting the department will cause the city and its citizens.

Chief Weier stated that the part-time officer pool is dwindling and part-time officers are no longer a reliable option for consistent coverage.

Chief Weier discussed the school liaison position and stated that the school pays 1152 hours for the liaison position. The liaison is able to leave the school to cover non-school related incidents. The benefits of having an officer at school 5 days a week are safety for students and immediate first responder action in emergencies. He stated that the school is in full support of this position staying.

Chief Weier stated that the Police Department will continue to advocate with and for the WPPA regarding the funding restraints for small communities. He stated this is a city issue as a whole and not a burden of the police department. Chief Weier suggested that the city check with other municipalities for the percentage of police budget for comparables.

Chief Weier emailed multiple attachments to the committee and offered to answer any questions they may have. Attachments include a letter of support from Sheriff Peterson.

Eric Dunham read a Paul Harvey monologue from 1970.

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Chief Weier noted that the top call times for the City were between 11:00 a.m. and 7:00 p.m.

In regards to the recent union negotiations, Chief Weier stated that the contract was fair for city and officers. The outcome to cut an officer if the contract was passed was not clearly stated.

Cost savings with a non-rotating schedule allows the extra coverage needed on Friday and Saturday nights. Requested time off is often denied due to less part-time coverage.

In 2015 there were 5 officers on staff. The Police Department covered 370 shifts with part-time officers. If there would have been 6 officers that year, part-time officers would have been projected to cover 150 shifts.

Chief Weier stated that losses related to officer reduction would include the loss of 24 hour coverage, which is a safety and liability concern, the ability to investigate adequately, the loss of liaison officer would be a significant concern, the ability to train adequately, a delay in officer response, officer safety concerns with only having one officer on duty and no other officer available. There would be no coverage for privately covered events, parades, festivals, school events, etc., large scale emergency or disasters. It would decrease the safe community atmosphere, and reduce the ability for paid time off.

In the last 33 years, 7 officers have left employment after an average of 15.4 yrs of service. The current roster has an average of 17 years experience with the Mineral Point Police Department. The department will likely have 3 retirements over the next few years. Chief Weier has been working on a succession plan.

Alder Burrows stated that none of this is the unions fault for the negotiation as they negotiated for a fair contract. This is not a budget problem of the police department, it is a problem of the City. We simply have a broken funding system that we don't know how to deal with at this moment. He appreciates the helpful background information provided. He does not want to eliminate an officer, but he also doesn't know how we will have a working city budget next year.

Alder Christensen asked how available the Sheriff's Office is to help if needed for filling shifts, etc. Chief Weier stated that the Sheriff's Office is just as tight as the Mineral Point Police Department, and would have to cover their own territory. They don't patrol and cover calls, they would assist if no one is here and something happened.

Alder Graber echoed Alder Burrows' statement.

Chief Weier stated that he hopes the city will look at all of the department staffing and the city budget for cuts before cutting an officer.

Alder Allendorf thanked Chief Weier and the police department. He also echoed Alder Burrows' statement. He does not want to reduce officer count. He believes that going to referendum creates an opportunity for the citizens to decide our future and path. Allendorf believes that seems like one of the most viable options to sustain the community all the way around.

Alder McKeon asked Chief Weier to provide how the overtime rates would increase per year if the city were to go from 6 officers to 5 officers.

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Honer stated that when we the city worked on the budget, the finance committee was given a list for a \$100,000 budget gap. The City did everything they could to come out of that meeting making sure a person was not cut. The City is trying to get ahead of that for this upcoming year.

The Police Department is the most complex department and what the committee understands the least, so this meeting was helpful.

ADJOURN.

Motion (McKeon/Christensen) to adjourn at 7:38 PM. Motion carried, all voting aye (5-0).

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Alcohol Beverage License
Application

For Municipal Use Only
Municipality
License Period

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

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 350 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>450</u>
Background Check Fee	\$ <u>—</u>
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>475</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) CASEY'S MARKETING COMPANY			
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3897			
3. FEIN <u>42-1435913</u>		4. Wisconsin Seller's Permit Number 456-0000602957-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization IA		7. Date of Organization 03/15/1995	
8. Wisconsin DFI Registration Number CO42322			
9. Premises Address 609 DODGE ST			
10. City MINERAL POINT		11. State WI	12. Zip Code 53565
13. County Iowa	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: MINERAL POINT		15. Aldermanic District
16. Premises Phone (608) 987-3030		17. Premises Email LICENSINGTEAM@CASEYS.COM	
18. Website WWW.CASEYS.COM			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. ONE STORY PRESTRUCTURED STEEL BUILDING. ALCOHOL IS STORED ON THE SHELVES AND SOLD AT THE CASH REGISTER. RECORDS ARE STORED SECURELY IN THE STORE.			
20. Mailing Address (if different from premises address) ATTN: LICENSING, ONE SE CONVENIENCE BLVD.			
21. City ANKENY		22. State IA	23. Zip Code 50021

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

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☒ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

CASEY'S GENERAL STORES, INC.

4b. Business Entity FEIN

42-0935283

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SEE ATTACHED OFFICER	LIST		
FRANK	MELISSA	AGENT	515 422-7797

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 BEECH		First Name DOUGLAS		M.I. M
Title ASSISTANT SECRETARY		Email LICENSINGTEAM@CASEYS.COM		Phone 515 466-6834
Signature <i>Douglas M. Beech</i>			Date 05/08/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-15-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

CASEY'S MARKETING COMPANY

Federal Tax I.D. 42-1435913
Date of Incorporation: March 15, 1995
Effective 10/8/2021

CASEY'S GENERAL STORES, INC OWNS 100%
OFFICERS OWN 0%

Samuel J. James, President

[REDACTED]
[REDACTED]
[REDACTED]

SSN: [REDACTED]
PHONE: [REDACTED] 06
DOB: [REDACTED]

Brian J. Johnson, Vice President

[REDACTED]
[REDACTED]
[REDACTED]

SSN: [REDACTED]
PHONE: [REDACTED]
DOB: [REDACTED]

Scott A. Faber, Secretary

[REDACTED]
[REDACTED]
[REDACTED]

SSN: [REDACTED]
PHONE: [REDACTED]
DOB: [REDACTED]

Eric M. Larsen, Treasurer

[REDACTED]
[REDACTED]
[REDACTED]

SSN: [REDACTED]
PHONE: [REDACTED]
DOB: [REDACTED]

Douglas M. Beech, Assistant Secretary

[REDACTED]
[REDACTED]
[REDACTED]

SSN: [REDACTED]
PHONE: [REDACTED]
DOB: [REDACTED]

BOARD OF DIRECTORS

Samuel J. James, Chairman

[REDACTED]
[REDACTED]

Brian J. Johnson

[REDACTED]
[REDACTED]

Scott Faber

[REDACTED]
[REDACTED]

Alcohol Beverage
Appointment of Agent

Date 5/5/25

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S #3897

3. Entity Type (check one)

- ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

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

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

n/a

Part B: Agent Information

1. Last Name

FRANK

2. First Name

MELISSA

3. M.I.

A

4. Email

LICENSINGTEAM@CASEYS.COM

5. Phone

6. Home Address

7. City

MILTON

8. State

WI

9. Zip Code

53563

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name BEECH		First Name DOUGLAS		M.I. M
Title ASSISTANT SECRETARY	Email LICENSINGTEAM@CASEYS.COM		Phone [REDACTED] [REDACTED]	
Signature <i>Douglas M. Beech</i>			Date 05/08/25	

Part E: Agent Attestation

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

Last Name FRANK		First Name MELISSA		M.I. A
Signature <i>Melissa A. Frank</i>			Date 05/08/25	

Alcohol Beverage
Individual Questionnaire

Date 5.15.18

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY	
2. Business Trade Name or DBA CASEY'S #3897	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name FRANK		2. First Name MELISSA		3. M.I. A
4. Relationship to Business (Title) AGENT		5. Email LICENSINGTEAM@CASEYS.COM		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City MILTON		9. State WI	10. Zip Code 53563	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History

1. Do you currently live in Wisconsin?				☒ Yes ☐ No	
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY) 01/2020	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City		State	Zip Code
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	WASHINGTON	WI	ROCK		
State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature 	Date 08/07/2025
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Alcohol Beverage
Individual QuestionnaireDate
5-15-25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY	
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3897	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name JAMES		2. First Name SAMUEL		3. M.I. J
4. Relationship to Business (Title) PRESIDENT		5. Email LICENSINGTEAM@CASEYS.COM		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City ANKENY		9. State IA	10. Zip Code 50021	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance IA	

Part C: Address History

1. Do you currently live in Wisconsin?				☐ Yes ☒ No	
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY)	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State	Zip Code	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
IA	POLK				
State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

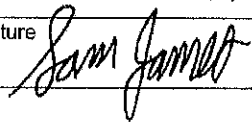
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

5/8/25

Alcohol Beverage
Individual Questionnaire

Date: 5.15.28

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
CASEY'S MARKETING COMPANY
2. Business Trade Name or DBA
CASEY'S GENERAL STORE #3897
3. Entity Type (check one)
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
JOHNSON	BRIAN	J
4. Relationship to Business (Title)	5. Email	6. Phone
VICE PRESIDENT	LICENSINGTEAM@CASEYS.COM	██████████
7. Home Address		
██████████		
8. City	9. State	10. Zip Code
JOHNSTON	IA	50131
11. Date of Birth	12. Drivers License/State ID Number	
██████████	13. Drivers License/State ID State of Issuance	
	IA	

Part C: Address History

1. Do you currently live in Wisconsin?		☐ Yes ☒ No
If yes, provide the month and year when you permanently moved to Wisconsin		(MM/YYYY)
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.		
Previous Address 1	City	State Zip Code
Previous Address 2	City	State Zip Code
Previous Address 3	City	State Zip Code
Previous Address 4	City	State Zip Code
Previous Address 5	City	State Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.		
State	County	State County
IA	POLK	
State	County	State County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature



Date

5/8/25

Alcohol Beverage
Individual QuestionnaireDate 5-15-25

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

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

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

Part A: Business Information

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

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S GENERAL STORE # 3897

3. Entity Type (check one)

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

1. Last Name

FABER

2. First Name

SCOTT

3. M.I.

A

4. Relationship to Business (Title)

SECRETARY

5. Email

LICENSINGTEAM@CASEYS.COM

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

JOHNSTON

9. State

IA

10. Zip Code

50131

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

IA

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

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
IA	POLK						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

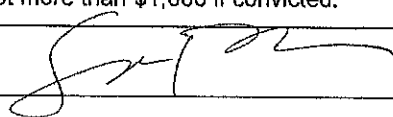
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

5/8/25

Alcohol Beverage
Individual Questionnaire

Date 5-15-25

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

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

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

Part A: Business Information

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

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S GENERAL STORE # 3897

3. Entity Type (check one)

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

1. Last Name

LARSEN

2. First Name

ERIC

3. M.I.

M

4. Relationship to Business (Title)

TREASURER

5. Email

LICENSINGTEAM@CASEYS.COM

6. Phone

[REDACTED] [REDACTED]

7. Home Address

[REDACTED]

8. City

ANKENY

9. State

IA

10. Zip Code

50023

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

IA

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

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
IA	POLK						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature



Date

5/8/25

Alcohol Beverage
Individual Questionnaire

Date 5-15-25

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

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

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

Part A: Business Information

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

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S GENERAL STORE # 3897

3. Entity Type (check one)

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

1. Last Name

BEECH

2. First Name

DOUGLAS

3. M.I.

M

4. Relationship to Business (Title)

ASSISTANT SECRETARY

5. Email

LICENSINGTEAM@CASEYS.COM

6. Phone

[REDACTED] [REDACTED]

7. Home Address

[REDACTED]

8. City

ANKENY

9. State

IA

10. Zip Code

50021

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

IA

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

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
IA	POLK						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature

Date

5/8/25

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY

Municipality

License Period

Part A: Premises/Business Information

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

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S GENERAL STORE # 3897

3. FEIN

4. Wisconsin Seller's Permit Number

456-0000602957-03

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation

6. State of Organization

IOWA

7. Date of Organization

03/15/1995

8. Wisconsin DFI Registration Number

CO42322

9. Premises Address (do not use PO Box)

609 DODGE ST

10. City

MINERAL POINT

11. State

WI

12. Zip Code

53565

13. County

IOWA

14. Governing Municipality: ☐ City ☐ Town ☐ Village

of: MINERAL POINT

15. Aldermanic District

16. Mailing Address (if different from premises address)

ATTN: LICENSING, ONE SE CONVENIENCE BLVD

17. City

ANKENY

18. State

IA

19. Zip Code

50021

20. Premises Phone

(608) 987-3030

21. Premises Email

LICENSINGTEAM@CASEYS.COM

22. Website

WWW.CASEYS.COM

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

ONE STORY PRESRUCTURED STEEL BUILDING. TOBACCO PRODUCTS ARE STORED BEHIND THE COUNTER AND SOLD AT THE REGISTER,

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☒ Cigarettes☒ Tobacco Products☒ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒ Over the counter☐ Vending machine3. Is the applicant business owned by another business entity? ☒ Yes ☐ No

If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary

3a. Name of Business Entity: CASEY'S GENERAL STORES, INC.

3b. FEIN of Business Entity:

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
SEE ATTACHED OFFICER	LIST		
FRANK	MELISSA	AGENT	

Part D: Attestation

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

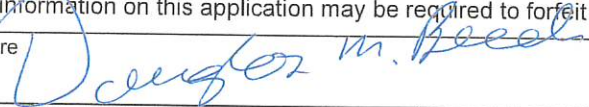
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 5/8/2025	
Name (Last, First, M.I.) BEECH, DOUGLAS M		
Title ASSISTANT SECRETARY	Email LICENINGTEAM@CASEYS.COM	Phone 

Part E: For Clerk Use Only

Date application was filed with clerk 5-15-25	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Cigarette, Tobacco, and Electronic
Vaping Device - Individual QuestionnaireDate
5-15-2025**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY			
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3897			
3. Entity Type (check one)			
☐ Sole Proprietor	☐ Partnership	☐ Limited Liability Company	☒ Corporation

Part B: Individual Information

1. Name (Last) FRANK		2. Name (First) MELISSA		3. Name (M.I.) A	
4. Relationship to Business (Title) AGENT		5. Email LICENSINGTEAM@CASEYS.COM		6. Phone [REDACTED] [REDACTED]	
7. Home Address [REDACTED]					
8. City MILTON		9. State WI	10. Zip Code 53563	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI		

Part C: Individual's Address History

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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

State	County	State	County	State	County	State	County
WI	WASHINGTON	WI	ROCK				
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Melissa A. Frank</i>	Date 5/8/25
--------------------------------------	----------------

Part F: Licensing Authority Approval

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

Name of Local Official	Title	
Signature of Local Official		Date

Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date: 5-15-25

Part A: Business Information

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

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S GENERAL STORE # 3897

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☐

Limited Liability Company

☒

Corporation

Part B: Individual Information

1. Name (Last)

JAMES

2. Name (First)

SAM

3. Name (M.I.)

J

4. Relationship to Business (Title)

PRESIDENT

5. Email

LICENSINGTEAM@CASEYS.COM

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

ANKENY

9. State

IA

10. Zip Code

50021

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

IA

Part C: Individual's Address History

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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

State	County	State	County	State	County	State	County
IA	POLK						
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

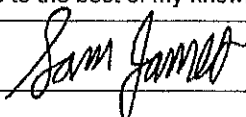
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 5/8/25
---	----------------

Part F: Licensing Authority Approval

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

Name of Local Official	Title
Signature of Local Official	Date

Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date 5-15-25

Part A: Business Information

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

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S GENERAL STORE # 3897

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☐

Limited Liability Company

☒

Corporation

Part B: Individual Information

1. Name (Last)

JOHNSON

2. Name (First)

BRIAN

3. Name (M.I.)

J

4. Relationship to Business (Title)

VICE PRESIDENT

5. Email

LICENSINGTEAM@CASEYS.COM

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

JOHNSTON

9. State

IA

10. Zip Code

50131

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

IA

Part C: Individual's Address History

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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

State	County	State	County	State	County	State	County
IA	POLK						
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 5/8/25
--	----------------

Part F: Licensing Authority Approval

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

Name of Local Official	Title
Signature of Local Official	Date

Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date 5/15/25

Part A: Business Information

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

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S GENERAL STORE # 3897

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation

Part B: Individual Information

1. Name (Last)

FABER

2. Name (First)

SCOTT

3. Name (M.I.)

A

4. Relationship to Business (Title)

SECRETARY

5. Email

LICENSINGTEAM@CASEYS.COM

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

JOHNSTON

9. State

IA

10. Zip Code

50131

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

IA

Part C: Individual's Address History

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

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			
Previous Address 6			

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

State	County	State	County	State	County	State	County
IA	POLK						

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

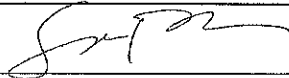
2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature



Date

5/8/25

Part F: Licensing Authority Approval

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

Name of Local Official

Title

Signature of Local Official

Date

Cigarette, Tobacco, and Electronic
Vaping Device - Individual QuestionnaireDate
5-15-25

Part A: Business Information

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

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S GENERAL STORE #3897

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation

Part B: Individual Information

1. Name (Last)

LARSEN

2. Name (First)

ERIC

3. Name (M.I.)

M

4. Relationship to Business (Title)

TREASURER

5. Email

LICENSINGTEAM@CASEYS.COM

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

ANKENY

9. State

IA

10. Zip Code

50023

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

IA

Part C: Individual's Address History

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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

State	County	State	County	State	County	State	County
IA	POLK						
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 5/8/25
--	----------------

Part F: Licensing Authority Approval

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

Name of Local Official	Title
Signature of Local Official	Date

Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date 5-15-25

Part A: Business Information

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

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S GENERAL STORE # 3897

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation

Part B: Individual Information

1. Name (Last)

BEECH

2. Name (First)

DOUGLAS

3. Name (M.I.)

M

4. Relationship to Business (Title)

ASSISTANT SECRETARY

5. Email

LICENSINGTEAM@CASEYS.COM

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

ANKENY

9. State

IA

10. Zip Code

50021

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

IA

Part C: Individual's Address History

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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

State	County	State	County	State	County	State	County
IA	POLK						
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Douglas M. Beed</i>	Date 5/8/25
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Part F: Licensing Authority Approval

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

Name of Local Official	Title
Signature of Local Official	Date

Cigarette, Tobacco, and Electronic Vaping Device
Appointment of AgentDate
5/15/25Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information

1. Last Name FRANK	2. First Name MELISSA	3. M.I. A
4. Email LICENSINGTEAM@CASEYS.COM	5. Phone [REDACTED] [REDACTED]	
6. Home Address [REDACTED]		
7. City MILTON	8. State WI	9. Zip Code 53563
10. Date of Birth [REDACTED]	11. Drivers License/State ID Number [REDACTED]	12. Drivers License/State ID State of Issuance WI

Part B: Questions

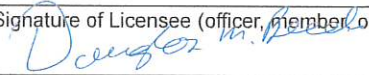
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary. N/A

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY		
2. Business Trade Name or DBA CASEY'S #3897		
3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation		
4. Premises Address 609 DODGE ST		
5. City MINERAL POINT	6. State WI	7. Zip Code 53565

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee**, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member or authorized signatory) 	Date 05/08/2025
Name of Person Signing for Licensee DOUGLAS BEECH	Title ASSISTANT SECRETARY

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent 	Date 05/08/2025
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WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1331028496

CASEY'S MARKETING COMPANY
1 SE CONVENIENCE BLVD
ANKENY IA 50021-9672

Wisconsin Department of Revenue Seller's Permit

Legal/real name: CASEY'S MARKETING COMPANY
Business name: CASEY'S GENERAL STORE #3897
609 DODGE ST
MINERAL POINT WI 53565-1068

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

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-0000602957-03

We are here to serve you

Wisconsin Department of Revenue
PO Box 8902
Madison, WI 53708-8902

Ph: 608-266-2776

Fax: 608-264-6884

Email: dorbusinessfax@revenue.wi.gov

Web: www.revenue.wi.gov

Main office: 2135 Rimrock Rd., Madison

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) FIVE POINT MARKET LLC			
2. Business Trade Name or DBA FIVE POINT MARKET			
3. FEIN 11-1111111		4. Wisconsin Seller's Permit Number 456-1037808683-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 7/2024	
8. Wisconsin DFI Registration Number FD76020			
9. Premises Address 319 COMMERCE ST.			
10. City MINERAL POINT		11. State WI	
12. Zip Code 53565		13. County IOWA	
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: MINERAL Point		15. Aldermanic District	
16. Premises Phone 608.987.0031		17. Premises Email cafe43mp@gmail.com	
18. Website N/A		19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 1 STORY metal structure with NO living quarters. ALL ALCOHOL is stored on the main level	
20. Mailing Address (if different from premises address)			
21. City		22. State	
		23. Zip Code	

Part B: Questions

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
HUIE	MOLLY	OWNER	[REDACTED]

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 HUIE		First Name MOLLY		M.I. M
Title SOLE MEMBER		Email cafe43mp@gmail.com		Phone [REDACTED]
Signature M. Huie			Date 5/16/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-19-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual QuestionnaireDate
5/16/2025

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Five Point Market LLC	
2. Business Trade Name or DBA	
Five Point Market	
3. Entity Type (check one)	
☐ Sole Proprietor	☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
HUIE		MOLLY		M
4. Relationship to Business (Title)		5. Email		6. Phone
OWNER		cafet3mp@gmail.com		
7. Home Address				
8. City		9. State	10. Zip Code	11. Date of Birth
MINERAL POINT		WI	53565	
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	
			WI	

Part C: Address History

1. Do you currently reside in Wisconsin?		☒ Yes ☐ No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?		Years	Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City	State Zip Code				
Previous Address 2		City	State Zip Code				
Previous Address 3		City	State Zip Code				
Previous Address 4		City	State Zip Code				
Previous Address 5		City	State Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	IOWA	WI	MILWAKEE	IL	COOK		
WI	DELAWARE	DC	DC				

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature

M. Huie

Date

5/16/2025

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

FIVE POINT MARKET LLC

2. Business Trade Name or DBA

~~Cafe 43mp~~ FIVE POINT MARKET

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

HUIE

2. First Name

MOLLY

3. M.I.

M

4. Email

Cafe43mp@gmail.com

5. Phone

6. Home Address

7. City

MINERAL POINT

8. State

WI

9. Zip Code

53565

10. Age

54

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☐ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☐ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name HUIE		First Name MOLLY		M.I. M
Title OWNER	Email cafe43mp@gmail.com		Phone 8 [REDACTED]	
Signature M. Huie			Date 5/16/2025	

Part E: Agent Attestation

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

Last Name HUIE		First Name MOLLY		M.I. M
Signature M. Huie			Date 5/16/2025	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Mineral Point City of
License Period	July 1, 2025 – June 30, 2026

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

- ☒ Class "A" Beer \$ 100⁻ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 350⁻ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>450⁻</u>
Background Check Fee	\$ <u>-</u>
Publication Fee	\$ <u>25⁻</u>
Total Fees	\$ <u>475⁻</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 768			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number 456-000028761403	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization October 7, 1964	
8. Wisconsin DFI Registration Number 1K04801			
9. Premises Address 622 Dodge St.			
10. City Mineral Point		11. State WI	12. Zip Code 53565
13. County Iowa		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Mineral Point City of	
15. Aldermanic District -----			
16. Premises Phone 608-987-2922		17. Premises Email LicensingDept@kwiktrip.com	
18. Website www.KwikTrip.com			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. One-story frame construction with storage in coolers, on sales floor, behind sales counter.			
20. Mailing Address (if different from premises address) Kwik Trip – Legal Dept., P.O. Box 2107			
21. City La Crosse		22. State WI	23. Zip Code 54602-2107

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☒ Yes ☐ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated **Please see enclosed list of retail store violations.	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	[REDACTED]
Wagner	David	CFO & Treasurer	[REDACTED]
Oxnem	Julie	Agent	[REDACTED]

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 [REDACTED]

Signature *Scott P. Zietlow* Date
March 1, 2025

Part E: For Clerk Use Only

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

Alcohol Beverage
Appointment of Agent

Date: 5/2/25

Agent Type (check one)

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

Part A: Business Information

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

Kwik Trip, Inc.

2. Business Trade Name or DBA

Kwik Trip 768

3. Entity Type (check one)

☐ Limited Liability Company

☒ Corporation

☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License ☐ State Permit

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

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

- N/A -

Part B: Agent Information

1. Last Name

Oxner

2. First Name

Julie

3. M.I.

Marie

4. Email

LicensingDept@kwiktrip.com

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

Dodgeville

8. State

WI

9. Zip Code

53533

10. Date of

[REDACTED]

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

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

☒ Yes ☐ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?

☒ Yes ☐ No

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

☒ Yes ☐ No

Continued →

Part D: Business Attestation

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

Last Name Zietlow		First Name Scott	M.I. Paul
Title CEO/President	Email LicensingDept@kwiktrip.com	Phone 608-791-7385	
Signature <i>Scott P. Zietlow</i>		Date 03/01/2025	

Part E: Agent Attestation

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

Last Name Oxnen		First Name Julie	M.I. Marie
Signature <i>Julie M Oxnen</i>		Date 5-2-25	

Form

AB-100

Alcohol Beverage Individual Questionnaire

Date: 5/2/25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Kwik Trip, Inc.	
2. Business Trade Name or DBA Kwik Trip 768	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name Oxner		2. First Name Julie		3. M.I. Marie
4. Relationship to Business (Title) Agent		5. Email LicensingDept@kwiktrip.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City Dodgeville		9. State WI	10. Zip Code 53533	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No			
If yes, provide the month and year when you permanently moved to Wisconsin. (MM/YYYY) 01/1981			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 [REDACTED]	City Dodgeville	State WI	Zip Code 53533
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Iowa	State	County
State	County	State	County

Continued →

Part D: Criminal History

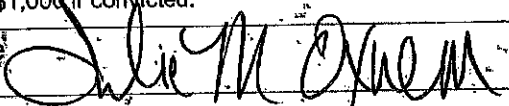
1 Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☒ Yes ☐ No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated Underage Drinking	Location Iowa County, WI	Conviction Date 2021 2000
Penalty Imposed Fine	Was sentence completed? ☒ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2 Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature 	Date 5-2-25
--	----------------

Alcohol Beverage
Individual QuestionnaireDate
03/01/2025

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

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

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

Part A: Business Information

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

Kwik Trip, Inc.

2. Business Trade Name or DBA

Multiple retail locations: Kwik Trip, Tobacco Outlet Plus, Tobacco Outlet Plus Grocery, Stop-N-Go, and Kwik Spirits

3. Entity Type (check one)

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

1. Last Name

Zietlow

2. First Name

Scott

3. M.I.

P

4. Relationship to Business (Title)

CEO & President

5. Email

LicensingDept@kwiktrip.com

6. Phone - Legal Dept.

(608) 791-7385

7. Home Address

8. City

Rochester

9. State

MN

10. Zip Code

55902

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

MN

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

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address 1

N/A - At current address since 1991

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

County

State

County

State

County

State

County

MN

Olmsted

WI

La Crosse

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature <i>Scott P. Zeltman</i>	Date 03/01/2025
-----------------------------------	--------------------

Alcohol Beverage
Individual QuestionnaireDate
04/08/2025

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

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

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

Part A: Business Information

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

Kwik Trip, Inc.

2. Business Trade Name or DBA

Multiple retail locations: Kwik Trip, Tobacco Outlet Plus, Tobacco Outlet Plus Grocery, Stop-N-Go, and Kwik Spirits

3. Entity Type (check one)

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

1. Last Name

Wagner

2. First Name

David

3. M.I.

P

4. Relationship to Business (Title)

CFO & Treasurer

5. Email

LicensingDept@kwiktrip.com

6. Phone - Legal Dept.

(608) 791-7385

7. Home Address

8. City

Stoddard

9. State

WI

10. Zip Code

54658

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ NoIf yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)
10/1965

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

Previous Address 1	City	State	Zip Code
N/A - At current address since October 2006			
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
WI	La Crosse						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature 

Date
04/08/2025

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

\$50~

FOR CLERKS ONLY	
Municipality	Mineral Point City of
License Period	7/1/2025 to 6/30/2026

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) Kwik Trip, Inc.			
2. Business Trade Name or DBA Kwik Trip 768			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number 456-000028761403	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation			
6. State of Organization Wisconsin		7. Date of Organization 10 / 07 / 1964	
8. Wisconsin DFI Registration Number 1K04801			
9. Premises Address (do not use PO Box) 622 Dodge St.			
10. City Mineral Point		11. State WI	12. Zip Code 53565
13. County Iowa	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Mineral Point City of		15. Aldermanic District -----
16. Mailing Address (if different from premises address) Kwik Trip – Legal Dept., P.O. Box 2107			
17. City La Crosse		18. State WI	19. Zip Code 54602
20. Premises Phone 608-987-2922		21. Premises Email LicensingDept@kwiktrip.com	
22. Website www.KwikTrip.com			
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Behind sales counter.			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) ☒ Cigarettes ☒ Tobacco Products ☒ Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) ☒ Over the counter ☐ Vending machine	
3. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary. 3a. Name of Parent Company: ----- 3b. FEIN of Parent Company: -----	

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	[REDACTED]
Wagner	David	CFO & Treasurer	6 [REDACTED]
Oxnem	Julie	Agent	[REDACTED]

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Scott P. Zietlow

Date

March 1, 2025

Name (Last, First, M.I.)

Zietlow, Scott P.

Title

CEO & President

Email

LicensingDept@kwiktrip.com

Phone

608-791-7385
608-793-4741

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Form

CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

5/2/25

Agent Type (check one): ☒ Original ☐ Change**Part A: Agent Information**

1. Last Name Oxner	2. First Name Julie	3. M.I. Marie
4. Email LicensingDept@kwiktrip.com		5. Phone [REDACTED]
6. Home Address [REDACTED]		
7. City Dodgeville	8. State WI	9. Zip Code 53533
10. Date of Birth [REDACTED]	11. Driver's License/State ID Number [REDACTED]	12. Driver's License/State ID State of Issuance WI

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) Kwik Trip, Inc.		
2. Business Trade Name or DBA Kwik Trip 768		
3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation		
4. Premises Address 622 Dodge St.		
5. City Mineral Point	6. State WI	7. Zip Code 53565

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee or Permittee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory) Scott P. Zietlow	Date 03/01/2025
Name of Person Signing for Licensee Scott P. Zietlow	Title CEO & President

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent Julie M Oxner	Date 5-2-25
-------------------------------------	----------------

Date 5/2/25

Form

CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor) Kwik-Trip, Inc.			
2. Business Trade Name or DBA Kwik-Trip 768			
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation			

Part B: Individual Information

1. Name (Last) Oxner		2. Name (First) Julie		3. Name (M.I.) Marie	
4. Relationship to Business (Title) Agent		5. Email LicensingDept@kwiktrip.com		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City Dodgeville		9. State WI	10. Zip Code 53533	11. Date of Birth [REDACTED]	
12. Driver's License/State ID Number [REDACTED]			13. Driver's License/State ID State of Issuance WI		

Part C: Individual's Address History

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

Previous Address 1 [REDACTED]	City Dodgeville	State WI	Zip Code 53533
Previous Address 2 [REDACTED]	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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

State WI	County Monroe	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

→ **Part D: Individual's Criminal History**

1 Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☒ Yes ☐ No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated <i>Underage Drinking</i>	Location <i>Iowa County WI</i>	Trial Date <i>N/A 2000</i>
Penalty Imposed <i>Fine</i>	Was sentence completed? ☒ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2 Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

→ **Part E: Attestation by Individual**

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information, and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature *Chie M. Dorem* Date *5-2-25*

Part F: Licensing Authority Approval

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

Name of Local Official	Title	
Signature of Local Official	Date	

Date
04/08/2025

Form
CTV-101

**Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire**

Part A: Business Information

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

Kwik Trip, Inc.

2. Business Trade Name or DBA

Multiple retail locations: Kwik Trip, Tobacco Outlet Plus, Tobacco Outlet Plus Grocery, Stop-N-Go, and Kwik Spirits

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

Part B: Individual Information

1. Name (Last)

Zietlow

2. Name (First)

Scott

3. Name (M.I.)

P

4. Relationship to Business (Title)

President

5. Email

LicensingDept@kwiktrip.com

6. Phone

(608) 791-7385

7. Home Address

[REDACTED]

8. City

Rochester

9. State

MN

10. Zip Code

55902

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

MN

Part C: Individual's Address History

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

Previous Address 1

[REDACTED]

City

Rochester

State

MN

Zip Code

55902

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

Previous Address 6

City

State

Zip Code

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

State

MN

County

Olmsted

State

WI

County

La Crosse

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Scott P. Ziltner</i>	Date 04/08/2025
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Part F: Licensing Authority Approval

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

Name of Local Official	Title
Signature of Local Official	Date

Date
04/08/2025

Form
CTV-101

**Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire**

Part A: Business Information

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

Kwik Trip, Inc.

2. Business Trade Name or DBA

Multiple retail locations: Kwik Trip, Tobacco Outlet Plus, Tobacco Outlet Plus Grocery, Stop-N-Go, and Kwik Spirits

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

Part B: Individual Information

1. Name (Last)

Wagner

2. Name (First)

David

3. Name (M.I.)

P

4. Relationship to Business (Title)

CFO & Treasurer

5. Email

LicensingDept@kwiktrip.com

6. Phone

(608) 791-7385

7. Home Address

[REDACTED]

8. City

Stoddard

9. State

WI

10. Zip Code

54658

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

Part C: Individual's Address History

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

Previous Address 1

[REDACTED]

City

Stoddard

State

WI

Zip Code

54658

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

Previous Address 6

City

State

Zip Code

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

State

WI

County

La Crosse

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 04/08/2025
---	--------------------

Part F: Licensing Authority Approval

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

Name of Local Official	Title
Signature of Local Official	Date



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

Contact Information:

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

Letter ID L1450373168

ATTN DEANNA HAFNER
KWIK TRIP, INC.
PO BOX 2107
LA CROSSE WI 54602-2107

Wisconsin Department of Revenue Seller's Permit

Legal/real name: KWIK TRIP, INC.
Business name: KWIK TRIP 768
622 DODGE ST
MINERAL POINT WI 53565-1069

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

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-0000287614-03

Wisconsin Alcohol Tobacco Violations

STORE	CITY	COUNTY	STATE	TYPE	E-LIQUID	DATE OF FAILED CHECK
Tobacco Outlet Plus #541	Marshfield	Wood	WI	Alcohol-AGENT		6/12/19
Kwik Trip #188	Wausau	Marathon	WI	tobacco	E-Liquid	6/12/19
Kwik Trip #719	Marshfield	Wood	WI	Alcohol		6/19/19
Kwik Trip #329	Spooner	Washburn	WI	Tobacco	E-Liquid	6/29/19
Kwik Trip #391	La Crosse	La Crosse	WI	Alcohol		7/1/19
Kwik Trip #328	Blair	Trempealeau	WI	Tobacco		7/31/19
Kwik Trip #1021	Brodhead	Green	WI	Tobacco		9/16/19
Kwik Trip #873	Sheboygan	Sheboygan	WI	Tobacco		10/1/19
Kwik Trip #768	Mineral Point	Iowa	WI	Tobacco		11/8/19
Kwik Trip #164	Menomonie	Dunn	WI	Alcohol		11/20/19
Kwik Trip #499	New Berlin	Waukesha	WI	Tobacco		12/11/19
Kwik Trip #430	Green Bay	Brown	WI	Tobacco		12/23/19
Kwik Trip #400	Beaver Dam	Dodge	WI	Alcohol		7/30/20
Kwik Trip #785	Beaver Dam	Dodge	WI	Alcohol		7/30/20
Kwik Trip #893	Stoughton	Dane	WI	Alcohol		9/27/20
Kwik Trip #857	Franklin	Milwaukee	WI	Alcohol		12/16/20
Kwik Trip #739	Stoughton	Dane	WI	Alcohol		6/30/21
Kwik Trip #534	New Berlin	Waukesha	WI	Alcohol		8/11/21
Kwik Trip #887	Grand Chute	Outagamie	WI	Alcohol		8/19/21
Kwik Trip #954	Madison	Dane	WI	Tobacco		8/19/21
Kwik Trip #946	Pulaski	Brown	WI	Tobacco	E-Liquid	9/16/21
Tobacco Outlet Plus #541	Marshfield	Wood	WI	Tobacco	E-Liquid	10/8/21
Kwik Trip #244	Menomonee Falls	Waukesha	WI	Tobacco		10/28/21
Tobacco Outlet Plus #501	Wausau	Marathon	WI	Tobacco	E-Liquid	1/30/22
Kwik Trip #700	Green Bay	Brown	WI	Alcohol		1/31/22
Kwik Trip #1023	Windsor (Village of Windsor)	Dane	WI	Tobacco	E-Liquid	2/2/22
Tobacco Outlet Plus #514	Madison	Dane	WI	Tobacco	E-Liquid	3/17/22
Kwik Trip #1521	Sun Prairie	Dane	WI	Tobacco	E-Liquid	3/31/22
Kwik Trip #742	Oshkosh	Winnebago	WI	Alcohol		6/29/22
Tobacco Outlet Plus #501	Wausau	Marathon	WI	Tobacco	E-Liquid	8/20/22
Kwik Trip #657	Baraboo	Sauk	WI	Alcohol		10/20/22
Kwik Trip #1510	DeForest	Dane	WI	Tobacco	E-Liquid	10/23/22
Kwik Trip #550	Middleton	Dane	WI	Alcohol		10/24/22
Kwik Trip #496	Sun Prairie	Dane	WI	Tobacco	E-Liquid	10/30/22
Kwik Trip #336	Mayville	Dodge	WI	Tobacco		2/13/23
Kwik Trip #768	Mineral Point	Iowa	WI	Tobacco		3/29/23
Kwik Trip #452	Grand Chute	Outagamie	WI	Tobacco	E-Liquid	4/4/23
Kwik Trip #1197	Belmont	Waukesha	WI	Tobacco	E-Liquid	4/10/23
Kwik Trip #966	Monona	Dane	WI	Alcohol		4/10/23
Kwik Trip #164	Menomonie	Dunn	WI	Alcohol		4/20/23
Kwik Trip #373	Waukesha	Waukesha	WI	Tobacco		4/21/23
Kwik Trip #1523	Sun Prairie	Dane	WI	Tobacco		4/23/23

Wisconsin Alcohol Tobacco Violations

Kwik Trip #425	Waukesha	Waukesha	WI	Tobacco		4/29/23
Tobacco Outlet Plus #563	Waukesha	Waukesha	WI	Tobacco		4/29/23
Kwik Trip #505	Stevens Point	Portage	WI	Tobacco		5/16/23
Kwik Trip #957	Fitchburg	Dane	WI	Tobacco		5/20/23
Kwik Trip #110	Ashland	Ashland	WI	Tobacco	E-Liquid	5/28/23
Kwik Trip #1512	Cottage Grove	Dane	WI	Tobacco		5/31/23
Kwik Trip #1510	DeForest	Dane	WI	Tobacco	E-Liquid	6/27/23
Kwik Trip #728	Wausau	Marathon	WI	Alcohol		6/27/23
Kwik Trip #731	Oregon	Dane	WI	Tobacco		7/8/23
Kwik Trip #282	Mukwonago	Waukesha	WI	Tobacco		7/23/23
Kwik Trip #580	Mount Pleasant	Racine	WI	Tobacco		8/1/23
Kwik Trip #971	New Berlin	Waukesha	WI	Alcohol		8/18/23
Kwik Trip #205	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #359	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #412	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #887	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #319	Spencer	Marathon	WI	Alcohol		10/18/23
Kwik Trip #386	Merrill	Lincoln	WI	Tobacco	E-Liquid	11/11/23
Kwik Trip #307	Prairie du Chien	Crawford	WI	Tobacco		11/18/23
Kwik Trip #399	Necedah	Juneau	WI	Tobacco	E-Liquid	12/17/23
Kwik Trip #140	Weston	Marathon	WI	Alcohol		12/21/23
Kwik Trip #244	Menomonee Falls	Waukesha	WI	Tobacco		3/9/24
Stop-N-Go #1207	Waupun	Dodge	WI	Tobacco	E-Liquid	5/30/24
Kwik Trip #488	Mayville	Dodge	WI	Tobacco		6/6/24
Kwik Trip #952	Madison	Dane	WI	Tobacco	E-Liquid	7/16/24
Kwik Trip #210	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #398	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #459	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #472	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #573	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #633	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1110	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1149	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1161	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1162	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #392	Ripon	Fond du Lac	WI	Tobacco	E-Liquid	9/13/24
Kwik Trip #658	Watertown	Dodge	WI	Alcohol		9/27/24
Kwik Trip #627	Manitowoc	Manitowoc	WI	Tobacco	E-Liquid	10/29/24
Kwik Trip #938	Kenosha	Kenosha	WI	Alcohol		2/24/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Mineral Point
License Period	07/01/2024 - 06/30/2025

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

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 350 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 450.00
Background Check Fee	\$
Publication Fee	\$ 25.00
Total Fees	\$ 475.00

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) TRIPLE P EXPRESS LLC			
2. Business Trade Name or DBA			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number 456-1029346093-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WISCONSIN		7. Date of Organization 6/10/2016	
8. Wisconsin DFI Registration Number PO67980			
9. Premises Address 10445 BRANGER DRIVE			
10. City MINERAL POINT		11. State WI	12. Zip Code 53565
13. County IOWA		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: MINERAL POINT	
15. Aldermanic District			
16. Premises Phone 608-987-4737		17. Premises Email leda.poad@triplepexpress.com	
18. Website poadoil.com			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 2000 square foot convenience store containing offices, storage, coolers, kitchen, refrigerators, and freezers.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ... ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ... ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
POAD	TERRENCE	OWNER	[REDACTED]
POAD	LEDA	OWNER	6 [REDACTED]
POAD	DAKOTA	OWNER	[REDACTED]
POAD	KANE	OWNER	[REDACTED]
POAD	TURNER	OWNER	[REDACTED]

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
POAD	LEDA	J
Title	Email	Phone
OWNER-MANAGER	leda.poad@triplepexpress.com	608-553-1732
Signature	Date	
<i>Leda Poad</i>	4-11-2025	

Part E: For Clerk Use Only

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

**Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire**

Date
04/11/2025

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
TRIPLE P EXPRESS LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

Part B: Individual Information

1. Name (Last)

POAD

2. Name (First)

DAKOTA

3. Name (M.I.)

J

4. Relationship to Business (Title)

OWNER - MANAGER

5. Email

poad10@outlook.com

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

MINERAL POINT

9. State

WI

10. Zip Code

53565

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Individual's Address History

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

Previous Address 1

[REDACTED]

City

MINERAL POINT

State

WI

Zip Code

53565

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

Previous Address 6

City

State

Zip Code

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

State

WI

County

IOWA

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature

Date

4-11-25

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title	
Signature of Local Official	Date	

Form
CTV-101

Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire

Date
04/11/2025

Part A: Business Information

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

TRIPLE P EXPRESS LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

Part B: Individual Information

1. Name (Last)

POAD

2. Name (First)

KANE

3. Name (M.I.)

H

4. Relationship to Business (Title)

OWNER-MANAGER

5. Email

kane.h.poad@gmail.com

6. Phone

7. Home Address

8. City

MADISON

9. State

WI

10. Zip Code

53719

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Individual's Address History

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

Previous Address 1

City

FITCHBURG

State

WI

Zip Code

53565

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

Previous Address 6

City

State

Zip Code

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

State

County

WI

IOWA

State

County

WI

DANE

State

County

State

County

State

County

State

County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Kane H. Poud</i>	Date <i>4/7/25</i>
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Form
CTV-101

**Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire**

Date
04/11/2025

Part A: Business Information

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

TRIPLE P EXPRESS LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

Part B: Individual Information

1. Name (Last)

POAD

2. Name (First)

LEDA

3. Name (M.I.)

J

4. Relationship to Business (Title)

5. Email

leda.poad@triplepexpress.com

6. Phone

7. Home Address

8. City

MINERAL POINT

9. State

WI

10. Zip Code

53565

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Individual's Address History

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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

State	County	State	County	State	County	State	County
WI	IOWA						
State	County	State	County	State	County	State	County
WI	LAFAYETTE						

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Heda Road</i>	Date <i>4-11-2025</i>
----------------------------	-----------------------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title	
Signature of Local Official		Date

Date
04/11/2025

Form
CTV-101

**Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire**

Part A: Business Information

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

TRIPLE P EXPRESS LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☒

Limited Liability Company

☐

Corporation

Part B: Individual Information

1. Name (Last)

POAD

2. Name (First)

TERRENCE

3. Name (M.I.)

J

4. Relationship to Business (Title)

OWNER-MANAGER

5. Email

leda.poad@triplepexpress.com

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

MINERAL POINT

9. State

WI

10. Zip Code

53565

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Individual's Address History

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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

State	County	State	County	State	County	State	County
WI	IOWA						
State	County	State	County	State	County	State	County
WI	DANE						

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 4-11-25
---	--------------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Form
CTV-101

**Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire**

Date
04/11/2025

Part A: Business Information

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

TRIPLE P EXPRESS LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

Part B: Individual Information

1. Name (Last)

POAD

2. Name (First)

TURNER

3. Name (M.I.)

L

4. Relationship to Business (Title)

OWNER - MANAGER

5. Email

turnerpoad18@gmail.com

6. Phone

7. Home Address

8. City

MIDDLETON

9. State

WI

10. Zip Code

53562

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Individual's Address History

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

Previous Address 1

City

MIDDLETON

State

WI

Zip Code

53562

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

Previous Address 6

City

State

Zip Code

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

State

County

State

County

State

County

State

County

WI

IOWA

State

County

State

County

State

County

State

County

WI

DANE

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

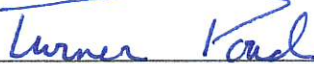
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title	
Signature of Local Official		Date

Form
CTV-100

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) TRIPLE P EXPRESS LLC		
2. Business Trade Name or DBA		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number 456-1029346093-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation		
6. State of Organization WISCONSIN	7. Date of Organization JUNE 10, 2016	8. Wisconsin DFI Registration Number P067980
9. Premises Address (do not use PO Box) 1045 BRANGER DRIVE		
10. City MINERAL POINT	11. State WI	12. Zip Code 53565
13. County IOWA	14. Governing Municipality: ☐ City ☒ Town ☐ Village of: MINERAL POINT	15. Aldermanic District
16. Mailing Address (if different from premises address)		
17. City	18. State	19. Zip Code
20. Premises Phone	21. Premises Email	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. 2000 SQUARE FOOT CONVENIENCE STORE CONTAINING OFFICES, STORAGE, COOLERS, KITCHEN, REFRIGERATORS, AND FREEZERS.		

Part B: Questions

1. What products will be sold at this business location? (check all that apply) ☒ Cigarettes ☒ Tobacco Products ☐ Electronic Vaping Devices		
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) ☒ Over the counter ☐ Vending machine		
3. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____		

Form
CTV-102

**Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent**

Date
04/11/2025

Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information		
1. Last Name POAD	2. First Name LEDA	3. M.I. J
4. Email leda.poad@triplepexpress.com		5. Phone [REDACTED]
6. Home Address 1210 WISCONSIN STREET		
7. City MINERAL POINT		8. State WI
		9. Zip Code 53565
10. Date of Birth [REDACTED]	11. Drivers License/State ID Number [REDACTED]	12. Drivers License/State ID State of Issuance WISCONSIN

Part B: Questions	
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) TRIPLE P EXPRESS LLC		
2. Business Trade Name or DBA		
3. Entity Type (check one) ☒ Limited Liability Company ☐ Corporation		
4. Premises Address 1045 BRANGER DRIVE		
5. City MINERAL POINT	6. State WI	7. Zip Code 53565

Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature of Licensee (officer, member, or authorized signatory) <i>Leda Poach</i>	Date 4-11-2025
Name of Person Signing for Licensee	Title
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent <i>Leda Poach</i>	Date 4-11-2025

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
04/11/2025

Agent Type (check one)

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

Part A: Business Information

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

TRIPLE P EXPRESS LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

POAD

2. First Name

LEDA

3. M.I.

J

4. Email

leda.poad@triplepexpress.com

5. Phone

6. Home Address

7. City

MINERAL POINT

8. State

WI

9. Zip Code

53565

10. Age

60

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Agent Questions

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

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

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

Continued →

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name POAD		First Name LEDA	
		M.I. J	
Title OWNER-MANAGER		Email leda.poad@triplepexpress.com	Phone [REDACTED]
Signature		Date	

Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name POAD		First Name LEDA	
		M.I. J	
Signature <i>Leda Poach</i>		Date 4-11-2025	

Alcohol Beverage
Individual QuestionnaireDate
04/11/2025

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

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

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

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor) TRIPLE P EXPRESS LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name POAD		2. First Name DAKOTA		3. M.I. J
4. Relationship to Business (Title) MANAGER		5. Email poad10@outlook.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City MINERAL POINT		9. State WI	10. Zip Code 53565	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes	☐ No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 31	Months 6
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 [REDACTED]		City MINERAL POINT		State WI	Zip Code 53565
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County IOWA	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

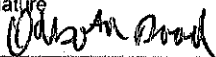
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

4-11-25

Alcohol Beverage
Individual QuestionnaireDate
04/11/2025

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) TRIPLE P EXPRESS LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name POAD		2. First Name KANE		3. M.I. H
4. Relationship to Business (Title) MANAGER		5. Email kane.h.poad@gmail.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City MADISON		9. State WI	10. Zip Code 53719	11. Date of Birth [REDACTED]
12. [REDACTED]		[REDACTED] WISCONSIN		

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			
Years 29		Months 8	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 [REDACTED]		City FITCHBURG	State WI
Previous Address 2		City	State
Previous Address 3		City	State
Previous Address 4		City	State
Previous Address 5		City	State
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County DANE	State	County
State WI	County IOWA	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature

Home Road

Date

4/12/25

Alcohol Beverage
Individual QuestionnaireDate
04/11/2025

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) TRIPLE P EXPRESS LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name POAD		2. First Name LEDA		3. M.I. J
4. Relationship to Business (Title) OWNER-MANAGER		5. Email leda.poad@triplepexpress.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City MINERAL POINT		9. State WI	10. Zip Code 53565	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes ☐ No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 60	Months 1
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City		State	Zip Code
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County IOWA	State	County	State	County
State WI	County LAFAYETTE	State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature <i>Reda Poada</i>	Date <i>4-11-2025</i>

Alcohol Beverage
Individual QuestionnaireDate
04/11/2025

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

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

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

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor) TRIPLE P EXPRESS LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name POAD		2. First Name TERRENCE		3. M.I. J
4. Relationship to Business (Title) OWNER-MEMBER		5. Email leda.poad@triplepexpress.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City [REDACTED]		9. State [REDACTED]	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes ☐ No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 65	Months 6
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State	Zip Code	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County IOWA	State	County	State	County
State	County	State	County	State	County

Continued →

Alcohol Beverage
Individual QuestionnaireDate
04/11/2025

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) TRIPLE P EXPRESS LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name POAD		2. First Name TURNER		3. M.I. L
4. Relationship to Business (Title) OWNER-MANAGER		5. Email turnerpoad18@gmail.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City MIDDLETON		9. State WI	10. Zip Code 53562	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 28	Months 1
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 [REDACTED]		City MIDDLETON		State WI	Zip Code 53562
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County DANE	State	County	State	County
State WI	County IOWA	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature



Date

4-12-2025

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Team Sullivan LLC</u>			
2. Business Trade Name or DBA <u>Sullivan's</u>			
3. FEIN <u>[REDACTED]</u>		4. Wisconsin Seller's Permit Number <u>456-1030544380-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>2-18-21</u>	
8. Wisconsin DFI Registration Number <u>T089133</u>			
9. Premises Address <u>303 Commerce St.</u>			
10. City <u>Mineral Point</u>		11. State <u>WI</u>	
12. Zip Code <u>53565</u>		13. County <u>Iowa</u>	
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Mineral Point</u>		15. Aldermanic District	
16. Premises Phone <u>608-981-0077</u>		17. Premises Email <u>SULLIVANEST2021@gmail.com</u>	
18. Website <u>N/A</u>		19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>main floor of Sullivan's, side porch style room (north side of building)</u>	
20. Mailing Address (if different from premises address)			
21. City		22. State	
23. Zip Code			

Part B: Questions

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

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Hughes-Sullivan</i>		First Name <i>Dawn</i>	M.I. <i>m</i>
Title <i>LLC member</i>	Email <i>Don-Donmarie@yahoo.com</i>	Phone <i>[REDACTED]</i>	
Signature <i>Dawn Hughes-Sullivan</i>		Date <i>5-19-2025</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>5-20-25</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
5-19-25

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Team Sullivan LLC

2. Business Trade Name or DBA

Sullivan's

3. Entity Type (check one)

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

4. Alcohol Beverage Business Authorization (check one)

- ☐
- Municipal Retail License
- ☐
- State Permit

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

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

N/A

Part B: Agent Information

1. Last Name

Hughes - Sullivan

2. First Name

Dawn

3. M.I.

M

4. Email

Don-Donmarie@yahoo.com

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

Mineral Point

8. State

WI

9. Zip Code

53565

10. Age

54

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Alcohol Beverage
Individual QuestionnaireDate
5-19-25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)				
Team Sullivan LLC				
2. Business Trade Name or DBA				
Sullivan's				
3. Entity Type (check one)				
☐ Sole Proprietor	☐ Partnership	☒ Limited Liability Company	☐ Corporation	☐ Nonprofit Organization

Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
Hughes - Sullivan		Dawn		m
4. Relationship to Business (Title)		5. Email		6. Phone
owner		Sullivanest2021@gmail.com		[REDACTED]
7. Home Address				
[REDACTED]				
8. City		9. State	10. Zip Code	11. Date of Birth
Mineral Point		WI	53565	[REDACTED]
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	
[REDACTED]			WI	

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes	☐ No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
				50	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State	Zip Code	
[REDACTED]		Mineral Point	WI	53565	
Previous Address 2		City	State	Zip Code	
[REDACTED]		Mineral Point	WI	53565	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	Iowa				
State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

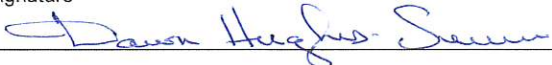
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature 	Date 5-19-2025
--	-------------------



WISCONSIN DEPARTMENT OF REVENUE
 P.O. BOX 4320
 MADISON, WISCONSIN 53702

Contact Information

TELEPHONE: (608) 261-2200
 FAX: (608) 261-2201
 TDD: (608) 261-2202
 E-MAIL: info@wisconsin.gov
 WWW: www.wisconsin.gov

TEAM SULLIVAN LLC
 816 PLEASANT ST
 MINERAL POINT WI 53565

Wisconsin Department of Revenue Seller's Permit

Legal/real name: TEAM SULLIVAN LLC
Business name: SULLIVANS
 303 Commerce St
 Mineral Point WI 53565

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

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-1030544320-02

WISCONSIN DEPARTMENT OF REVENUE

Alcohol Beverage
Individual Questionnaire

Date

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Team Sullivan LLC	
2. Business Trade Name or DBA	
Sullivan's	
3. Entity Type (check one)	
☐ Sole Proprietor	☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
SULLIVAN		Tim		J
4. Relationship to Business (Title)		5. Email		6. Phone
owner		SULLIVANST2021@gmail.com		
7. Home Address				
8. City		9. State	10. Zip Code	11. Date of Birth
Mineral Point		WI	53545	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance		
		WI		

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes	☐ No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
				576	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State	Zip Code	
		Mineral Point	WI	53545	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

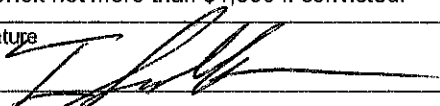
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No

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

Part E: Attestation

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

Signature



Date

5-20-2025

MINERAL POINT CITY OF

137 HIGH STREET, STE 1

MINERAL POINT, WI 53565

20610

Form
AB-200**Alcohol Beverage License
Application****For Municipal Use Only**

Municipality

License Period

7/1/2025-6/30/2026

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

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

Fees

License Fees	\$ 450
Background Check Fee	\$ \$0.00
Publication Fee	\$ \$25.00
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Dolgencorp, LLC		Vendor #368527 ✓ Invoice #202620610BWNEWS12		Vendor #368527 ✓ Invoice #202620610BLBWCITY11 ✓	
2. Business Trade Name or DBA Dollar General Store # 20610		Batch #29974 \$25.00		Batch #29974 \$450.00 ✓	
3. FEIN 6 [REDACTED]		4. Wisconsin Seller's Permit Number 456-0000208845-05			
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization					
6. State of Organization KY		7. Date of Organization 10/09/2008		8. Wisconsin DFI Registration Number	
9. Premises Address 713 DODGE ST					
10. City MINERAL POINT			11. State WI	12. Zip Code 53565-1079	
13. County IOWA		14. Governing Municipality: ☐ City ☐ Town ☐ Village of: MINERAL POINT CITY OF		15. Aldermanic District	
16. Premises Phone (615) 855-4000		17. Premises Email TAX- BEERANDWINELICENSE@DOLLARGENERAL.COM		18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Sq footage 8300 , consisting of sales floor and stock room					
20. Mailing Address (if different from premises address) Attn: Tax Licensing, 100 Mission Ridge					
21. City GOODLETTSVILLE			22. State TN	23. Zip Code 37072	
Part B: Questions					
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.					
Law/Ordinance Violated		Location		V-368527	
Penalty Imposed		Was sentence completed?		☐ Yes ☐ No	
Law/Ordinance Violated		Location		Trial Date	
Penalty Imposed		Was sentence completed?		☐ Yes ☐ No	

SEPERATE CHECK
PLEASE RETURN CHECK TO:
ABBY BATEY

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No

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

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

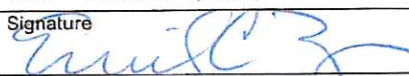
Last Name	First Name	Title	Phone
TAYLOR	EMILY	EVP-Merch (CMO)	(615) 855-4000
BRINING	ZACHARY	SVP-Store Ops	(615) 855-4000
Stankowski	Jacob	DISTRICT MANAGER	(615) 855-4000

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name TAYLOR	First Name EMILY	M.I. C
Title EVP- MERCH (CMO)	Email TAX- BEERANDWINELICENSE@DOLLARGENERAL.COM	Phone (615) 855-4000
Signature 	Date 4-10-25	

Part E: For Clerk Use Only

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

6-30-26

MINERAL POINT CITY OF

137 HIGH STREET, STE 1

MINERAL POINT, WI 53565

20610

Form

CTV-100

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application****FOR CLERKS ONLY**

Municipality

License Period

7/1/25-6/30/26

Part A: Premises/Business Information

Permit FEE: 50

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

Dolgencorp, LLC

BGC FEE: N/A

2. Business Trade Name or DBA

Dollar General Store # 20610

Ad FEE: N/A

3. FEIN

4. Wisconsin Seller's Permit Number

456-0000208845-05

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

6. State of Organization

KY

7. Date of Organization

09/09/2000

8. Wisconsin DFI Registration Number

9. Premises Address (do not use PO Box)

713 DODGE ST

10. City

MINERAL POINT

11. State

WI

12. Zip Code

53565-1079

13. County

IOWA

14. Governing Municipality: ☐ City ☐ Town ☐ Village

of: MINERAL POINT CITY OF

15. Aldermanic District

16. Mailing Address (if different from premises address)

Attn: Tax Licensing, 100 Mission Ridge

17. City

Goodlettsville

18. State

TN

19. Zip Code

37072

20. Premises Phone

(615) 855-4000

21. Premises Email

TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

22. Website

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible

Sq footage 8300

consisting of sales floor and stock room

V-368527

2026 Tob City

Vendor #368527

Invoice #202620610TOBCITY13

Batch #29974

\$50.00

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☒ Cigarettes☒ Tobacco Products☐ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒ Over the counter☐ Vending machine3. Is the applicant business owned by another business entity? ☐ Yes ☐ No

If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary

3a. Name of Business Entity: Dollar General Corporation

3b. FEIN of Business Entity: 61-0502302

SEPERATE CHECK
PLEASE RETURN CHECK TO:
ABBY BATEY

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor; all officers, directors, and agents of a corporation; all partners of a partnership; and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Brining	Zachary	SVP-Store Ops	(615) 855-4000
Taylor	Emily	EVP-Merch (CMO)	(615) 855-4000
Stankowski	Jacob	District Manager	(615) 855-4000

Part D: Attestation

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

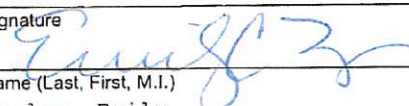
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 4-10-25
Name (Last, First, M.I.) Taylor, Emily	
Title EVP-Merch (CMO)	Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM
Phone (615) 855-4000	

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Date 4/24/25

Form
CTV-101Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Part A: Business Information

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

Dolgencorp, LLC

2. Business Trade Name or DBA

Dollar General Store # 20610

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

Part B: Individual Information

1. Name (Last)

Taylor

2. Name (First)

Emily

3. Name (M.I.)

C

4. Relationship to Business (Title)

EVP-Merch (CMO)

5. Email

TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

6. Phone

(615) 855-4000

7. Home Address

[REDACTED]

8. City

NASHVILLE

9. State

TN

10. Zip Code

37215

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

TN

Part C: Individual's Address History

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

Previous Address 1

SAME ADDRESS FOR 5+ YEARS

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

Previous Address 6

City

State

Zip Code

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

State

County

State

County

State

County

State

County

TN

DAVIDSON

State

County

State

County

State

County

State

County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date
---	------

Part F: Licensing Authority Approval

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

Name of Local Official	Title
Signature of Local Official	Date

Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date 4/24/25

Part A: Business Information

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

Dolgencorp, LLC

2. Business Trade Name or DBA

Dollar General Store # 20610

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

Part B: Individual Information

1. Name (Last)

BRINING

2. Name (First)

ZACHARY

3. Name (M.I.)

J

4. Relationship to Business (Title)

SVP-Store Ops

5. Email

TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

6. Phone

(615) 855-4000

7. Home Address

8. City

HENDERSONVILLE

9. State

TN

10. Zip Code

37075

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

TN

Part C: Individual's Address History

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

Previous Address 1	City	State	Zip Code
1017 MONTROSE DR	GALLATIN	TN	37066
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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

State	County	State	County	State	County	State	County
IL	KANE	TN	SUMNER	MN	HENNEPIN	MN	RAMSEY
State	County	State	County	State	County	State	County
IL	CHAMPAIGN						

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances?..... ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

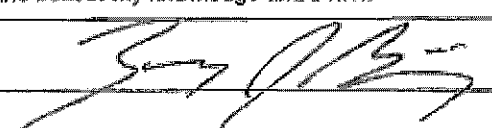
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed?..... ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed?..... ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed?..... ☐ Yes ☐ No

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date
---	------

Part F: Licensing Authority Approval

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

Name of Local Official	Title
Signature of Local Official	Date

Alcohol Beverage
Individual Questionnaire

Date 4/24/25

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

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

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

Part A: Business Information

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

Dolgencorp, LLC

2. Business Trade Name or DBA

Dollar General Store #

20610

3. Entity Type (check one)

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

1. Last Name

Taylor

2. First Name

Emily

3. M.I.

C

4. Relationship to Business (Title)

EVP-Merch (CMO)

5. Email

TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

6. Phone

(615) 855-4000

7. Home Address

8. City

Nashville

9. State

TN

10. Zip Code

37215

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

TN

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

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address 1	City	State	Zip Code
SAME ADDRESS FOR 5+ YEARS			
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
TN	DAVIDSON						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

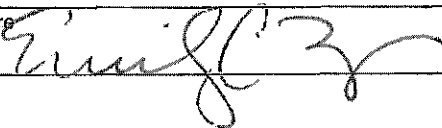
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature 	Date
---	------

Alcohol Beverage
Individual Questionnaire

Date 4/24/25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Dolgencorp, LLC	
2. Business Trade Name or DBA Dollar General Store #	20610
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name Brining		2. First Name Zachary		3. M.I. J
4. Relationship to Business (Title) SVP-Store Ops		5. Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM		6. Phone (615) 855-4000
7. Home Address [REDACTED]				
8. City HENDERSONVILLE		9. State TN	10. Zip Code 37075	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance [REDACTED]	

Part C: Address History

1. Do you currently live in Wisconsin?				☐ Yes ☒ No			
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY)			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 1017 MONTROSE DR		City GALLATIN		State TN	Zip Code 37066		
Previous Address 2		City		State	Zip Code		
Previous Address 3		City		State	Zip Code		
Previous Address 4		City		State	Zip Code		
Previous Address 5		City		State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State IL	County KANE	State TN	County SUMNER	State MN	County HENNEPIN	State MN	County RAMSEY
State IL	County CHAMPAIGN	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

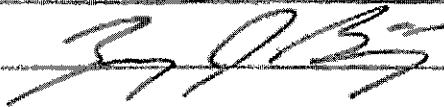
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No

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

Part E: Attestation

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

Signature



Date



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

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-268-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

20610

Letter ID L0724574288

DOLGENCORP, LLC
100 MISSION RDG
GOODLETTSVILLE TN 37072-2171

Wisconsin Department of Revenue Seller's Permit

Legal/real name:	DOLGENCORP, LLC
Business name:	DOLLAR GENERAL STORE #20610 713 DODGE ST MINERAL POINT WI 53565-1079

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

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-0000208845-05

Alcohol Beverage
Individual Questionnaire

Date

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) DOLGENCORP, LLC	
2. Business Trade Name or DBA DOLLAR GENERAL STORE # 20616	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name Stankowski		2. First Name Jacob		3. M.I. A
4. Relationship to Business (Title) DISTRICT MANAGER		5. Email jastanko@dollargeneral.com		6. Phone [REDACTED]
7. Home Address 101 [REDACTED]				
8. City Waunakee		9. State WI	10. Zip Code 53597	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 27	Months		
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 260 N Lord St		City Brookfield		State WI	Zip Code 53045		
Previous Address 2 100 Main St #102		City Pewaukee		State WI	Zip Code 53072		
Previous Address 3 4477 S 66th St		City Greenfield		State WI	Zip Code 53220		
Previous Address 4 2330 Lensmire Ln		City Waupaca		State WI	Zip Code 54981		
Previous Address 5		City		State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County Waukesha	State WI	County Milwaukee	State WI	County Waupaca	State WI	County Dane
State	County	State	County	State	County	State	County

Continued →

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

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

Part A: Business Information

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

DOLGENCORP, LLC

2. Business Trade Name or DBA

DOLLAR GENERAL STORE # 25610

3. Entity Type (check one)

☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

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

N/A

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

CHANGE OF MANAGER

Part B: Agent Information

1. Last Name

Stankowski

2. First Name

Jacob

3. M.I.

A

4. Email

jastanko@dollargeneral.com

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

Waunakee

8. State

WI

9. Zip Code

53597

10. Age

27

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Form
CTV-101

Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire

Date
3.26.2025

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
DOLGENCORP, LLC
2. Business Trade Name or DBA
DOLLAR GENERAL STORE # 20610
3. Entity Type (check one)
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation

Part B: Individual Information

1. Name (Last)	2. Name (First)	3. Name (M.I.)
Stankowski	Jacos	A
4. Relationship to Business (Title)	5. Email	6. Phone
District Manager	jastankowski@dollargeneral.com	
7. Home Address		
8. City	9. State	10. Zip Code
Waukegan	WI	53597
12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance	
	WI	

Part C: Individual's Address History

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

Previous Address 1	City	State	Zip Code
	Brookfield	WI	53045
Previous Address 2	City	State	Zip Code
	Pewaukee	WI	53072
Previous Address 3	City	State	Zip Code
	Greenfield	WI	53220
Previous Address 4	City	State	Zip Code
	Waukegan	WI	54981
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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

State	County	State	County	State	County	State	County
WI	Waukegan	WI	Milwaukee	WI	Waukegan	WI	Dane
State	County	State	County	State	County	State	County

Continued →

Form

CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date 3/26/2025Agent Type (check one): ☐ Original☐ Change

Part A: Agent Information

1. Last Name <u>Stankowski</u>	2. First Name <u>Jacos</u>	3. M.I. <u>A</u>
4. Email <u>tax-beerandwinelicense@dollargeneral.com</u>		5. Phone [REDACTED]
6. Home Address [REDACTED]		
7. City <u>Waukegan</u>	8. State <u>WI</u>	9. Zip Code <u>53597</u>
10. Date of Birth [REDACTED]	11. Drivers License/State ID Number <u>S</u>	12. Drivers License/State ID State of Issuance <u>WI</u>

Part B: Questions

1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) <u>DOLGENCORP, LLC</u>		
2. Business Trade Name or DBA <u>DOLLAR GENERAL STORE # 20410</u>		
3. Entity Type (check one) ☒ Limited Liability Company ☐ Corporation		
4. Premises Address <u>713 Dodge St.</u>		
5. City <u>Mineral Point</u>	6. State <u>WI</u>	7. Zip Code <u>53565-1079</u>

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory) <u>[Signature]</u>	Date <u>4/25/25</u>
Name of Person Signing for Licensee <u>Emily Taylor</u>	Title <u>CFO/LLC Manager</u>

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent <u>[Signature]</u>	Date <u>3/26/2025</u>
--	--------------------------

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Red Rooster Cafe, LLC</u>		
2. Business Trade Name or DBA <u>Red Rooster</u>		
3. FEIN <u>[REDACTED]</u>	4. Wisconsin Seller's Permit Number <u>456-1031071415-04</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization <u>Wisconsin</u>	7. Date of Organization <u>3/8/22</u>	8. Wisconsin DFI Registration Number <u>R082113</u>
9. Premises Address <u>158 High St.</u>		
10. City <u>Mineral Point, WI</u>	11. State <u>WI</u>	12. Zip Code <u>53565</u>
13. County <u>Iowa</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Mineral Point</u>	15. Aldermanic District
16. Premises Phone <u>608 987 9936</u>	17. Premises Email <u>redroostercafe.mp@gmail.com</u>	18. Website <u>N/A</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>All alcohol is stored under counter in dining area.</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Busse	Tammi	Owner	[REDACTED]
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	First Name	M.I.	
Busse	Tammi	H.	
Title	Email	Phone	
Sole Proprietor	tammibusse@live.com	[REDACTED]	[REDACTED]
Signature	Date		
[Signature]	5/5/25		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5-5-25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual QuestionnaireDate
5/3/25

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

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

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

Part A: Business Information

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

Red Rooster Cafe, LLC

2. Business Trade Name or DBA

Red Rooster

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Busse

2. First Name

Tammi

3. M.I.

H

4. Relationship to Business (Title)

Owner

5. Email

tammi@busse-llc.com

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

Linden

9. State

WI

10. Zip Code

53553

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History

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

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

Years

45

Months

9

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

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature



Date



Alcohol Beverage
Appointment of AgentDate
8/5/25

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Red Booster Cafe, LLC

2. Business Trade Name or DBA

Red Booster

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

Busse

2. First Name

Tammi

3. M.I.

H

4. Email

tammi busse @ live.com

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

Linden

8. State

WI

9. Zip Code

53553

10. Age

45 years

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name <i>Busse</i>		First Name <i>Tammi</i>		M.I. <i>H</i>
Title <i>Owner</i>	Email <i>tammi.busse@live.com</i>		Phone <i>[REDACTED]</i>	
Signature <i>[Signature]</i>			Date <i>3/5/25</i>	

Part E: Agent Attestation

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

Last Name <i>Busse</i>		First Name <i>Tammi</i>		M.I. <i>H</i>
Signature <i>[Signature]</i>			Date <i>3/5/25</i>	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

**Only applying for Class B Beer
and Class C Wine. No Class A**

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information

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

FIVE POINT MARKET LLC

2. Business Trade Name or DBA

CAFE 43

3. FEIN

4. Wisconsin Seller's Permit Number

456 - 1023808683 - 04

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

07/2024

8. Wisconsin DFI Registration Number

F076020

9. Premises Address

43 HIGH ST.

10. City

MINERAL POINT

11. State

WI

12. Zip Code

53565

13. County

IOWA

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: **MINERAL POINT**

15. Aldermanic District

16. Premises Phone

608.987.6556

17. Premises Email

cafe43mp@gmail.com

18. Website

cafe43mineralpoint.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

3-story building with CAFE & kitchen on 1st FLOOR.

Consumption & storage limited to these areas. Two upper floors are

20. Mailing Address (if different from premises address)

RESIDENTIAL

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
HUIE	MOLLY	OWNER	[REDACTED] 7

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
HUIE	MOLLY	M
Title	Email	Phone
OWNER	cafc43mp@gmail.com	[REDACTED]
Signature	Date	
M. Huie		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5-19-05			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual QuestionnaireDate
5/16/2025

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

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

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

Part A: Business Information

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

FIVE POINT MARKET LLC

2. Business Trade Name or DBA

CAFÉ 43

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

HUIE

2. First Name

MOLLY

3. M.I.

M

4. Relationship to Business (Title)

OWNER

5. Email

caf43mp@gmail.com

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

City

MINERAL POINT

9. State

WI

10. Zip Code

53565

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

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

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

Years

19

Months

5

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

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

State	County	State	County	State	County	State	County
WI	IOWA	DC	DC	WI	MILWAUKEE		
WI	OZAUKEE	IL	COOK				

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

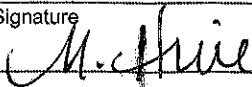
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

5/16/2025

Alcohol Beverage
Appointment of AgentDate
5/16/2025

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

FIVE POINT MARKET LLC

2. Business Trade Name or DBA

CAFÉ 43

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

HUIE

2. First Name

MOLLY

3. M.I.

M

4. Email

CAFÉ 43mp@gmail.com

5. Phone

6. Home Address

7. City

MINERAL POINT

8. State

WI

9. Zip Code

53565

10. Age

54

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name HUIE		First Name MOLLY		M.I. M
Title OWNER	Email cafe43mp@gmail.com		Phone 617-411-1141	
Signature M. Huie			Date 5.16.2025	

Part E: Agent Attestation

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

Last Name HUIE		First Name MOLLY		M.I. M
Signature M. Huie			Date 5.16.2025	



Mineral Point, Wisconsin

License No.	_____
Date Issued	_____
Date Paid	_____
Receipt #	_____

EXTENSION OF PREMISE LICENSE APPLICATION

Section 110.15(P) and 110.20 of the Municipal Code

Fee: \$10.00

The extension of premise is subject to approval by the Police & Licensing Committee and well as the Common Council.

Check One: ☐ Individual ☐ Partnership ☒ LLC ☐ Corporation

Individual, Partnership,

Corporation or LLC Name FIVE POINT MARKET LLCTrade Name CAFE 43Business Address 43 HIGH STREETContact/Agent Name MOLLY HUIETelephone [REDACTED]

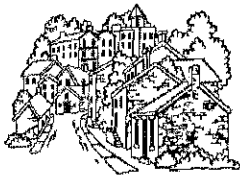
Application Type: ☒ Original ☐ Amended ☐ One Day Event
(provide dates below)

Reason/Detail for Extension of Premise: to ALLOW OUR dining customers
to enjoy a variety of beverages outdoors

I CERTIFY THAT I HAVE FULL RIGHT AND AUTHORITY TO SIGN AS/FOR THE OWNER OR AGENT.

Signature M. Huie

CITY CLERK SIGNATURE:	DATE:
Date licensed issued ____/____/____	License No.
Date approved by Common Council ____/____/____	



Mineral Point, Wisconsin

FOR OFFICE USE ONLY

License No. _____
Date Issued _____
Date Paid _____
Receipt # _____

**TEMPORARY PRIVILEGE IN PUBLIC RIGHT OF WAY
SIDEWALK CAFÉ & PARKLET PERMIT APPLICATION**

Section 110.20 of the Municipal Code

Fee: \$10.00

Effective April 1 to October 31

Businesses may expand their premise to create an outdoor seating area on part of the public right of way that immediately adjoins the premises for that purpose of consuming food or beverages prepared at the full-service restaurant, coffee shop or tavern adjacent thereto.

The below named Property Owner or Occupant hereby apply for permission to place a sidewalk café at the below mentioned property within the city right of way immediately in front of and contiguous to the property owned and/or occupied by the applicant.

☐ New ☒ Renewal

PROPERTY OWNER OR OCCUPANT: CAFE 43

Address: 43 High St.

Trade Name: CAFE 43

Address (if different then above): _____

Telephone Number: 608.987.6556

I CERTIFY THAT I HAVE FULL RIGHT AND AUTHORITY TO SIGN AS/FOR THE PROPERTY OWNER OR OCCUPANT.

Signature M. Huie
Print Name MOLLY HUIE

By using any device, means or action, your consent to the legally binding terms and conditions of this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

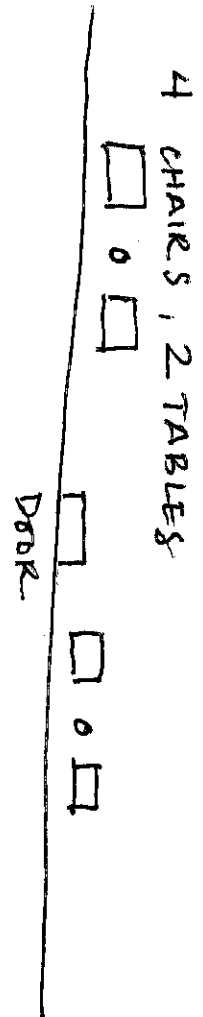
The applicant shall meet with the City Clerk to complete the attached Site Plan Application. The application will also be reviewed by the Police Department and Fire Department for compliance.

The Site plan should depict the dimensions of the proposed sidewalk café/parklet, size and number of tables, chairs, planters, umbrellas, trees, location of doorways, benches, bike racks, trash receptacles, or other sidewalk obstructions either existing or proposed within the area between the building and the curb. The permit holder shall maintain a minimum of a five-foot-wide unencumbered, open and accessible portion of the sidewalk for pedestrian traffic safety at all times. The moveable sidewalk café improvements shall be removed/locked while the business is closed, unless permission is granted to do otherwise by the city.

SITE PLAN

HIGH STREET

VINE STREET



Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>SCHANEN-SPADY HOSPITALITY, LLC</u>			
2. Business Trade Name or DBA <u>Mineral Point Hotel</u>			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number <u>456-1029314247-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WISCONSIN</u>		7. Date of Organization <u>6/2/2016</u>	
8. Wisconsin DFI Registration Number <u>456-1029314247-02</u>			
9. Premises Address <u>121 COMMERCE ST.</u>			
10. City <u>MINERAL POINT</u>		11. State <u>WI</u>	12. Zip Code <u>53565</u>
13. County <u>Iowa</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Mineral Point</u>		15. Aldermanic District
16. Premises Phone <u>608-987-3889</u>	17. Premises Email <u>INFO@MINERALPOINTHOTEL.COM</u>		18. Website <u>mineralpointhotel.com</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>5-guest room hotel, 3 guest rooms upstairs, 2 downstairs, lobby, laundry, kitchen</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

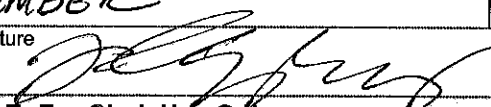
Last Name	First Name	Title	Phone
SPADY	JOHN	MEMBER (OWNER)	608-987-3889
SCHANEN-SPADY	LISA	MEMBER	[REDACTED]

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 SPADY		First Name JOHN		M.I. C.
Title MEMBER		Email info@mineralpointhotel.com		Phone 608-987-3889
Signature 			Date 5/4/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-9-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

SCHANEN-SPADY HOSPITALITY LLC

2. Business Trade Name or DBA

MINERAL POINT HOTEL

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

SPADY

2. First Name

JOHN

3. M.I.

C.

4. Email

INFO@MINERALPOINTHOTEL.COM

5. Phone

(608) 987-3889

6. Home Address

111 TALL ALLEY

7. City

MINERAL POINT

8. State

WI

9. Zip Code

53565

10. Age

54

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WISCONSIN

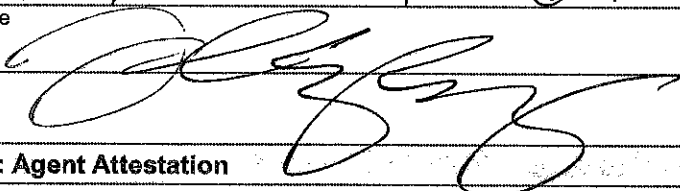
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

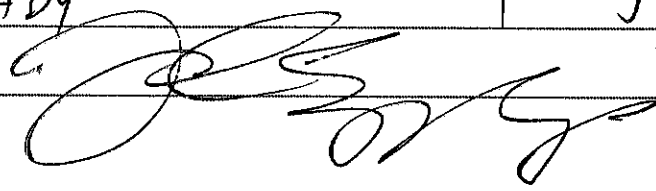
Part D: Business Attestation

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

Last Name SPADY		First Name JOHN		M.I. C.
Title MEMBER/OWNER	Email INFO@MINERALPOINTHOTEL.COM	Phone (608) 987-3887		
Signature 			Date 5/3/25	

Part E: Agent Attestation

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

Last Name SPADY		First Name JOHN		M.I. C.
Signature 			Date 5/3/25	

Alcohol Beverage
Individual Questionnaire

Date

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

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

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

Part A: Business Information

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

SCHANEN-SPADY HOSPITALITY, LLC

2. Business Trade Name or DBA

MINERAL POINT HOTEL

3. Entity Type (check one)

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

1. Last Name

SPADY

2. First Name

JOHN

3. M.I.

C.

4. Relationship to Business (Title)

OWNER

5. Email

INFO@MINERALPOINTHOTEL.COM

6. Phone

(608) 987-3889

7. Home Address

[REDACTED]

8. City

MINERAL POINT

9. State

WI

10. Zip Code

53565

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WISCONSIN

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

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

Years

8

Months

7

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

Previous Address 1

[REDACTED]

City

MINERAL POINT

State

WI

Zip Code

53565

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

NJ

County

BERGEN

State

WI

County

IOWA

State

County

State

County

State

NY

County

NEW YORK

State

County

State

County

State

County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

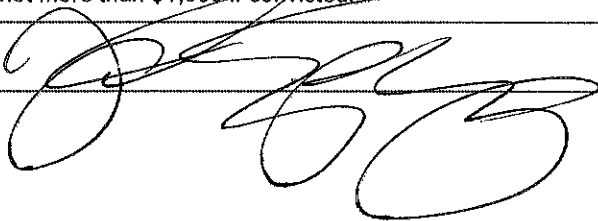
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

5/3/2025

CITY OF MINERAL POINT
PERMIT APPLICATION

ALCOHOL BEVERAGES IN OUTSIDE AREAS

Name: SCHANEN-SPADY HOSPITALITY LLC, dba Mineral
Address: 121 Commerce St., Mineral Point Point Hotel
Phone: (608) 987-3889

Premises Description: seating for 12 inside. Seating for 30-35
outside on adjacent patio. See attached graph for lighting
& seating plan from
last year (2024)

Attach the following:

1. Map describing the proposed outdoor area, including proposed capacity, the proposed location of seating, proposed physical enclosure; and showing the location of family residences, or tourist/guest lodging, within forty feet (40') of the proposed outdoor area.
2. Lighting and signage plan.
3. Written verification from the Wisconsin Department of Health and Family Services that the premises, including the outdoor area, is properly licensed as a restaurant by said Department.

FEE: Select one that applies

- ☐ \$100.00 – First Time Application (initial processing fee plus annual permit fee)
- ☒ \$50.00 – Annual Permit Fee

TERM: July 1, 2024 through June 30, 2025

STATEMENT BY APPLICANT(S)

I hereby acknowledge receipt of a copy of the Mineral Point Municipal Code Section 110.15(P) Alcohol Beverages in Outside Areas, and I agree to abide by the terms and conditions of this Section of the Code, including restrictions and penalties, I understand that permission to operate under a "Class B", Class "B", and/or "Class C" license in an outdoor area pursuant to this Section of the Code is a privilege and does not vest a property right, therefore, I understand and agree that permission may be revoked by the common council pursuant to Section 12.05(16)G.4. of the Code.

ACKNOWLEDGMENT

Signature of Applicant

Date

State of WI

County of Iowa, WI

Personally came before me this 9th day of May, 2025

John Spady

to me known to be the person(s) who executed the foregoing instrument, and acknowledge.

Christy Skelding

(Please print or type name signed above):

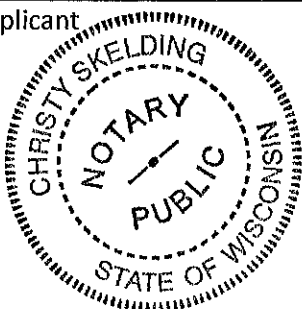
Christy Skelding

Notary Public, County of Iowa, State of WI

My Commission expires: 5-12-26

Signature of Applicant

Date



Hotel
Backyard
&
parking area

light

minimal
noise

⊗ Social distance between tables
and ability to move around more
on patio area.

Tables + chairs 25-30 cap.
Patio area

Barrier
Fence
Caveau

TREE
WALL

Plants

VACANT Shop - 111 Commerce

Side walk.

front
entrance

Commerce
STREET

Concord
Bakery
Shop

GALLERY/Shop
JANE W.

← Franklin
STREET

WISCONSIN
ELECTRIC SUPPLY

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u>
Total Fees	\$ _____

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Shake Rag Alley, Inc</u>			
2. Business Trade Name or DBA <u>Shake Rag Alley Center for the Arts</u>			
3. FEIN <u>██████-██████-██████</u>		4. Wisconsin Seller's Permit Number <u>456-0002197302-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>10/14/2004</u>	
8. Wisconsin DFI Registration Number <u>M062133</u>			
9. Premises Address <u>18 Shakerag St</u>			
10. City <u>Mineral Point</u>		11. State <u>WI</u>	12. Zip Code <u>53565</u>
13. County <u>Iowa</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Mineral Point</u>		15. Aldermanic District <u>3</u>
16. Premises Phone <u>608-987-3292</u>	17. Premises Email <u>info@shakeragalley.org</u>		18. Website <u>shakeragalley.org</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Sale and storage will be in the Art Cafe and may be consumed there and in the Coach House, Ellery House, Cabinet Shop, Log Cabin, + Potter's House.</u>			
20. Mailing Address (if different from premises address) 			
21. City 		22. State 	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	Kubasta	First Name	Christina	Title	Executive Director	Phone	[REDACTED]
	Christensen		Mike		President		[REDACTED]
	Southward		David		Vice President		[REDACTED]
	Donaghue		Deb		Treasurer		[REDACTED]
	Leger		Steve		Secretary		[REDACTED]

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.

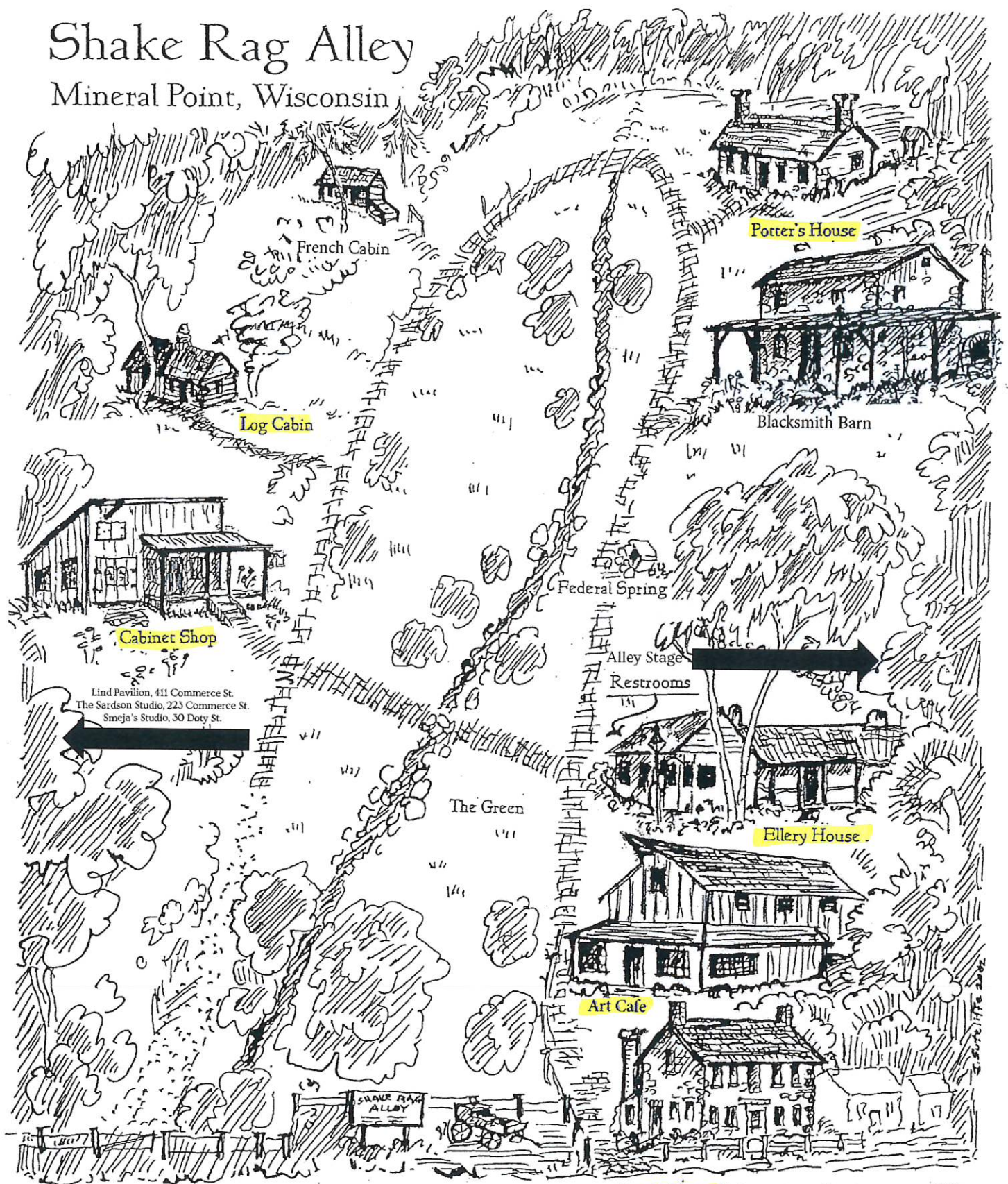
Last Name Kubasta		First Name Christina		M.I.
Title Executive Director		Email ckubasta@shakeagallery.org	Phone 608-987-3292	
Signature CKubasta		Date 4/25/25		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-25-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Shake Rag Alley

Mineral Point, Wisconsin



Coach House: Information • Registration • Office

Shake Rag Alley Center for the Arts, 18 Shake Rag Street, Mineral Point, WI 53565 Phone 608-987-3292
info@shakeragalley.org www.ShakeRagAlley.org



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8946
MADISON, WI 53708-8946

Contact Information:

2135 RIMROCK RD PO BOX 8946
MADISON, WI 53708-8946
ph: 608-266-2776 fax: 608-264-6884
email: dorbusinessstax@revenue.wi.gov
website: revenue.wi.gov

Letter ID L0888514336

SHAKE RAG ALLEY INC
18 SHAKERAG ST
MINERAL POINT WI 53565-1134

Wisconsin Department of Revenue Seller's Permit

Legal/real name: SHAKE RAG ALLEY INC
Business name: SHAKE RAG ALLEY
18 SHAKERAG ST
MINERAL POINT WI 565-1134

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

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0002197302-02

Alcohol Beverage
Individual Questionnaire

Date

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Shake Rag Alley, Inc
2. Business Trade Name or DBA
Shake Rag Alley Center for the Arts
3. Entity Type (check one)
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Kubasta	Christina	
4. Relationship to Business (Title)	5. Email	6. Phone
Executive Director	ckubasta@shakeragalley.org	608-987-3292
7. Home Address		
8. City	9. State	10. Zip Code
Mineral Point	WI	53565
11. Date of Birth		
12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance	
	WI	

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes ☐ No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
				23	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State	Zip Code	
		Oshkosh	WI	54902	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
IN	St Joseph	NY	Cayuga	WI	Waushara
State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

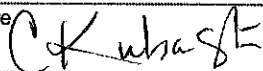
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

4/25/25

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Shake Rag Alley, Inc

2. Business Trade Name or DBA

Shake Rag Alley Center for the Arts

3. Entity Type (check one)

- ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

Kubasta

2. First Name

Christina

3. M.I.

4. Email

ckubasta@shakeragalley.org

5. Phone

6. Home Address

7. City

Mineral Point

8. State

WI

9. Zip Code

53565

10. Age

48

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☒ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name		First Name		M.I.
Title	Email		Phone	
Signature			Date	

Part E: Agent Attestation

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

Last Name <i>Kubasta</i>		First Name <i>Christina</i>		M.I. <i>K</i>
Signature <i>[Signature]</i>			Date <i>4/25/25</i>	

CITY OF MINERAL POINT
PERMIT APPLICATION

ALCOHOL BEVERAGES IN OUTSIDE AREAS

Name: Shake Rag Alley Center for the Arts

Address: 18 Shakerag St, Mineral Point

Phone: 608-987-3292

Premises Description: See attached

Attach the following:

1. Map describing the proposed outdoor area, including proposed capacity, the proposed location of seating, proposed physical enclosure; and showing the location of family residences, or tourist/guest lodging, within forty feet (40') of the proposed outdoor area.
2. Lighting and signage plan.
3. Written verification from the Wisconsin Department of Health and Family Services that the premises, including the outdoor area, is properly licensed as a restaurant by said Department.

FEE: Select one that applies

☐ **\$100.00** – First Time Application (initial processing fee plus annual permit fee)

☒ **\$50.00** – Annual Permit Fee

TERM: July 1, 2024 through June 30, 2025

STATEMENT BY APPLICANT(S)

I hereby acknowledge receipt of a copy of the Mineral Point Municipal Code Section 110.15(P) Alcohol Beverages in Outside Areas, and I agree to abide by the terms and conditions of this Section of the Code, including restrictions and penalties, I understand that permission to operate under a "Class B", Class "B", and/or "Class C" license in an outdoor area pursuant to this Section of the Code is a privilege and does not vest a property right, therefore, I understand and agree that permission may be revoked by the common council pursuant to Section 12.05(16)G.4. of the Code.

ACKNOWLEDGMENT

CK Whight 4/25/25
Signature of Applicant Date

State of _____

County of _____, WI

Personally came before me this _____ day of _____, 20____

Signature of Applicant Date

to me known to be the person(s) who executed the foregoing instrument, and acknowledge.

(Please print or type name signed above):

Notary Public, County of _____, State of _____

My Commission expires: _____

Shake Rag Alley Outside Areas

1. Enclosed is a map of the outdoor areas on our 2.5-acre campus where alcohol may be consumed during events and rentals that number fewer than a dozen a year:
 - Yellow highlighting indicates the patios, pathways, the Green lawn space, and Alley Stage where alcohol may be consumed. Max seating capacity is 100 on the Green and 125 at Alley Stage, although there are no events that call for seating that many at both places at the same time.
 - Pink highlighting indicates fencing and gates along Shake Rag St. and at the stairs leading to the Lind Pavilion where access would be restricted.
 - Green highlighting indicates the Coach House, which features three guest rooms, and neighboring residences.
2. Lighting is provided by the lanterns that dot the pathways throughout our grounds, exterior building lights, and additional strands of exterior lights on the Green and at Alley Stage for evening events. Signs are posted at entry/exit gates indicating alcohol may not be taken off premises.
3. Enclosed is our DATCP license for the Shake Rag Alley Cafe (Retail Food-Serving Meals-Prepackaged).

LOT 121
MARSH LANDS
1837

172

COMMERCE STREET

DATE	6-14-68	APPROVED BY:	SIGNED BY: A. PARE
SCALE	1" = 20'		

18 SHAKE RAG STREET
MINERAL POINT, WISCONSIN

DRAWING NUMBER

SHAKE RAG ALLEY INC

18 SHAKE RAG ST
MINERAL POINT, WI 53565



WISCONSIN DEPARTMENT OF AGRICULTURE,
TRADE AND CONSUMER PROTECTION

License, Permit or Registration

The person, firm, or corporation shown below has complied with the Wisconsin statutes and is authorized to engage in the activity indicated.

ACTIVITY

Retail Food - Serving Meals, Prepackaged,
Machines: 0

EXPIRATION DATE

6/30/2025

LICENSE NUMBER

ATCP-007970

LICENSEE MAILING ADDRESS

ATCP-L09541

NOT TRANSFERABLE

BUSINESS / ESTABLISHMENT ADDRESS

SHAKE RAG ALLEY INC

18 SHAKE RAG ST

MINERAL POINT, WI 53565

SHAKE RAG ALLEY CENTER FOR THE ARTS

18 SHAKE RAG ST

MINERAL POINT, WI 53565

All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the Department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

WI DATCP

PO Box 93296

MILWAUKEE, WI 53293-0296

(608) 224-4720

* Include the name of your facility and the ID number.

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$ <u>-</u>
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>225</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>The Book Kitchen, LLC</u>			
2. Business Trade Name or DBA <u>Same as above</u>			
3. FEIN <u>[REDACTED]</u>		4. Wisconsin Seller's Permit Number <u>456-1031533103-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WISCONSIN</u>		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address <u>151 High Street</u>			
10. City <u>Mineral Point</u>		11. State <u>WI</u>	12. Zip Code <u>53565</u>
13. County <u>Iowa</u>		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____	
15. Aldermanic District		16. Premises Phone <u>773 960-2156</u>	
17. Premises Email <u>Nicole@thebookkitchen.com</u>		18. Website <u>thebookkitchen.com</u>	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>See attached.</u>			
20. Mailing Address (if different from premises address) <u>Same as above</u>			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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

The Book Kitchen, LLC
151 High Street
Mineral Point, WI 53565

Question Supplements

#19: The Book Kitchen is located in the retail space of The Republic of Letters Bookstore at 151 High Street in Mineral Point, Wisconsin. The retail space occupies the first level of the building. The second level has three apartments. Those of which do not have access to the first level. On the first level (in the retail space), alcohol beverages are consumed along with storage records. The lower level stores alcoholic beverages. This area is under lock and key and available to the owners of the building (Keith Burrows and Leslie Damaso) and owner of The Book Kitchen (Nicole Randazzo Bujewski).

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

The Book Kitchen, LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

BUJewski

2. First Name

Nicole

3. M.I.

R

4. Email

nicole@thebookkitchenmp.com

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

Mineral Point

8. State

WI

9. Zip Code

53545

10. Age

53

11. [REDACTED] [REDACTED] [REDACTED]

12. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Alcohol Beverage
Individual Questionnaire

Date

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>The Book Kitchen, LLC</i>	
2. Business Trade Name or DBA	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information					
1. Last Name <i>Bujewski</i>		2. First Name <i>Nicole</i>		3. M.I. <i>R</i>	
4. Relationship to Business (Title) <i>owner</i>		5. Email <i>nicole@thebookkitchenmp.com</i>		6. Phone <i>773-811-1111</i>	
7. Home Address <i>[REDACTED]</i>					
8. City <i>Mineral Point</i>		9. State <i>WI</i>	10. Zip Code <i>53545</i>		11. Date of Birth <i>1/1/1981</i>
12. Drivers License/State ID Number <i>[REDACTED]</i>			13. Drivers License/State ID State of Issuance <i>WISCONSIN</i>		

Part C: Address History							
1. Do you currently reside in Wisconsin? ☒ Yes ☐ No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?						Years <i>5</i>	Months <i>9</i>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <i>[REDACTED]</i>				City <i>Chicago</i>	State <i>IL</i>	Zip Code <i>60631</i>	
Previous Address 2				City	State	Zip Code	
Previous Address 3				City	State	Zip Code	
Previous Address 4				City	State	Zip Code	
Previous Address 5				City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State <i>WI</i>	County <i>Iowa</i>	State <i>WI</i>	County	State	County	State	County
State <i>IL</i>	County <i>COOK</i>	State	County	State	County	State	County

Continued →

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) US HOTEL			
2. Business Trade Name or DBA LION AND PORCUPINE			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WISCONSIN		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address 265 HIGH STREET			
10. City MINERAL POINT		11. State IL	12. Zip Code 53565
13. County IOWA COUNTY	14. Governing Municipality: ☐ City ☐ Town ☐ Village of:		15. Aldermanic District
16. Premises Phone NA	17. Premises Email lovisciane1967@yahoo.com		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Ground floor will be the tavern			
20. Mailing Address (if different from premises address) 263 HIGH STREET			
21. City MINERAL POINT		22. State WI	23. Zip Code 53565

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
KERBIS	JULIAN	AGENT	██████████
RASMUSSEN	LOUISE	OWNER	██████████

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name	M.I.
Title		Email	Phone
Signature		Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-20-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
5-18-25

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Lion + Porcupine

2. Business Trade Name or DBA

US Hotel LLC

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

KERBIS

2. First Name

Julian

3. M.I.

C

4. Email

jkerbis@yahoo.com

6. Home Address

[REDACTED]

7. City

Mineral Point

8. State

WI

9. Zip Code

53565

10. Age

72

11. Drivers License/State ID Number

WI [REDACTED]

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☒ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name KERBIS	First Name Julian	M.I. C
Title owner	Email jkerbis@yahoo.com	
Signature Julian CKV		Date 5-18-25

Part E: Agent Attestation

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

Last Name KERBIS	First Name JULIAN	M.I. C
Signature Julian CKV		Date 5-18-25

Alcohol Beverage
Individual QuestionnaireDate
5-18-25

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

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

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

Part A: Business Information

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

THE US HOTEL LLC

2. Business Trade Name or DBA

THE LION AND PORCUPINE

3. Entity Type (check one)

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

1. Last Name

RASMUSSEN

2. First Name

LOUISE

3. M.I.

J

4. Relationship to Business (Title)

OWNER

5. Email

LOUISEJANE1967@yahoo.com

6. Phone

7. Home Address

8. City

MINERAL POINT

9. State

WI

10. Zip Code

53565

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

ILLINOIS

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

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

Years

4

Months

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

Previous Address 1	City	State	Zip Code
	CHICAGO	IL	60640
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
IL	COOK						
WI	IOWA						

Continued →

Alcohol Beverage
Individual QuestionnaireDate
5-18-25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
U S Hotel LLC	
2. Business Trade Name or DBA	
LION + PORCUPINE	
3. Entity Type (check one)	
☐ Sole Proprietor	☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
KERBIS		JULIAN		C
4. Relationship to Business (Title)		5. Email		6. Phone
OWNER		jkerbis@yahoo.com		
7. Home Address				
[REDACTED] ST				
8. City		9. State	10. Zip Code	11. Date of Birth
Mineral Point		WI	53565	[REDACTED]
12. Drivers License/State ID			13. Drivers License/State ID State of Issuance	
[REDACTED]			WI	

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes	☐ No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
				4	0
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City		State	Zip Code
[REDACTED] N. Wayne Ave		Chicago		IL	60670
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
State	County	State	County	State	County

Continued →

CITY OF MINERAL POINT

Plan of Operation

for Alcohol Beverage License Application

OFFICE OF THE CITY CLERK
137 HIGH STREET, SUITE 1
MINERAL POINT WI 53565
(608) 987-2361

Your application will be returned for failure to fill out this form completely, correctly, and submit the required Detailed Floor Plan as outlined.

Business Name: LION AND PORCUPINE																										
265	Address of Premises: 265 HIGH STREET, MINERAL POINT	Business Telephone Number: 872 2034241																								
	Business Mailing Address -if different from address of premises : 263 HIGH STREET, MINERAL POINT																									
	Business Internet/E-mail Address:	Business Fax Number:																								
	Owner's Name: JULIAN KERBIS AND LOUISE RASMUSSEN	Owner's Phone Number: [REDACTED]																								
	Owner's Address include city, state, zip code: [REDACTED]																									
	Will the agent, a partner of the individual licensee be conducting the day-to-day operations of the business: ☒ Yes ☐ No If no, list name and address of person who will: _____ Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person listed above must obtain a Class B Manager's license.																									
	Does anyone else have money invested or any other interest in this business? ☐ Yes ☒ No If yes, explain: _____																									
	What types of business do you or will you conduct at this location? (check all that apply): (Other licenses/permits may be required to operate your business.) <table style="width: 100%; border: none;"> <tr> <td>☐ Full Service Restaurant</td> <td>☐ Café/Coffee Shop</td> <td>☒ Bed & Breakfast</td> </tr> <tr> <td>☐ Grocery Store</td> <td>☐ Convenience Market</td> <td>☐ Hotel</td> </tr> <tr> <td>☐ Liquor Store</td> <td>☐ Indoor Golf Facility</td> <td>☐ Private Sports Club</td> </tr> <tr> <td>☐ Theater</td> <td>☐ Wine Tasting Room</td> <td>☐ Veterans Club</td> </tr> <tr> <td>☐ Brew Pub</td> <td>☒ Tavern</td> <td>☐ Fraternal Club</td> </tr> <tr> <td>☐ Volleyball Court (Permanent Extension of Premises required)</td> <td>☐ Catering (sales only allowed on the premises issued and alcohol beverage licensed)</td> <td>☐ Video Game Center-6 or more games</td> </tr> <tr> <td>☐ Comedy Club</td> <td>☐ Night club</td> <td>☐ Bowling Center</td> </tr> <tr> <td>☐ Billiard Center</td> <td></td> <td></td> </tr> </table>		☐ Full Service Restaurant	☐ Café/Coffee Shop	☒ Bed & Breakfast	☐ Grocery Store	☐ Convenience Market	☐ Hotel	☐ Liquor Store	☐ Indoor Golf Facility	☐ Private Sports Club	☐ Theater	☐ Wine Tasting Room	☐ Veterans Club	☐ Brew Pub	☒ Tavern	☐ Fraternal Club	☐ Volleyball Court (Permanent Extension of Premises required)	☐ Catering (sales only allowed on the premises issued and alcohol beverage licensed)	☐ Video Game Center-6 or more games	☐ Comedy Club	☐ Night club	☐ Bowling Center	☐ Billiard Center		
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☐ Comedy Club	☐ Night club	☐ Bowling Center																								
☐ Billiard Center																										
	Briefly detail the type of business you plan to operate, if granted a license: LION AND PORCUPINE PUB AND ROOMS FOR BED AND BREAKFAST																									
	What other types of licenses or permits will you or do you hold at this location? : <table style="width: 100%; border: none;"> <tr> <td>☐ Tavern Entertainment</td> <td>☐ Cigarette</td> <td>☐ Amusement Devices</td> </tr> <tr> <td>☐ Dance Hall</td> <td>☒ Food (though Health Dept.)</td> <td>☐ Other(s) _____</td> </tr> </table>		☐ Tavern Entertainment	☐ Cigarette	☐ Amusement Devices	☐ Dance Hall	☒ Food (though Health Dept.)	☐ Other(s) _____																		
☐ Tavern Entertainment	☐ Cigarette	☐ Amusement Devices																								
☐ Dance Hall	☒ Food (though Health Dept.)	☐ Other(s) _____																								

If applying for a Class B or C license, what type of food service will you have? (check all that apply):

☐ None ☐ Prepackaged Foods ☒ Snacks
☒ Appetizers ☐ Catered Events ☐ Full Meals

What percentage of your total sales will be from the sales of alcohol beverages? 60 %

Is there at least 300 feet between the building and any church, school or hospital? ☒ Yes ☐ No

How many alcohol serving premises are within a 4 block radius of your business? 2

Do you have any future plans for other businesses, licenses or permits at this location? ☒ Yes ☐ No

If yes, explain: to open a kitchen

Is this premise under construction? ☐ Yes ☐ No If yes, list estimated completion date: 6-1-25

Is this a franchise? ☐ Yes ☒ No

What was the previous name & nature of the business operating at this location, if applicable?

Pfotenhauer Law Office

Is this premises currently or ever been licensed? ☐ Yes ☐ No If yes, list type of license: ?

Is the current licensee operating? ☐ Yes ☒ No If no, list date closed:

If alcohol sales are a new use in this building, please contact the Mineral Point Police Department at (608) 987-2313 to meet with Chief of Police to review regulations/ordinances.

What is the zoning classification for this premise? ?

HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY

Day of the Week	Proposed Hours of Operation:	
	Open	Close
Sunday	<u>1</u>	<u>9</u>
Monday	<u>1</u>	<u>10</u>
Tuesday	<u>CLOSED</u>	<u>CLOSED</u>
Wednesday	<u>CLOSED</u>	<u>CLOSED</u>
Thursday	<u>1</u>	<u>10</u>
Friday	<u>1</u>	<u>10</u>
Saturday	<u>12</u>	<u>10</u>

PROHIBITED HOURS OF OPERATION:

"Class A": 9:00 PM to 6:00 AM; Class "A": 12:00 a.m. midnight and 6:00 a.m.

Class B/C: Monday thru Friday 2:00 AM - 6:00 AM;

Class B/C: Saturday thru Sunday 2:30 AM - 6:00 AM

Legal Capacity/Occupancy of Premises: ?

Inside _____ Outside _____

(does not include Class A)

Call (608) 987-3020 if you have questions.

Number of Parking Spaces on the premises, not including street parking: 0

LITTER/GARBAGE:

What are your plans to keep the grounds clean (check all that apply):

☒ Sweep ☐ Pressure Wash ☒ Pick Up Litter ☒ Hired Maintenance ☒ Garbage Cans Outside

Other: _____

Who is responsible to keep the grounds clean? ☒ Licensee ☒ Building Owner ☐ Employees

☒ Hired Maintenance Other: _____

NOISE: How will issues be addressed? (check all the apply): Security ☒ Manager approaches ☒ customer(s) ☒ Call police ☒ Signs posted ☐ Other: _____

DETAILED FLOOR PLAN

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- Even if the premises has been previously licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 ½ x 11 inch sized paper. Plans do not need to be architectural drawings and need not be to scale. Handwritten plans are acceptable.
- A separate sheet of paper should be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.

The floor plan must include all of the following items:

1. Dimensions and total square feet of the premises (length x width = square feet)
2. Label all entrances and exits
3. Label and provide dimensions (length & width) of all alcohol storage areas (coolers, stock room, basement, etc.)
4. Label and provide dimensions (length x width) of all alcohol display areas (behind the bar, shelves, etc.)
5. Class B & C Applicants only: Label and provide dimensions (length x width) of all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes)
6. Class B & C Applicants only: Label all seating areas, bars, and food preparation areas (kitchen)
7. Label and provide dimensions (length x width) for the first floor showing the relation of all parking areas on the premises to the building, not including street parking.
8. On each page mark the following: North ↑, Date, Business name & address

ALL NEW & TRANSFER APPLICANTS:

Submit Proof of Ownership, Lease or Offer to Purchase the Building with this application.

A Lease or Offer to Purchase must:

1. Be in the same legal entity names as those applying for the license
2. Reflect the same address as the premises address on this application
3. Reflect current dates and
4. Be signed by the lessor/seller and lessee/buyer

Lease or Offer to Purchase may be contingent upon the license being granted.

Do you own or lease the building? Check one: ☒ Own ☐ Lease

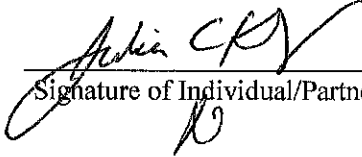
Who owns the fixtures (i.e. Coolers, etc.)? OWNERS x 2

Subscribed and sworn to before me
this _____ day of _____, 20____

Notary Public, State of Wisconsin

My Commission expires: _____

Notary Seal must be affixed

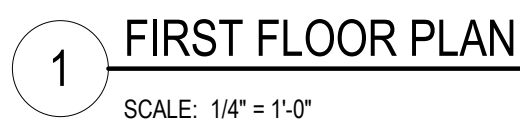


Signature of Individual/Partner/Officer

Signature of Partner/Officer

Warning: Penalty provided for submitting false statements and affidavits with this application.

Your application will be returned for failure to fill out this form completely and correctly, and submit a detailed floor plan as indicated.



CITY OF MINERAL POINT
PERMIT APPLICATION

ALCOHOL BEVERAGES IN OUTSIDE AREAS

Name: JULIAN KERBIS + Louise Rasmussen
Address: 263 High ST Mineral Point 53565
Phone: [REDACTED]
Premises Description: ground floor of former US Hotel

Attach the following:

1. Map describing the proposed outdoor area, including proposed capacity, the proposed location of seating, proposed physical enclosure; and showing the location of family residences, or tourist/guest lodging, within forty feet (40') of the proposed outdoor area.
2. Lighting and signage plan.
3. Written verification from the Wisconsin Department of Health and Family Services that the premises, including the outdoor area, is properly licensed as a restaurant by said Department. 1

FEE: Select one that applies

☒ \$100.00 – First Time Application (initial processing fee plus annual permit fee)

☐ \$50.00 – Annual Permit Fee

TERM: July 1, 2024 through June 30, 2025

STATEMENT BY APPLICANT(S)

I hereby acknowledge receipt of a copy of the Mineral Point Municipal Code Section 110.15(P) Alcohol Beverages in Outside Areas, and I agree to abide by the terms and conditions of this Section of the Code, including restrictions and penalties, I understand that permission to operate under a "Class B", Class "B", and/or "Class C" license in an outdoor area pursuant to this Section of the Code is a privilege and does not vest a property right, therefore, I understand and agree that permission may be revoked by the common council pursuant to Section 12.05(16)G.4. of the Code.

ACKNOWLEDGMENT

[Signature] 5-18-25 State of _____
Signature of Applicant Date County of _____, WI

[Signature] 5-18-25 Personally came before me this _____ day of _____, 20____
Signature of Applicant Date

to me known to be the person(s) who executed the foregoing instrument, and acknowledge.

(Please print or type name signed above):

Notary Public, County of _____, State of _____
My Commission expires: _____

JAIL ALLEY

GRAVEL PARKING
LOT

GRAVEL
PATH

WEST SIDE WALK

265
High ST

263
High ST

US Hotel

PO BOX 150 OFFICE

WALK

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$ 0
Publication Fee	\$ 25
Total Fees	\$ 625

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Catherine M. Yager		
2. Business Trade Name or DBA Cruise Inn Bar + Grill		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number 45600002882-03	
5. Entity Type (check one) ☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization Iowa	7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address 221 Commerce St.		
10. City Mineral Point	11. State WI	12. Zip Code 53565
13. County Iowa	14. Governing Municipality: ☒ City ☐ Town ☐ Village of Mineral Point	15. Aldermanic District
16. Premises Phone 608-987-3010	17. Premises Email Cruisein92@gmail.com	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Basement, 1st Floor bar area, 1st floor deck 12x13, storage room, 1st floor, 2nd floor office.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☒ Yes ☒ No
- If yes, provide the name of the restricted investor and describe the nature of the interest.

Jeff Kast employee at Wis. Dist. San Prairie
employee at Cruise Inn

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
- If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Yager	Catherine	Sole proprietor	608-987-3010

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 Yager		First Name Catherine		M.I. M.
Title Sole proprietor / owner		Email Cruisein92@gmail.com		Phone 608-987-3010
Signature Catherine Yager			Date May 5, 2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-9-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual QuestionnaireDate
May 5, 2025

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

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

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

Part A: Business Information

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

Catherine Yager

2. Business Trade Name or DBA

Cruise Inn Bar + Grill

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Yager

2. First Name

Catherine

3. M.I.

M.

4. Relationship to Business (Title)

owner

5. Email

Cruisein92@gmail.com

6. Phone

608-987-3010

7. Home Address

8. City

Mineral Point

9. State

WI

10. Zip Code

53565

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

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

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

Years

58

Months

11

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

Previous Address 1

City

Mineral Point

State

WI

Zip Code

53565

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

County

WI

Iowa

State

County

WI

LaFayette

State

County

State

County

State

County

WI

Rock

State

County

State

County

State

County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

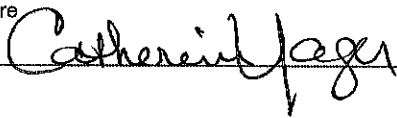
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

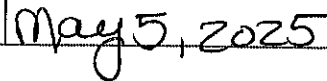
Part E: Attestation

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

Signature



Date





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

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

001234

CATHERINE YAGER
221 1/2 COMMERCE ST
MINERAL POINT WI 53565-1202

Letter ID L0282805040



Wisconsin Business Tax Registration Certificate

Expiration date: September 30, 2026

Legal/real name: CATHERINE YAGER

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-0000288252-03

For the 2025-2026
Alcohol Licensing
Season I will need a
Coin Machine Permit
for 1 (how many)
machines.

Name of Establishment Cruise Inn Bar & Grill

Please return this page with your application

Thanks

Christy Skelding

City of Mineral Point

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$ 600
Background Check Fee	\$ -
Publication Fee	\$ 25
Total Fees	\$ 625

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
Cow Tippers Pub 3 Eatery LLC			
2. Business Trade Name or DBA			
Cow Tippers Pub 3 Eatery			
3. FEIN		4. Wisconsin Seller's Permit Number	
[REDACTED]		ATCP-014039	
5. Entity Type (check one)			
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
WI			
8. Wisconsin DFI Registration Number			
9. Premises Address			
104 Commerce St			
10. City		11. State	12. Zip Code
Mineral Point		WI	53505
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village		15. Aldermanic District
Iowa	of: Mineral Point		
16. Premises Phone	17. Premises Email	18. Website	
608-987-2211	LyndseyLawhoppers@outlook.com	N/A	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
in cabinets behind the bar, in walk in cooler in back hall way; consumed in dining room & outdoor patio			
20. Mailing Address (if different from premises address)			
Same as above			
21. City		22. State	23. Zip Code

Part B: Questions

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

Alcohol Beverage
Individual Questionnaire

Date

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Cow Tippers Pub 3 Eatery LLC	
2. Business Trade Name or DBA	
Cow Tippers Pub 3 Eatery	
3. Entity Type (check one)	
☐ Sole Proprietor	☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
Knauer		Lundsey		M
4. Relationship to Business (Title)		5. Email		6. [Redacted]
owner		Lundsey.Cowtippers@outlook.com		
7. Home Address				
[Redacted]				
8. City		9. State	10. Zip Code	11. Date of Birth
Mineral Point		WI	53565	[Redacted]
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance		
[Redacted]		Wisconsin		

Part C: Address History

1. Do you currently reside in Wisconsin?					☒ Yes ☐ No		
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?					Years	Months	
					30	1	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1				City	State	Zip Code	
[Redacted]				MT. HOREB	WI	53572	
Previous Address 2				City	State	Zip Code	
Previous Address 3				City	State	Zip Code	
Previous Address 4				City	State	Zip Code	
Previous Address 5				City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Dane						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

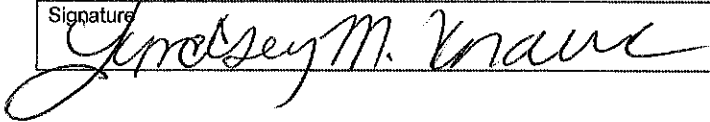
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

5.6.25

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

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

Part A: Business Information

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

Cow Tippers Pub & Eatery LLC

2. Business Trade Name or DBA

Cow Ti

3. Entity Type (check one)

☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

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

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

Part B: Agent Information

1. Last Name

Knauer

2. First Name

Lyndsey

3. M.I.

M

4. Email

Lyndsey.CowTippers@outlook.com

5. Phone

6. Home Address

7. City

Mineral Point

8. State

WI

9. Zip Code

53565

10. Age

36

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.☒ Yes☐ No2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form.☒ Yes☐ No3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.☒ Yes☐ No

Continued →

Part D: Business Attestation

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

Last Name Knauer		First Name Lyndsey		M.I. M
Title owner	Email Lyndsey.Cowtipper5@outlook.com	Phone [REDACTED]		
Signature Lyndsey M. Knauer			Date 5.6.25	

Part E: Agent Attestation

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

Last Name Knauer		First Name Lyndsey		M.I. M
Signature Lyndsey M. Knauer			Date 5.6.25	

For the 2025-2026
Alcohol Licensing
Season I will need a
Coin Machine Permit
for 20 (how many)
machines.

Name of Establishment Low Tippers Pub & Eatery

Please return this page with your application

Thanks

Christy Skelding

City of Mineral Point

CITY OF MINERAL POINT
PERMIT APPLICATION

ALCOHOL BEVERAGES IN OUTSIDE AREAS

Name: Cow Tippers Pub & Eatery

Address: 10A Commerce St.

Phone: 608-987-2211

Premises Description: ~~enclosed~~ enclosed patio

Attach the following:

1. Map describing the proposed outdoor area, including proposed capacity, the proposed location of seating, proposed physical enclosure; and showing the location of family residences, or tourist/guest lodging, within forty feet (40') of the proposed outdoor area.
2. Lighting and signage plan.
3. Written verification from the Wisconsin Department of Health and Family Services that the premises, including the outdoor area, is properly licensed as a restaurant by said Department.

FEE: Select one that applies

☐ \$100.00 – First Time Application (initial processing fee plus annual permit fee)

☒ \$50.00 – Annual Permit Fee

TERM: July 1, 2025 through June 30, 2026

STATEMENT BY APPLICANT(S)

I hereby acknowledge receipt of a copy of the Mineral Point Municipal Code Section 110.15(P) Alcohol Beverages in Outside Areas, and I agree to abide by the terms and conditions of this Section of the Code, including restrictions and penalties, I understand that permission to operate under a "Class B", Class "B", and/or "Class C" license in an outdoor area pursuant to this Section of the Code is a privilege and does not vest a property right, therefore, I understand and agree that permission may be revoked by the common council pursuant to Section 12.05(16)G.4. of the Code.

ACKNOWLEDGMENT

Lynsey M. Maw 5-6-25
Signature of Applicant Date

State of WI
County of Lane, WI

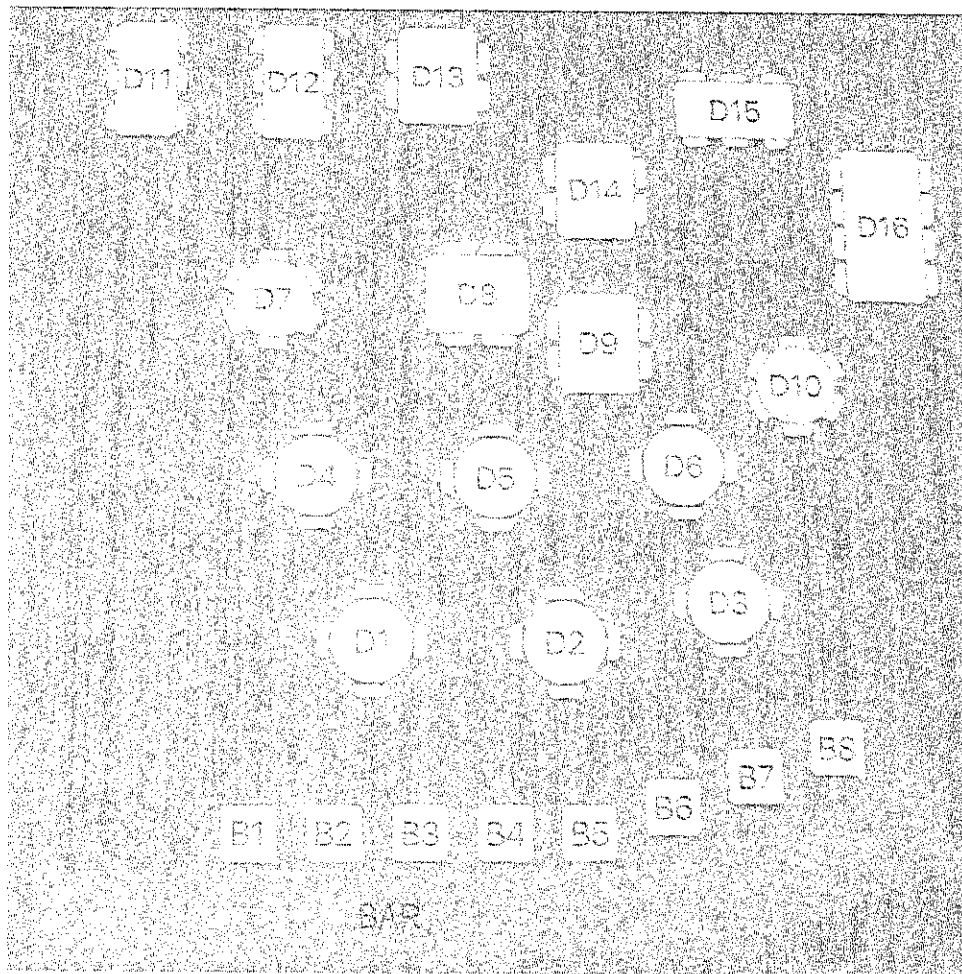
Personally came before me this _____ day of _____, 20____

Signature of Applicant Date

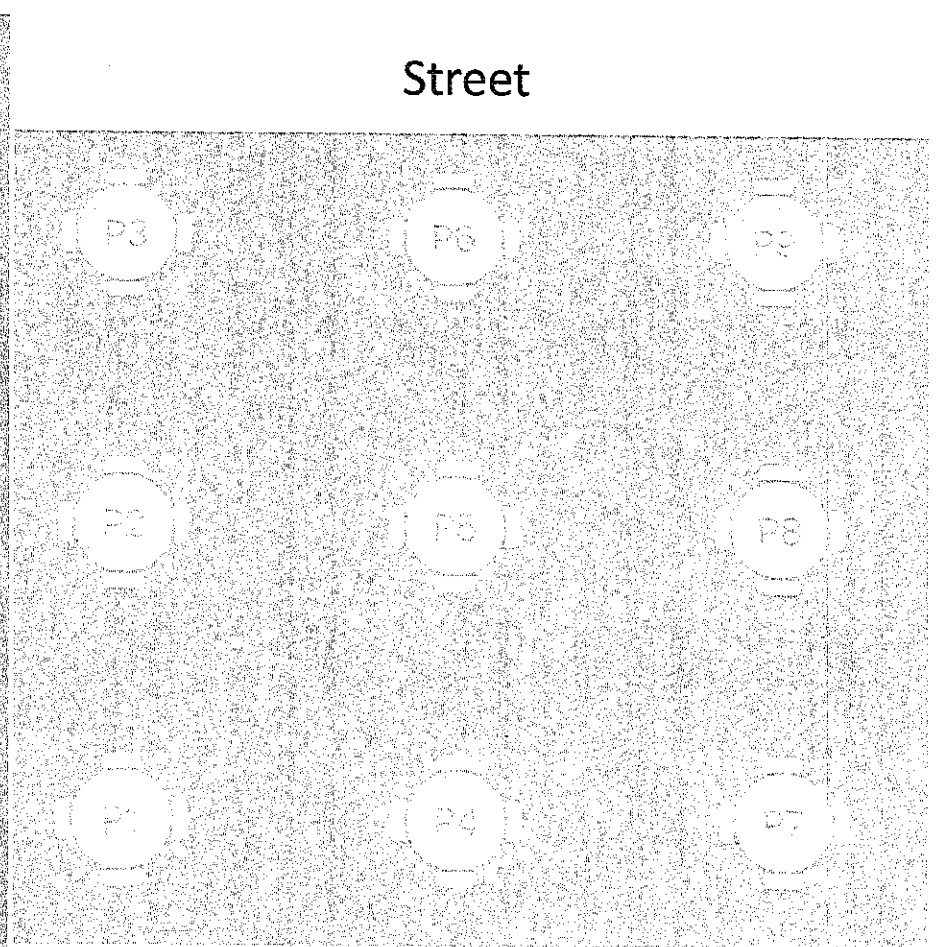
to me known to be the person(s) who executed the foregoing instrument, and acknowledge.

(Please print or type name signed above):

Notary Public, County of _____, State of _____
My Commission expires: _____



Indoor dining room



patio

Cow Tippers Pub & Eatery

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Faull LLC</u>			
2. Business Trade Name or DBA <u>Midway Bar & Grill</u>			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number <u>456-1029709160-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>9/14/2018</u>	
8. Wisconsin DFI Registration Number <u>F059891</u>			
9. Premises Address <u>140 High St</u>			
10. City <u>Mineral Point</u>		11. State <u>WI</u>	12. Zip Code <u>53565</u>
13. County <u>Iowa</u>		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Mineral Point</u>	
15. Aldermanic District			
16. Premises Phone <u>608-987-4309</u>		17. Premises Email <u>midwaybar140@gmail.com</u>	
18. Website			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Bar area, behind bar, storage area upstairs, bar level, and basement. cns (see attached)</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

Christy Skelding

From: Nicole Faull <midwaybar140@gmail.com>
Sent: Tuesday, May 20, 2025 9:02 AM
To: Christy Skelding
Subject: Re: Liquor License Premises Description

Good Morning,

I am so sorry. Yes that is accurate. Thank you

Midway Bar and Grill

Nicole Faull - Owner
140 High St.
Mineral Point, WI 53565
Bar/Grill: 608-987-4309
Cell: 608-341-7662

"Good food is the foundation of genuine happiness" - Auguste Escoffier

On Mon, May 19, 2025 at 1:47 PM Christy Skelding <cityclerk@cityofmineralpointwi.gov> wrote:

Hi Nicole,

Looks like you missed filling out the premises description on the liquor license renewal. Last year you put, "Bar area, behind bar, storage area upstairs, bar level, and basement." Is this still accurate? If so, please reply and I'll print this email with it to confirm.

Thank you!

Christy

Christy Skelding, WCMC

City Clerk-Treasurer | City of Mineral Point

137 High St, Ste 1

Mineral Point, WI 53565

Alcohol Beverage
Individual QuestionnaireDate
5/9/2025

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

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

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

Part A: Business Information

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

Faull LLC

2. Business Trade Name or DBA

Midway Bar & Grill

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☒

Limited Liability Company

☐

Corporation

☐

Nonprofit Organization

Part B: Individual Information

1. Last Name

Faull

2. First Name

Nicole

3. M.I.

A

4. Relationship to Business (Title)

owner

5. Email

midwaybar140@gmail.com

6. Phone

7. Home Address

8. City

Mineral Point

9. State

WI

10. Zip Code

53565

11. Date of Birth

9

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

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

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

Years

35

Months

5

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

Previous Address 1

City

Mineral Point

State

WI

Zip Code

53565

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

County

WI

Iowa

State

Bt

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Alcohol Beverage
Appointment of AgentDate
5/9/2025

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Faull LLC

2. Business Trade Name or DBA

Midway Bar & Grill

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

Faull

2. First Name

Nicole

3. M.I.

A

4. Email

midwaybar140@gmail.com

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

Mineral Point

8. State

WI

9. Zip Code

53565

10. Age

35

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name <i>Faull</i>		First Name <i>Nicole</i>	M.I. <i>A</i>
Title <i>owner</i>	Email <i>midwaybar140@gmail.com</i>		Phone 
Signature <i>Nicole Faull</i>			Date <i>5/9/2025</i>

Part E: Agent Attestation

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

Last Name <i>Faull</i>		First Name <i>Nicole</i>	M.I. <i>A</i>
Signature <i>Nicole Faull</i>			Date <i>5/9/2025</i>

For the 2025-2026
Alcohol Licensing
Season I will need a
Coin Machine Permit
for 1 (how many)
machines.

Name of Establishment Midway Bar & Grill

Please return this page with your application

Thanks

Christy Skelding

City of Mineral Point

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$
Publication Fee	\$ <u>25.00</u>
Total Fees	\$ <u>625.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Wild Blue, LLC		
2. Business Trade Name or DBA Wild Blue Yonder Coffeehouse		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number 456-1031592499-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 01/01/2024	8. Wisconsin DFI Registration Number W083212
9. Premises Address 215 High Street		
10. City Mineral Point	11. State WI	12. Zip Code 53565
13. County Iowa	14. Governing Municipality: ☒ City ☐ Town ☐ Village of Mineral Point	15. Aldermanic District 1
16. Premises Phone (608) 987-4000	17. Premises Email maggie@wildblueyondermp.com	18. Website wildblueyondermp.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Premises includes building's first-floor dining room, backroom, kitchen, storage room and office.		
20. Mailing Address (if different from premises address) 324 Dodge Street		
21. City Mineral Point	22. State WI	23. Zip Code 53565

Part B: Questions

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

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

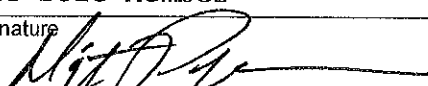
Last Name	First Name	Title	Phone
Payne	Margaret "Maggie"	LLC Sole Member	██████████

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 Payne		First Name Margaret "Maggie"		M.I. M
Title LLC Sole Member		Email maggie@wildblueyondermp.com	Phone ██████████	
Signature 			Date 04/28/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-28-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
04/28/2025

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Wild Blue, LLC

2. Business Trade Name or DBA

Wild Blue Yonder Coffeehouse

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

Payne

2. First Name

Margaret "Maggie"

3. M.I.

M

4. Email

maggie@wildblueyondermp.com

5. Phone

6. Home Address

7. City

Mineral Point

8. State

WI

9. Zip Code

53565

10. Age

59

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

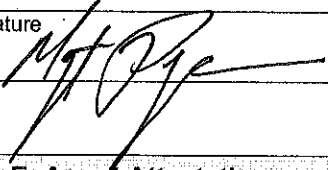
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

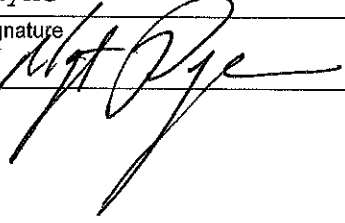
Part D: Business Attestation

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

Last Name Payne		First Name Margaret "Maggie"		M.I. M
Title LLC Sole Member	Email maggie@wildblueyondermp.com		Phone [REDACTED] [REDACTED]	
Signature 			Date 04/28/25	

Part E: Agent Attestation

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

Last Name Payne		First Name Margaret "Maggie"		M.I. M
Signature 			Date 04/28/25	

Alcohol Beverage
Individual QuestionnaireDate
04/28/2025

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Wild Blue, LLC	
2. Business Trade Name or DBA Wild Blue Coffeehouse	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name Payne		2. First Name Margaret "Maggie"		3. M.I. M
4. Relationship to Business (Title) Owner		5. Email maggie@wildblueyondermp.com		6. Phone (920) [REDACTED]
7. Home Address [REDACTED]				
8. City Mineral Point		9. State WI	10. Zip Code 53565	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes ☐ No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 25	Months 9		
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 [REDACTED]		City Appleton		State WI	Zip Code 54915		
Previous Address 2		City		State	Zip Code		
Previous Address 3		City		State	Zip Code		
Previous Address 4		City		State	Zip Code		
Previous Address 5		City		State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County Iowa	State WI	County Outagamie	State WI	County Winnebago	State AR	County Pulaski
State WI	County Milwaukee	State WI	County Waukesha	State WI	County Dane	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

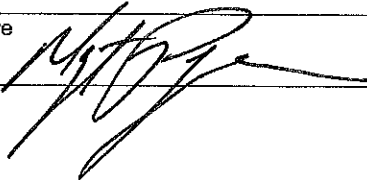
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

04/28/2025

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>—</u>
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
<u>The Mine Shaft, LLC</u>			
2. Business Trade Name or DBA			
<u>Mine Shaft</u>			
3. FEIN		4. Wisconsin Seller's Permit Number	
<u>[REDACTED]</u>		<u>4510-1030105305-02</u>	
5. Entity type (check one)			
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
<u>Wisconsin</u>		<u>07-01-2019</u>	
8. Wisconsin DFI Registration Number			
9. Premises Address			
<u>155 High St</u>			
10. City		11. State	12. Zip Code
<u>Mineral Point</u>		<u>WI</u>	<u>53565</u>
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village		15. Aldermanic District
<u>Iowa</u>	of <u>Mineral Point</u>		
16. Premises Phone	17. Premises Email		18. Website
<u>608-987-2761</u>	<u>cfintley513@gmail.com</u>		
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
<u>All alcohol + supplies stored on main floor of bar.</u>			
<u>Bar w/ Apt + Basement. Apt totally separate - No Alcohol or Storage.</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☒ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

J+C Hirsch LLC

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Finley	Cait	Owner	[REDACTED]

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 Finley		First Name Cait		M.I.
Title Owner		Email cfinley513@gmail.com		Phone [REDACTED]
Signature Cait Finley		Date 5-2-25		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-15-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
5/15/25

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

The Mine Shaft, LLC

2. Business Trade Name or DBA

Mine Shaft

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

Finley

2. First Name

Cait

3. M.I.

4. Email

cfinley513@gmail.com

5. Phone

6. Home Address

[REDACTED]

7. City

Darlington

8. State

WI

9. Zip Code

53530

10. Age

36

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Alcohol Beverage
Individual Questionnaire

Date 9-15-25

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

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

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

Part A: Business Information			
1. Legal Business Name (Individual name if sole proprietor) The Mine Shaft, LLC			
2. Business Trade Name or DBA Mine Shaft			
3. Entity Type (check one)			
☐ Sole Proprietor	☐ Partnership	☒ Limited Liability Company	☐ Corporation
☐ Nonprofit Organization			

Part B: Individual Information					
1. Last Name Finley		2. First Name Cait		3. M.I.	
4. Relationship to Business (Title) Owner		5. Email cfinley513@gmail.com		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City Darlington		9. State WI	10. Zip Code 53530	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance Wisconsin		

Part C: Address History					
1. Do you currently reside in Wisconsin? ☒ Yes ☐ No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?					
Years 36		Months 11			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 [REDACTED]		City Mineral Point		State WI	Zip Code 53565
Previous Address 2 [REDACTED]		City Mineral Point		State WI	Zip Code 53565
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Iowa	State	County	State	County
State	County	State	County	State	County

Continued →

For the 2025-2026
Alcohol Licensing
Season I will need a
Coin Machine Permit
for 7 (how many)
machines.

Name of Establishment The Mine Shaft

Please return this page with your application

Thanks

Christy Skelding

City of Mineral Point

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$ 1000
Background Check Fee	\$ -
Publication Fee	\$ 25
Total Fees	\$ 1025

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) LIMESTONE LLC		
2. Business Trade Name or DBA ELIENS LOUNGE		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 8/24	8. Wisconsin DFI Registration Number
9. Premises Address 52 High St		
10. City MINERAL POINT	11. State WI	12. Zip Code 53565
13. County IOWA	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____	15. Aldermanic District
16. Premises Phone (608) 987-0301	17. Premises Email richard.tegularpoint@gmail	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Frifa	KEVIN	owner	[REDACTED]

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 BAUMFISTER		First Name Richard		M.I. M
Title member		Email richard.tequila@pointtequila.com		Phone [REDACTED]
Signature [Signature]			Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-21-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Christy Skelding

From: Richard Baumeister <richard.tequilapoint@gmail.com>
Sent: Thursday, May 22, 2025 9:13 AM
To: Christy Skelding
Subject: Re: Premise Description

52 High St. d/b/a Eliza's Lounge

There are 2 bars. "pub side" and "bowling alley side - there is no longer a bowling alley

Pub side

Main bar

15 stools, 16 chairs at 4 table

Beer cooler, wine rack and cooler, 5 handle beer tap system
liquor for service stored behind the bar.

Directly behind the bar is the prep kitchen, main kitchen and dishwashing area - no liquor is stored
There is a walk-in cooler where back up beer and wine is stored.

Bowling alley side

There is a second bar used mainly for special events and overflow. Some liquor is stored behind the bar.
Bar has 10 stools and seating for 36 at 8 tables

There is also a stage for live music performances.

Behind the stage is the office where all business records are kept

Behind the office is our green room/employee break room and a full bathroom.

At the back of the building there is a rear exit that leads to our outside patio

On Mon, May 19, 2025 at 1:42 PM Christy Skelding <cityclerk@cityofmineralpointwi.gov> wrote:

Hi Richard,

You didn't include a premises description on your liquor license renewal app. Can you please let me know 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.

Thank you!

Christy

Christy Skelding, WCMC

City Clerk-Treasurer | City of Mineral Point

137 High St, Ste 1

Mineral Point, WI 53565

Ph 608-987-2361 x2

Fax 608-987-3885

www.cityofmineralpoint.com

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☐ Original (no fee) ☒ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Limestone, LLC

2. Business Trade Name or DBA

Eliza's

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Restaurant

4. Alcohol Beverage Business Authorization (check one)

- ☐ Municipal Retail License ☐ State Permit

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

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

Former Agent no longer affiliated

Part B: Agent Information

1. Last Name

BRUMEISTER

2. First Name

Richard

3. M.I.

4. Email

Richard.tequienpoint@gmail.com

5. Phone

6. Home Address

7. City

M.P.

8. State

WI

9. Zip Code

53565

10. Age

63

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

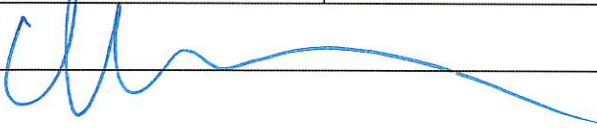
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☒ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

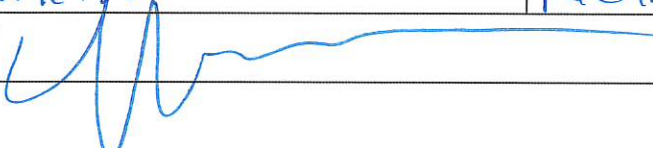
Part D: Business Attestation

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

Last Name Broumeister		First Name Richard	M.I.
Title Manager	Email richard.broumeister@portage.com	Phone [REDACTED]	
Signature 		Date 4/21/25	

Part E: Agent Attestation

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

Last Name Broumeister		First Name Richard	M.I.
Signature 		Date 4/21/25	

Alcohol Beverage
Individual Questionnaire

Date

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) <i>Limestone, LLC</i>	
2. Business Trade Name or DBA <i>Eliza's Lounge</i>	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name <i>Broumley</i>		2. First Name <i>Richard</i>		3. M.I.	
4. Relationship to Business (Title) <i>Manager</i>		5. Email <i>richard.l.tequapoint@gmail.com</i>		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City <i>MINERAL POINT</i>		9. State <i>WI</i>	10. Zip Code <i>53565</i>	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]			[REDACTED] <i>WI</i>		

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <i>15</i>	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 [REDACTED]		City <i>M. P.</i>		State <i>WI</i>	Zip Code <i>53565</i>
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <i>TN</i>	County <i>Lewis</i>	State <i>IL</i>	County <i>COOK</i>	State <i>TN</i>	County <i>DAVIDSON</i>
State <i>FL</i>	County <i>Broward</i>	State <i>LA</i>	County <i>ORLEANS</i>	State	County

Continued →

**CITY OF MINERAL POINT
PERMIT APPLICATION
ALCOHOL BEVERAGES IN OUTSIDE AREAS**

Name, address, and phone number of applicant(s): LIMESTONE, LLC. d/b/a
Elizn's 52 High St 608 425-8049

Attach the following:

1. Map describing the proposed outdoor area, including proposed capacity, the proposed location of seating, proposed physical enclosure; and showing the location of family residences, or tourist/guest lodging, within forty feet (40') of the proposed outdoor area.
2. Lighting and signage plan.
3. Written verification from the Wisconsin Department of Health and Family Services that the premises, including the outdoor area, are properly licensed as a restaurant by said Department.

FEE: (Select one as applicable)

First Time Application: Initial Processing Fee plus Annual Permit Fee: \$100.00
Renewal: Annual Permit Fee \$ 50.00

TERM: July 1, 20__ through June 30, 20__

STATEMENT BY APPLICANT(S)

I hereby acknowledge receipt of a copy of the City of Mineral Point Municipal Code Section 110.15(P) Alcohol Beverages in Outside Areas, and I agree to abide by the terms and conditions of this Section of the Code, including restrictions and penalties. I understand that permission to operate under a "Class B", Class "B", and/or "Class C" license in an outdoor area pursuant to this Section of the Code is a privilege and does not vest a property right; therefore, I understand and agree that permission may be revoked by the Common Council pursuant to Section 110.15 (P) (7) of the Code.

[Signature] 4/21/25
Signature of Applicant Date

ACKNOWLEDGMENT

STATE OF _____

SS

County of _____

Signature of Applicant Date

Personally came before me this _____ day
of _____, 20____

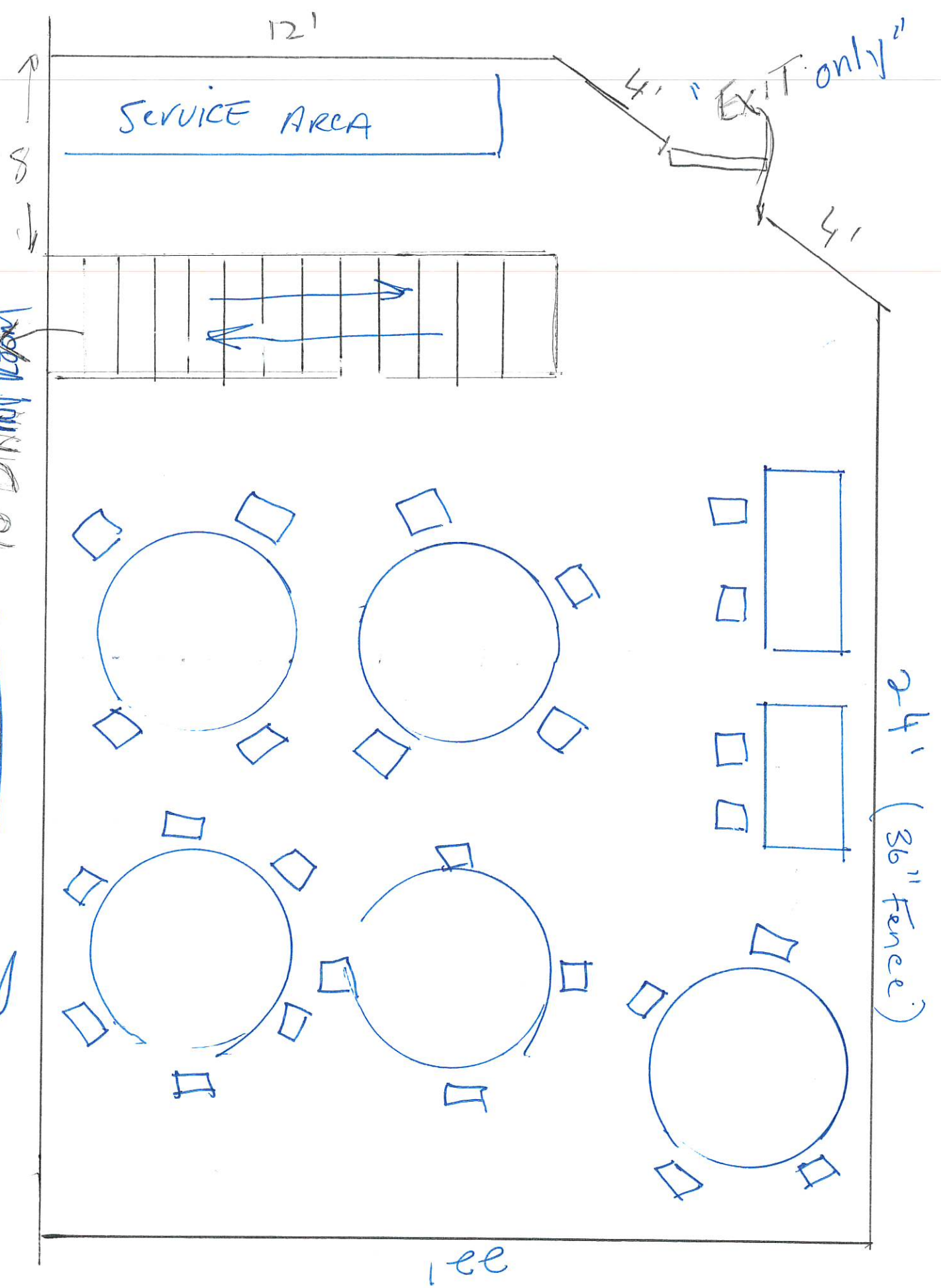
Signature of Applicant Date

_____ to me known to
be the person (s) who executed the foregoing
instrument, and acknowledge the same.

(Please print or type name signed above):

Notary Public, County of _____, State of _____
My commission expires: _____

To Dining Room



Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$ 000
Background Check Fee	\$ —
Publication Fee	\$ 25
Total Fees	\$ 625

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Lorelei Foods LLC			
2. Business Trade Name or DBA Popolo			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number 456-1029208702-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address 917 Center St. 20 Commerce St.			
10. City Mineral Point		11. State WI	12. Zip Code 53505
13. County Iowa	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Mineral Point		15. Aldermanic District
16. Premises Phone 608-987-	17. Premises Email popolopizza@gmail.com		18. Website popolomp.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Kitchen including walk in, Dining room, Side dining room storage between kitchen and dining room and storage room at south of building.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity **Lorelei Foods LLC** 4b. Business Entity FEIN **[REDACTED]**

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Dueling	Wendy	owner	[REDACTED]
Henninger	Sean	general manager	[REDACTED]

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	Dueling	First Name	Wendy	M.I.	T
Title	owner	Email	popolo.pizza@gmail.com		
Signature	Wendy Dueling		Date	5/19/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	5-20-2025	License Number		Date License Granted		Date License Issued	
Signature of Clerk/Deputy Clerk				Date Provisional License Issued (if applicable)			



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

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000520

WENDY DUELING
LORELEI FOODS LLC
20 COMMERCE ST
MINERAL POINT WI 53565-1303

Letter ID L1974278704



Wisconsin Business Tax Registration Certificate

Expiration date: April 30, 2026

Legal/real name: LORELEI FOODS LLC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1029208702-02
Withholding Tax	Withholding Tax	036-1029208702-04

The following is a list of the business locations that you have
registered with the Department of Revenue.

456-1029208702-02
LORELEI FOODS LLC
POPOLO PIZZERIA
20 COMMERCE ST
MINERAL POINT WI 53565-1303

Alcohol Beverage
Appointment of AgentDate
5-20-25

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Corelei Foods LLC

2. Business Trade Name or DBA

Papolo

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

Wendy Dueling

2. First Name

Wendy

3. M.I.

T

4. Email

papolo.pizza@gmail.com

5. Phone

[REDACTED]

6. Home Address

107 Corner St.

7. City

Mineral Point

8. State

WI

9. Zip Code

53565

10. Date of Birth

[REDACTED]

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

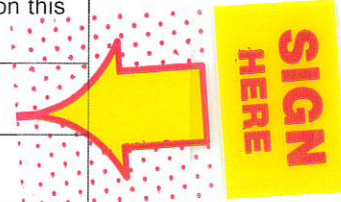
READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that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

Last Name <i>Dueling</i>		First Name <i>Wendy</i>		M.I. <i>T</i>
Title <i>Owner</i>	Email <i>popolopizza@gmail.com</i>		Phone <i>414-840-4188</i>	
Signature <i>Wendy Dueling</i>			Date <i>5/19/2025</i>	

Part E: Agent Attestation

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

Last Name		First Name		M.I.
Signature			Date	



CITY OF MINERAL POINT
PERMIT APPLICATION

ALCOHOL BEVERAGES IN OUTSIDE AREAS

Name: Lorelei Foods LLC DBA Popolo
Address: 20 Commerce St. Mineral Point WI 53565
Phone: [REDACTED]

Premises Description: Cobble Stone and wood deck adjacent to "back"/west side of building bordered by a fence at the north and rock walk at west and a narrowing w vegetation at south
Attach the following:

1. Map describing the proposed outdoor area, including proposed capacity, the proposed location of seating, proposed physical enclosure; and showing the location of family residences, or tourist/guest lodging, within forty feet (40') of the proposed outdoor area.
2. Lighting and signage plan.
3. Written verification from the Wisconsin Department of Health and Family Services that the premises, including the outdoor area, is properly licensed as a restaurant by said Department.

FEE: Select one that applies

- ☐ \$100.00 – First Time Application (initial processing fee plus annual permit fee)
- ☒ \$50.00 – Annual Permit Fee

TERM: July 1, 2025 through June 30, 2026

STATEMENT BY APPLICANT(S)

I hereby acknowledge receipt of a copy of the Mineral Point Municipal Code Section 110.15(P) Alcohol Beverages in Outside Areas, and I agree to abide by the terms and conditions of this Section of the Code, including restrictions and penalties, I understand that permission to operate under a "Class B", Class "B", and/or "Class C" license in an outdoor area pursuant to this Section of the Code is a privilege and does not vest a property right, therefore, I understand and agree that permission may be revoked by the common council pursuant to Section 12.05(16)G.4. of the Code.

ACKNOWLEDGMENT

State of WI

Signature of Applicant

Date

County of Iowa WI

Personally came before me this _____ day of _____, 20____

Signature of Applicant

Date

to me known to be the person(s) who executed the foregoing instrument, and acknowledge.

(Please print or type name signed above):

Notary Public, County of _____, State of _____
My Commission expires: _____

Rock wall and fence along Front St.

Deck with seating.

Trees

No beverages
beyond this point
signage.

Rock Wall

No
beverages
beyond this
point
signage.

*Tiny access path to
pizza oven housing.*

**Door to
dining
room.**

Building

Alcohol Beverage
Individual Questionnaire

Date

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

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

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

Part A: Business Information

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

Lorelei Foods LLC

2. Business Trade Name or DBA

Popolo

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Dueling

2. First Name

Wendy

3. M.I.

T.

4. Relationship to Business (Title)

Owner

5. Email

popolo.pizza@gmail.com

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

Mineral Point

9. State

WI

10. Zip Code

53565

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History

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

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

Years

44

Months

7

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

Previous Address 1

[REDACTED]

City

Mineral Point

State

WI

Zip Code

53565

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

County

State

County

State

County

State

County

WI

Iowa

WI

Milwaukee

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... ☐ Yes ☐ No

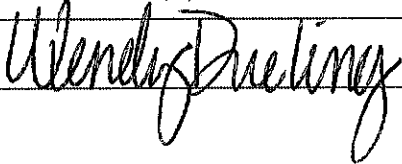
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

5/19/2025

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>—</u>
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>NUPUR HOSPITALITY LLC</u>		
2. Business Trade Name or DBA <u>QUALITY INN.</u>		
3. FEIN <u>[REDACTED]</u>	4. Wisconsin Seller's Permit Number <u>456-1028223037-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization <u>WI</u>	7. Date of Organization <u>6/17/2012</u>	8. Wisconsin DFI-Registration Number
9. Premises Address <u>2548 RE 1345 BUSINESS PARK RD</u>		
10. City <u>MINERAL POINT</u>	11. State <u>WI</u>	12. Zip Code <u>53565</u>
13. County <u>USN</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>MINERAL POINT</u>	15. Aldermanic District
16. Premises Phone <u>563-580-4437</u>	17. Premises Email <u>qualityinnmp@gmail.com</u>	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>BAR AREA</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
PATEL	SEJAL	Partner	[REDACTED] 707
PATEL	KISHOR	Partner	[REDACTED] 707

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 PATEL		First Name SEJAL	M.I.
Title manager	Email cp4414mmmp@gmail.com	Phone [REDACTED] 707	
Signature Patel Sejal K.		Date 5-14-2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-15-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
3-15-25

Agent Type (check one)

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

Part A: Business Information

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

NUBOR HOSPITALITY

2. Business Trade Name or DBA

QUALITY INN

3. Entity Type (check one)

☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☐ Municipal Retail License☐ State Permit

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

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

Part B: Agent Information

1. Last Name

PATEL

2. First Name

SEAN

3. M.I.

4. Email

qualityinnmp@gmail.com

5. Phone

6. Home Address

7. City

Sun Prairie

8. State

WI

9. Zip Code

53590

10. Age

45 years

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☐ Yes ☐ No
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ☐ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name <i>Patel</i>		First Name <i>Sejal</i>		M.I.
Title	Email <i>@qualityinnmp@gmail.com</i>		Phone <i>563-581-6907</i>	
Signature <i>patel Sejal K</i>			Date <i>5-14-2025</i>	

Part E: Agent Attestation

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

Last Name		First Name		M.I.
Signature			Date	

Alcohol Beverage
Individual QuestionnaireDate
5-15-25

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

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

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

Part A: Business Information

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

NUPUR HOSPITALITY LLC

2. Business Trade Name or DBA

Quality Inn

3. Entity Type (check one)

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

1. Last Name

PATEL

2. First Name

SESH

3. M.I.

4. Relationship to Business (Title)

Partner

5. Email

QualityInnMP@gmail.com

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

Sun Prairie

9. State

WI

10. Zip Code

53590

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

[REDACTED]

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

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

Years

6

Months

5

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

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature

Patel Sejal - 12.

Date

5-14-2025

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	
License Period	

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 1000
Background Check Fee	\$ —
Publication Fee	\$ 25
Total Fees	\$ 1025

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) World Institute for Extreme Beauty, LLC			
2. Business Trade Name or DBA WALKER HOUSE			
3. FEIN 44-110274		4. Wisconsin Seller's Permit Number 456-102785/888-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 09/28/2012	
8. Wisconsin DFI Registration Number W060114			
9. Premises Address 1 WATER STREET			
10. City MINERAL POINT		11. State WI	12. Zip Code 53565
13. County IOWA		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: MINERAL POINT	
15. Aldermanic District 4		16. Premises Phone 608-553-0728	
17. Premises Email walkerhouse1@gmail.com		18. Website www.thewalkerhouse.org	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. The premise is located at 1 WATER STREET, MINERAL POINT WI 53565 and includes the 1st Floor Pub, GAMEROOM, HUB, the 2nd floor BANQUET ROOM, Dining Room, Lounge, BAR AREA, Lodging, Kitchen, 3rd floor Lodging			
20. Mailing Address (if different from premises address) 120 Antoine Street			
21. City MINERAL POINT		22. State WI	23. Zip Code 53565

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
VAILLANCOURT	Daniel G.	Co-OWNER	608-552-0220
VAILLANCOURT	Nathleen A.	Co-OWNER	

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name VAILLANCOURT		First Name Daniel	M.I. G.
Title Co-OWNER	Email walkerhouse1@gmail.com	Phone [REDACTED]	
Signature Daniel Vaillancourt		Date 5/12/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-12-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

World Institute of Extreme Beauty, LLC

2. Business Trade Name or DBA

WALKER HOUSE

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

VAILLANCOURT

2. First Name

DANIEL

3. M.I.

G.

4. Email

walkerhouse1@gmail.com

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

Mineral Point

8. State

WI

9. Zip Code

53565

10. Age

78

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name <i>VAILLANCOURT</i>		First Name <i>Kathleen</i>		M.I. <i>A.</i>
Title <i>CO-OWNER</i>	Email <i>walkerkhouse1@gmail.com</i>		Phone <i>[REDACTED]</i>	
Signature <i>Kathleen A. Vaillancourt</i>			Date <i>5-12-2025</i>	

Part E: Agent Attestation

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

Last Name <i>VAILLANCOURT</i>		First Name <i>Daniel</i>		M.I. <i>G.</i>
Signature <i>Daniel Vaillancourt</i>			Date <i>5/12/2025</i>	

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) <i>World Institute for Extreme Beauty, LLC</i>			
2. Business Trade Name or DBA <i>Walker House</i>			
3. Entity Type (check one)			
☐ Sole Proprietor	☐ Partnership	☒ Limited Liability Company	☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information			
1. Last Name <i>VAILLANCOURT</i>		2. First Name <i>Daniel</i>	
3. Mch <i>6</i>			
4. Relationship to Business (Title) <i>CO-OWNER</i>		5. Email <i>walkerhouse1@gmail.com</i>	
6. Phone [REDACTED]			
7. Home Address [REDACTED]			
8. City <i>Mineral Point</i>		9. State <i>WI</i>	10. Zip Code <i>53565</i>
11. Date of Birth [REDACTED]			
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History			
1. Do you currently reside in Wisconsin? ☒ Yes ☐ No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years <i>44 yrs</i>
Months			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 [REDACTED]	City <i>Mineral Point</i>	State <i>WI</i>	Zip Code <i>53565</i>
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State <i>WI</i>	County <i>IOWA</i>	State <i>IL</i>	County <i>COOK</i>
State <i>WI</i>	County <i>Lafayette</i>	State <i>ME</i>	County <i>Androscoggin</i>

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature

Donnell Vaelloumouit

Date

5/12/2025

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information

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

World Institute for Extreme Beauty, LLC

2. Business Trade Name or DBA

WALKER HOUSE

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

VAILLANCOURT

2. First Name

Kathleen

3. M.I.

A.

4. Relationship to Business (Title)

CO-OWNER

5. Email

walkerhouse1@gmail.com

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

Mineral Point

9. State

WI

10. Zip Code

53565

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

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

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

Years

44

Months

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

Previous Address 1

[REDACTED]

City

[REDACTED]

State

WI

Zip Code

53565

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

WI

County

IOWA

State

IL

County

COOK

State

County

State

County

State

WI

County

Lafayette

State

ME

County

Cumberland

State

County

State

County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature

Kathleen A. Vakkari

Date

5-12-2025

CITY OF MINERAL POINT
PERMIT APPLICATION

ALCOHOL BEVERAGES IN OUTSIDE AREAS

Name: Daniel G. & Kathleen A. Vaillancourt
Mailing Address: 120 Antoine Street - Mineral Point, WI 53565
Phone: 608-553-0728
Premises Description: 1 Water Street, Mineral Point, WI 53565 - Walker Hotel

Attach the following:

1. Map describing the proposed outdoor area, including proposed capacity, the proposed location of seating, proposed physical enclosure; and showing the location of family residences, or tourist/guest lodging, within forty feet (40') of the proposed outdoor area.
2. Lighting and signage plan.
3. Written verification from the Wisconsin Department of Health and Family Services that the premises, including the outdoor area, is properly licensed as a restaurant by said Department.

FEE: Select one that applies

- ☐ \$100.00 – First Time Application (initial processing fee plus annual permit fee)
- ☒ \$50.00 – Annual Permit Fee

TERM: July 1, 2025 through June 30, 2026

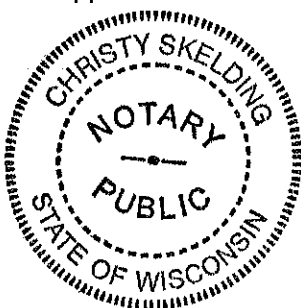
STATEMENT BY APPLICANT(S)

I hereby acknowledge receipt of a copy of the Mineral Point Municipal Code Section 110.15(P) Alcohol Beverages in Outside Areas, and I agree to abide by the terms and conditions of this Section of the Code, including restrictions and penalties, I understand that permission to operate under a "Class B", Class "B", and/or "Class C" license in an outdoor area pursuant to this Section of the Code is a privilege and does not vest a property right, therefore, I understand and agree that permission may be revoked by the common council pursuant to Section 12.05(16)G.4. of the Code.

ACKNOWLEDGMENT

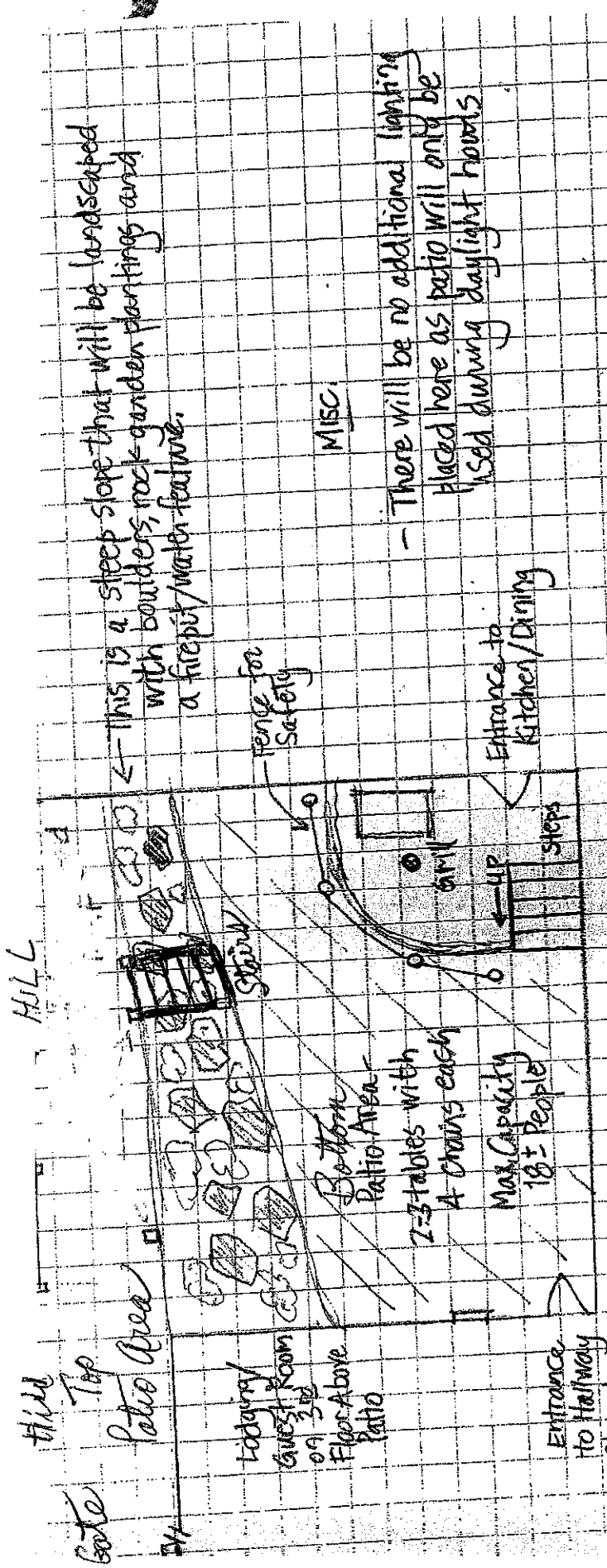
Kathleen A. Vaillancourt State of WI
Signature of Applicant Date 5-12-2025 County of Iowa, WI

Daniel G. Vaillancourt Personally came before me this 12th day of May, 2025
Signature of Applicant Date 5/12/2025 Kathleen Vaillancourt & Daniel Vaillancourt
to me known to be the person(s) who executed the foregoing instrument, and acknowledge.



Christy Skelding
(Please print or type name signed above):

Christy Skelding
Notary Public, County of Iowa, State of WI
My Commission expires: 5-12-26



Walker House - Back Patio (Top and Bottom)
Plan for Serving Alcohol

Top View

P.L.A.

Gate
(See p. 13)

Pate

4' 2" x 2' square

Flowers

Stones Middle Entrance

to Walker House Prairie Grass Boyer (See p. 12)

4' x 2' x 2' (P.T. Pine)

U R J

Front of Walker House
Gravel Bed 9" W
Stone Sidewalk 45" W
End of Walker House

Gravel Bed 48"

Don Handman
Gravel Bed
(Estimated)

Light Post

Stone
South Entrance
Walker House

Gravel Bed 48" W
Gravel Bed 48" W

P. 16

Gate
(Sep 3)

Side

W = 41"

W = 31"

Compressed Lign. Screenings
(Gravel)

Top View

on Street

SCALE 1" = 1'

Side View

(Looking East)

Prairie Grass Boxes

Sign Facing Outside
Enter Via House Door

Sign Facing Inside

Sign Facing Outside

No Alcohol Beyond This Point

No Alcohol Beyond This Point

1" X 6" X 2' (P.T. Pine)

1" X 2 1/2" Holding Swister Round on Inside End (P.T. Pine)

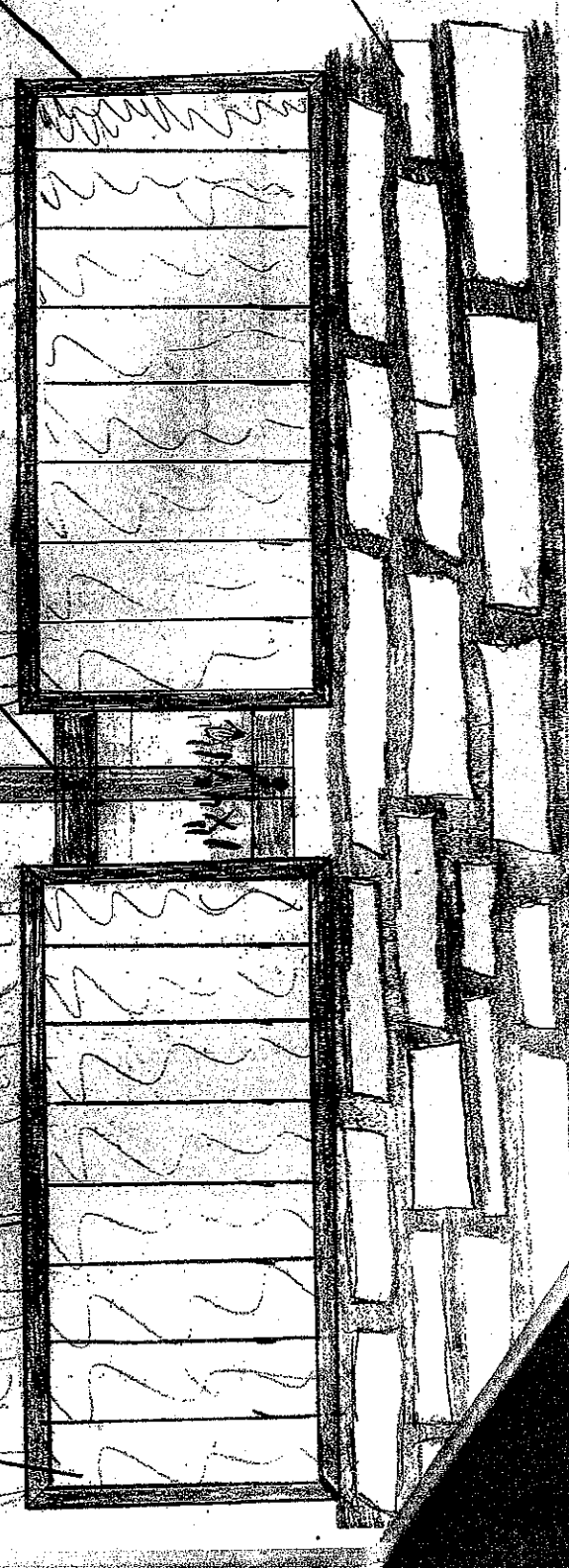
1" X 4" X 4" (P.T. Pine)

1/2" Spacing Bolts (P.T. Pine) (P.T. Pine)

Prairie Grasses

Stair: Cedar Tone

Stone Wall Height 20"



Top View

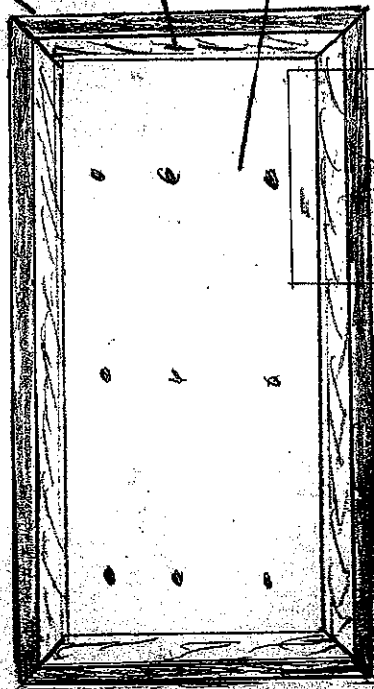
All Wood = Pressure Treated Pine

1" x 2 1/2" Holding

Top Plate 1" x 2 1/4"

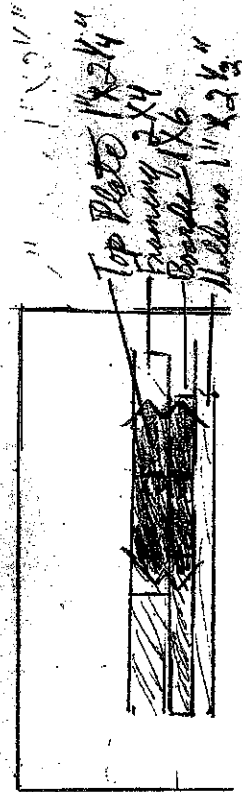
Bottom of Box
1/2" P.T. Plywood

Holes drilled to permit drainage



Expanded View

Scale 1" = 6"



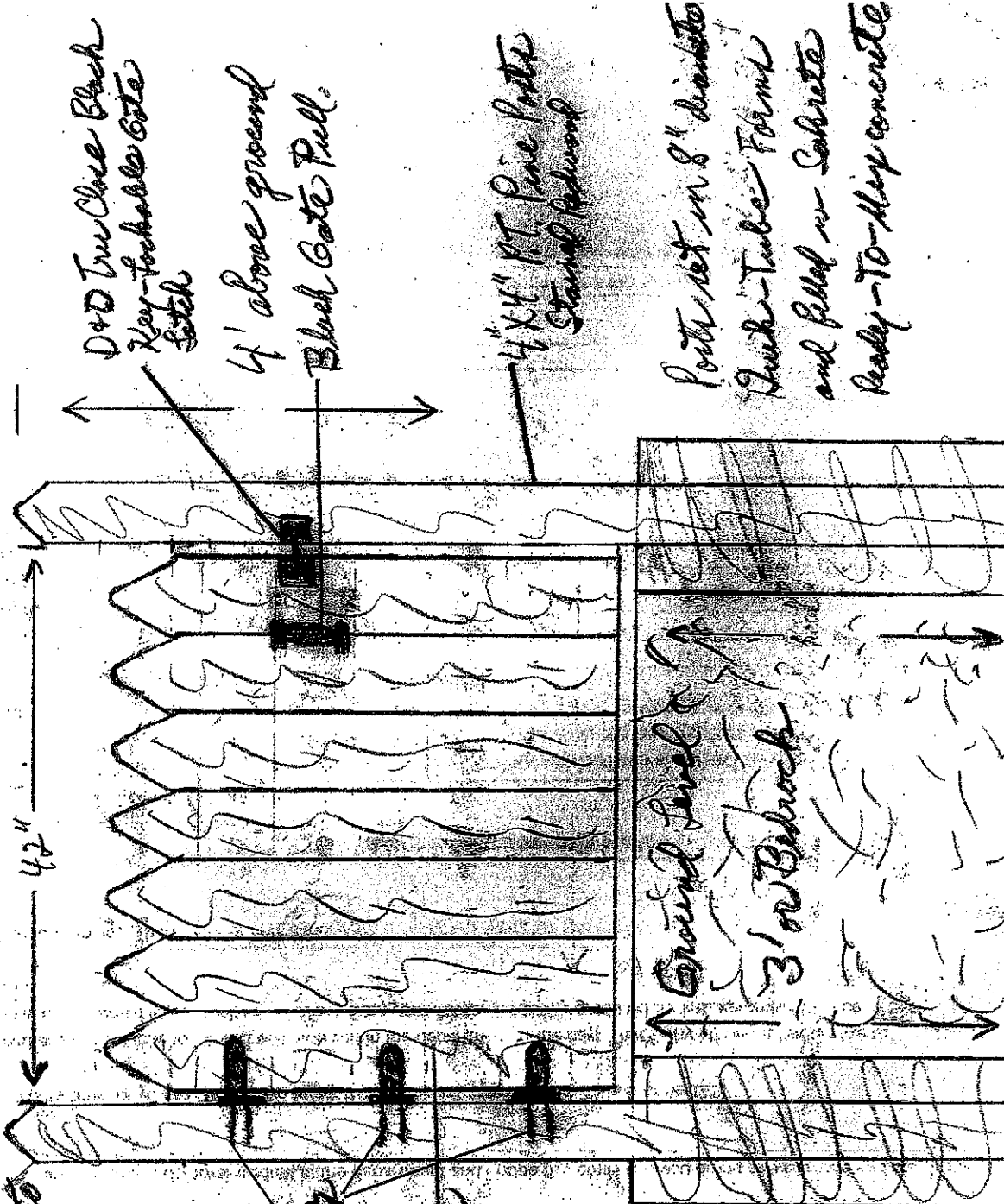
Gate

View from Outside Potts

1" = 1'

54"

42"



Black Tee Hinges (3)

All Pins w/ 3" x 1/4" Lag Bolts

PT 1" x 6" x 42" PT Pine

Stand Returned to match Wall on House doors

Gates held together

by 3 @ 1" x 6" x 42"

Horizontal braces of pine

D&D Iron Case Black Key-Lockable Gate Latch

4' above ground

Black Gate Pull

4" x 4" PT Pine Posts Stand Returned

Potts set in 8" diameter Quick-Tube Form and filled w/ concrete Ready-To-Mix concrete

Ground Level

3' or Below



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

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@revenue.wi.gov
website: revenue.wi.gov

Letter ID L1894806944

WORLD INSTITUTE FOR EXTREME BEAUTY LLC OWNED
BY DANIEL VAILLANCOURT
120 ANTOINE ST
MINERAL POINT WI 53565-1001

Wisconsin Department of Revenue Seller's Permit

Legal/real name:

WORLD INSTITUTE FOR EXTREME BEAUTY LLC OWNED BY
DANIEL VAILLANCOURT

Business name:

WORLD INSTITUTE FOR EXTREME BEAUTY, LLC
1 WATER STREET
MINEAL POINT WI 53565

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

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-1027851888-02

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- ☐ Class "A" Beer \$
 ☒ Class "B" Beer \$ 100
☐ "Class A" Liquor \$
 ☒ "Class B" Liquor \$ 500
☐ "Class A" Liquor (cider only) \$
 ☐ Reserve "Class B" Liquor \$
☐ "Class C" Liquor (wine only) \$

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Mineral Point Opera House Inc.</u>			
2. Business Trade Name or DBA <u>Mineral Point Opera House</u>			
3. FEIN <u>[REDACTED]</u>		4. Wisconsin Seller's Permit Number <u>456-1026323811-05</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>9/23/2008</u>	
8. Wisconsin DFI Registration Number <u>M 073503</u>			
9. Premises Address <u>139 High St</u>			
10. City <u>Mineral Point</u>		11. State <u>WI</u>	12. Zip Code <u>53565</u>
13. County <u>Iowa</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Mineral Point</u>		15. Aldermanic District <u>3</u>
16. Premises Phone <u>608-987-3501</u>	17. Premises Email <u>info@mineralpointoperahouse.org</u>		18. Website <u>mineralpointoperahouse.org</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>A 386 seat theater with lower and upper level seating, stage, green room, and lobby. Alcohol is sold in the lobby at a concessions counter and sometimes on the mezzanine. Alcohol is stored in the concessions counter and in a hallway and refrigerators behind the concessions stand. Consumption occurs in seating areas, lobby, and green room. Sometimes on stage.</u>			
20. Mailing Address (if different from premises address) <u>PO Box 228</u>			
21. City <u>Mineral Point</u>		22. State <u>WI</u>	23. Zip Code <u>53565</u>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

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

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Webb	William	President	6 [REDACTED]
Dunn	Monica	Vice President	[REDACTED]
Bujewski	Nicole	Secretary	[REDACTED]
Heimerl	Elizabeth	Treasurer	[REDACTED]

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 Harrington		First Name Christina	M.I. N
Title Theater Manager	Email Christina.harrington@mpoh.org	Phone 608-987-3501	
Signature Christina Harrington		Date 05/06/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-14-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
05/06/25

Agent Type (check one)

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

Part A: Business Information

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

Mineral Point Opera House Inc

2. Business Trade Name or DBA

Mineral Point Opera House

3. Entity Type (check one)

☐ Limited Liability Company☐ Corporation☒ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

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

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

Part B: Agent Information

1. Last Name

Harrington

2. First Name

Christina

3. M.I.

N

4. Email

christina.harrington@mpoh.org

5. Phone

608-987-3501

6. Home Address

7. City

Mineral Point

8. State

WI

9. Zip Code

53565

10. Age

35

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name Harrington		First Name Christina		M.I. N
Title Theater Manager	Email christina.harrington@mpoh.org		Phone 608-987-3501	
Signature Clutter Langsta			Date 05/06/25	

Part E: Agent Attestation

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

Last Name Harrington		First Name Christina		M.I. N
Signature Clutter Langsta			Date 05/06/25	

Alcohol Beverage
Individual Questionnaire

Date 5/15/25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Mineral Point Opera House Inc
2. Business Trade Name or DBA
Mineral Point Opera House
3. Entity Type (check one)
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.	
Harrington	Christina	N	
4. Relationship to Business (Title)	5. Email	6. Phone	
Manager	christina.harrington@mpoh.org		
7. Home Address			
8. City	9. State	10. Zip Code	11. Date of Birth
Mineral Point	WI	53565	
12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance		
	WI		

Part C: Address History

1. Do you currently reside in Wisconsin?	☒ Yes ☐ No						
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?	Years 9 Months						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State NY	County Erie	State CA	County El Dorado	State NY	County Tompkins	State WI	County Iowa
State AZ	County Maricopa	State NY	County Monroe	State WI	County Sauk	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature

Clara Haugle

Date

5/15/25



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Christina Nicole Harrington

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
07/18/2021



Expiration Date
07/18/2023



Certificate #
WI-00594265

A handwritten signature in black ink, appearing to read 'Sarah McFadden'.

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

Alcohol Beverage
Individual Questionnaire

Date 5/7/26

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

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

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

Part A: Business Information

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

Mineral Point Opera House

2. Business Trade Name or DBA

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Heimerl

2. First Name

Elizabeth

3. M.I.

A

4. Relationship to Business (Title)

Treasurer

5. Email

accounting@mpoh.org

6. Phone

[REDACTED]

7. Home Address

[REDACTED]

8. City

Platteville

9. State

WI

10. Zip Code

53818

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED] 6-

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

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

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

Years

63

Months

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

Previous Address 1

Same as above, since 2008

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State	County	State	County	State	County	State	County
WI	Dane	WI	Iowa	WI	Grant	WI	Lafayette
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature <i>Elizabeth A. Heemil</i>	Date 5/1/25
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Alcohol Beverage
Individual Questionnaire

Date

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

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

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

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor)	
Mineral Point Opera House	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
☐ Sole Proprietor	☐ Partnership
☐ Limited Liability Company	☐ Corporation
☒ Nonprofit Organization	

Part B: Individual Information

1. Last Name		2. First Name		3. MI	
Bujewski		Nicole		K	
4. Relationship to Business (Title)		5. Email		6. Phone	
Board Secretary		bujewskinicole@gmail.com		[REDACTED]	
7. Home Address					
[REDACTED]					
8. City		9. State		10. Zip Code	
Mineral Point		WI		53565	
12. Drivers License/State ID Number		11. Date of Birth			
[REDACTED]		[REDACTED]			
13. Drivers License/State ID State of Issuance					
WISCONSIN					

Part C: Address History

1. Do you currently reside in Wisconsin?						☒ Yes ☐ No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?						Years	Months
						6	8
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1				City	State	Zip Code	
Previous Address 2				City	State	Zip Code	
Previous Address 3				City	State	Zip Code	
Previous Address 4				City	State	Zip Code	
Previous Address 5				City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
IL	COOK						
WI	IOWA						

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature <i>Mark R. Byers</i>	Date <i>May 8 2015</i>
--------------------------------	------------------------

Alcohol Beverage
Individual QuestionnaireDate
5-8-25

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

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

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

Part A: Business Information

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

Mineral Point Opera House

2. Business Trade Name or DBA

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Dunn

2. First Name

Monica

3. M.I.

E

4. Relationship to Business (Title)

Board of Directors VP

5. Email

monica.dunn@mpoh.org

6. Phone

7. Home Address

8. City

Mineral Point

9. State

WI

10. Zip Code

53565

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently reside in Wisconsin?

☒ Yes ☐ No

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

Years

5

Months

0

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
IL	COOK	WI	IOWA				
WI	DANE	IN	St Joseph				

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature

Date

5-8-25

Alcohol Beverage
Individual QuestionnaireDate
5-9-25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Mineral Point Opera House, Inc.	
2. Business Trade Name or DBA	
Mineral Point Opera House	
3. Entity Type (check one)	
☐ Sole Proprietor	☐ Partnership
☐ Limited Liability Company	☐ Corporation
☒ Nonprofit Organization	

Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
Webb		William		J
4. Relationship to Business (Title)		5. Email		6. Phone
President		bill.webb@mpoh.org		[REDACTED]
7. Home Address				
[REDACTED]				
8. City	9. State	10. Zip Code	11. Date of Birth	
Mineral Point	WI	53565	[REDACTED]	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance		
[REDACTED]		WI		

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes ☐ No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
				14	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State	Zip Code	
[REDACTED]		Mineral Point	WI	53565	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	Iowa	LA	Orleans	IL	Macou
MO	St Louis City	LA	Lafayette	IL	Jackson

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

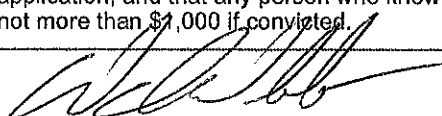
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

5-9-25



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

Contact Information:

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

Letter ID L0435531344

MINERAL POINT OPERA HOUSE INC
PO BOX 228
MINERAL POINT WI 53565-0228

Wisconsin Department of Revenue Seller's Permit

Legal/real name: MINERAL POINT OPERA HOUSE INC
Business name: MINERAL POINT OPERA HOUSE
139 HIGH ST
MINERAL POINT WI 53565-1207

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

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1026323811-05

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

FOR CLERKS ONLY

Municipality

License Period

Part A: Premises/Business Information

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

Little Wolf Farm LLC

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

456-1030531076-02

5. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☒

Limited Liability Company

☐

Corporation

6. State of Organization

WISCONSIN

7. Date of Organization

Oct 2019

8. Wisconsin DFI Registration Number

9. Premises Address (do not use PO Box)

337 Dodge Street

10. City

Mineral Point

11. State

WI

12. Zip Code

53565

13. County

IOWA

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Mineral Point

15. Aldermanic District

16. Mailing Address (if different from premises address)

1919 Keough Springs Road

17. City

Mineral Point

18. State

WI

19. Zip Code

53565

20. Premises Phone

608-987-0067

21. Premises Email

littlewolfarmcbd@gmail.com

22. Website

littlewolfarm

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

Single story building (former A&W). Products are displayed on shelves behind counter for customer review. Retail area is just to right coming in front door.

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☐

Cigarettes

☒

Tobacco Products

☒

Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒

Over the counter

☐

Vending machine

3. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.

3a. Name of Parent Company:

3b. FEIN of Parent Company:

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Zimmerman	Dori	President	[REDACTED]
TIBBETTS	Jim	Vice President	[REDACTED]

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature <i>James D Tibbets</i>	Date <i>April 16, 2025</i>	
Name (Last, First, M.I.) <i>Tibbets, James D</i>		
Title <i>Vice President</i>	Email <i>littlewolf-farmebd@gmail.com</i>	Phone [REDACTED]

Part E: For Clerk Use Only

Date application was filed with clerk <i>4-17-25</i>	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Date

Form
CTV-101Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire

Part A: Business Information

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

Little Wolf Farm, LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☒

Limited Liability Company

☐

Corporation

Part B: Individual Information

1. Name (Last)

Zimmerman

2. Name (First)

Dori

3. Name (M.I.)

IA

4. Relationship to Business (Title)

President

5. Email

littlewolfFarmcbl@gmail.com

6. Phone

608-987-0067

7. Home Address

8. City

Mineral Point

9. State

WI

10. Zip Code

53565

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

Part C: Individual's Address History

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

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			
Previous Address 6			

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

State	County	State	County	State	County	State	County
WI	Iowa	FL	Lee	KS	Douglas		

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

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

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

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Dori Zimmerman</i>	Date <i>5/22/25</i>
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title	
Signature of Local Official		Date

Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire

Date

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) <i>Little Wolf Farm LLC</i>			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
☐ Sole Proprietor	☐ Partnership	☒ Limited Liability Company	☐ Corporation

Part B: Individual Information

1. Name (Last) <i>Tibbets</i>		2. Name (First) <i>JAMES</i>		3. Name (M.I.) <i>D</i>	
4. Relationship to Business (Title) <i>Vice President</i>		5. Email		6. Phone	
7. Home Address [REDACTED]					
8. City <i>Mineral Point</i>		9. State <i>WI</i>	10. Zip Code <i>53565</i>	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance <i>WISCONSIN</i>		

Part C: Individual's Address History

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

Previous Address	City	State	Zip Code
1 <i>n/a</i>			
2			
3			
4			
5			
6			

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

State	County	State	County	State	County	State	County

Continued →

Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent

Date

Agent Type (check one): ☐ Original ☐ Change

Part A: Agent Information

1. Last Name TIBBETTS	2. First Name JAMES	3. M.I. D
4. Email littlewolffarmcbd@gmail.com	5. Phone [REDACTED]	
6. Home Address [REDACTED]		
7. City Mineral Point	8. State WI	9. Zip Code 53565
10. Date of Birth [REDACTED]	11. Drivers License/State ID Number [REDACTED]	12. Drivers License/State ID State of Issuance WISCONSIN

Part B: Questions

1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) Little Wolf Farm LLC		
2. Business Trade Name or DBA		
3. Entity Type (check one) ☒ Limited Liability Company ☐ Corporation		
4. Premises Address 337 Dodge Street		
5. City Mineral Point	6. State WI	7. Zip Code 53565

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory) James D Tibbets	Date April 14, 2025
Name of Person Signing for Licensee JAMES D TIBBETTS	Title Vice President

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent James D Tibbets	Date April 16, 2025
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WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0493021264

DORI ZIMMERMAN
LITTLE WOLF FARM LLC
1919 KEOUGH SPRINGS RD
MINERAL POINT WI 53565-8422

Wisconsin Department of Revenue Seller's Permit

Legal/real name: LITTLE WOLF FARM LLC
Business name: LITTLE WOLF FARM CBD
265 HIGH ST
MINERAL POINT WI 53565-1209

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

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-1030531076-02