

CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE

DATE: Monday, June 09, 2025 **TIME:** 5:15 P.M. **LOCATION:** MUNICIPAL BUILDING COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI 53965

Committee Members	
	Ald. Mike Freel Chair Ald. Troy Ryan
	Mayor Ed Wojnicz Ald. Ben Anderson
AGENDA ITEMS	
1	Call to Order and Attendance Noted.
2	Approval of the May 12, 2025 Meeting Minutes.
3	Discussion and Decision on a renewal application for a Livestock/Poultry submitted by Andrew Waterman for Timber Falls Adventure Park located at 1000 Stand Rock Road for the licensing period of July 1, 2025 through June 30, 2026.
4	Discussion and Decision on a renewal application for a Mobile Home Park License for the licensing period of July 1, 2025 through June 30, 2026 for the following locations: a) Towerview Estates – 1004-1123 Plum Street & 1032-1114 Illinois Ave b) Pleasant Valley Properties – 610 Commercial Ave
5	Discussion and Decision on an original application for a Golf Cart Permit submitted by Terry Fanrenkrug located at 229 Capital Street for the licensing period of June 17, 2025 through Nov 1, 2026. Contingent on inspection by the Police Department.
6	Discussion and Decision on an original application for a Golf Cart Permit submitted by Jay Hansen located at 1308 River Road for the licensing period of June 17, 2025 through Nov 1, 2026. Contingent on inspection by the Police Department.
7	Discussion and Decision on an original application for an Overnight Lodging License and Room Tax Permit submitted by Jessica & Ryan Dobson, DBA J&R Powerhouse Management, LLC located at 2411 River Road, #2151 for the licensing period of June 17, 2025 through April 30, 2026.
8	Discussion and Decision on an original application for an Overnight Lodging License and Room Tax Permit submitted by Theresa Folefac, DBA Bright Path Stays, LLC located at 1200 Chula Vista Parkway, #2 for the licensing period of June 17, 2025 through April 30, 2026.
9	Discussion and Decision on an original application for an Overnight Lodging License submitted by Teresa & Mike Amerling, DBA MLA Holdings, LLC located at 2411 River Road #2109 for the licensing period of June 17, 2025 through April 30, 2026. Contingent on State Lodging License.
10	Discussion and Decision on an original application for an Overnight Lodging License submitted by Teresa & Mike Amerling, DBA MLA Holdings, LLC located at 2411 River Road #2125/2127 for the licensing period of June 17, 2025 through April 30, 2026. Contingent on State Lodging License and Proof of Insurance.
11	Discussion and Decision on an original application for an Overnight Lodging License and Room Tax Permit submitted by Roxana & Constatin Malinici, DBA 1301 River Road, LLC located at 1301 River Road for the licensing period of June 17, 2025 through April 30, 2026.

12	Discussion and Decision on an original application for a Class “B” Beer & “Class B” Liquor License submitted by Jax Enterprises II, Inc, Dennie Jax, Agent, for High Rock located at 232 Broadway for the licensing period of June 17, 2025 through June 30, 2025.
13	Discussion and Decision on a renewal application for an Alcohol Beverage License for the licensing period of July 1, 2025 through June 30, 2026 (contingent on background checks and money due to the City) for the following locations: <u>Original Class “B” Beer & “Class B” Liquor</u> 1. Six K’s Keg Inc, DBA - The Keg Bar & Grill/Kilbourn Cork, Agent - Keith Koehler 2. Uptown Sand Bar Corp., DBA - Sand Bar, Agent – William Farmer 3. DJC Management LLC, DBA - Monks Bar & Grill – Wisconsin Dells, Agent – Daniel Collar 4. JAM Food & Fun Inc, DBA - Dells Distillery, Agent – Jeffrey Morris 5. Fishers Bar 53965 LLC, DBA - Fishers Bar, Agent – Aaron VanSchoyck 6. Jax Enterprises II Inc, DBA - High Rock Café, Agent – Dennie Jax 7. Helland Food Group LLC, DBA - Mexicali Rose & Bella Goose Coffee, Agent – Eric Helland 8. Vector & Eat LLC, DBA - The District, Agent – Daniel Marsich 9. DeFosse Properties LLC, DBA - Showboat Saloon/Tugs Kitchen/Mama’s Garage, Agent Jesse DeFosse 10. Stage III LLC, DBA - Chalet Lanes, Agent – Sarah Brown 11. Jose’s Authentic Mexican Restaurant, Agent – Heather Parra Wilson 12. Chula Vista Inc, DBA - Chula Vista Resort, Agent – Jeffery Kaminski 13. TR Nelson Inc, DBA - Trappers Turn Golf Club, Agent – Patrick Steffes 14. RRAD Development LLC, DBA - Boathouse Restaurant & Vue Resort, Agent – Rich Makowski 15. Nig’s Bar, Agent – Shad Strand 16. Galeros Catering LLC, DBA - Rubbs Steakhouse, Agent – Alexandros Galero <u>Class “B” Beer & “Class B” Liquor (’01 Reserve)</u> 1. Jilly Beaners LLC, DBA - River Walk Pub, Agent – Jillian DeVold <u>Class “B” Beer & “Class B” Liquor (’23 Reserve)</u> 1. Asgard Axe Throwing LLC, DBA - Asgard Axe & Tap, Agent – Dennis Mitchell <u>Class “B” Beer & “Class B” Liquor Quota</u> 1. Land of Natura LLC, DBA - Land of Natura LLC, Agent – Adam Makowski 2. Logging Camp Inc, DBA - Paul Bunyans, Agent – Hunter Nicksic 3. Dells Resorts Inc, DBA - Hot Rocks/Natura Treescape Resort, Agent – David Makowski 4. San Antonio Mexican Restaurant LLC, DBA - San Antonio Mexican Restaurant, Agent – Luis Martinez 5. Woodside Sports Complex Operations LLC, DBA - Woodside Wisconsin Dells Center, Agent – Michael Fadness 6. A.A. Roa Enterprises LLC, DBA - Asador Mexican Grill, Agent – Jacqueline Diaz de Leon <u>Class “A” Beer & “Class A Liquor”</u> 1. Dolgencorp LLC, DBA - Dollar General Store #23915, Agent – Quinn Henson 2. Kwik Trip Inc, DBA - Kwik Trip 1113, Agent – Barry Faber 3. Kwik Trip Inc, DBA - Kwik Trip 1118, Agent – Henry Piatek 4. Liberty Square Gas Station Inc, DBA - Refuel Pantry – R&G, Agent Lakhbir Singh 5. Liberty Square Gas Station Inc, DBA- Refuel Pantry – American World, Agent Mellisa

Jacobson

6. Walgreen Co, DBA - Walgreens #06885, Agent – Dana Weiland
7. Kristie's Foods Dells LLC, DBA - Mauer's Market IGA, Agent – Janice Seager

Class "B" & "Class C" Liquor (wine only)

1. Lohrfour LLC, DBA - Courtyard Café, Agent – Nikki Lohr
2. Arcade PVP Bar LLC, Agent – Dennis Mitchell
3. Rib Kings of America Inc, DBA - Famous Dave's BBQ, Agent – John Petrowitz
4. Familyland Enterprises LLC, DBA - M.A.C.S. Wisconsin Dells & Huckleberry's Ice Cream & Bakery, Agent – Nicolas Morse
5. Familyland Enterprises LLC, DBA - The Villa Pizza Co, Agent – Nicolas Morse
6. Wisconsin Dells Festivals Inc, DBA - Dells Downtown Event Management, Agent – Jill Diehl
7. Sunny Asian Buffet LLC, DBA - Sunny Asian Buffet, Agent – Chang Hsu
8. Gueros Tacos LLC, DBA – Tacos El Guero, Agent – Luis Martinez
9. Mama Z's Grill LLC, DBA - Mama Z's, Agent – Michael Fadness
10. Animal Entertainments Inc, DBA – Timbavati Wildlife Park, Agent – Deborah Fisher-Revels
11. DZJV WI LLC, DBA - Hofbrewzhaus, Agent – Charles Hastings
12. Pizza Lab LLC, DBA - Dells Pizza Lab, Agent – Burak Akbeg
13. Wolf Pro LLC, DBA - Bells Bistro, Agent – Volodymyr Vylkov
14. BBWD WI LLC, DBA – Big Boy Wisconsin Dells, Agent – Charles Hastings
15. PALS Brewing Company Wisconsin LLC, DBA – Pals Brew Pub, Agent – Mike Kaminski

"Class C" Liquor (wine only)

1. Navi Spa LLC, Agent – Ivan Fedyshyn

Class "B" Beer

1. Dells Home Talent Baseball, DBA - Home Talent Baseball, Agent – Aaron Van Schoyck
2. Harold B Larkin American Legion Post 187, DBA - American Legion Post 187, Agent – Mark Cobb
3. Lucy Hai LLC, DBA - Wei's Chinese Restaurant, Agent – Hongyan Li
4. Swimiga Inc, DBA – Super 8, Agent – Yatimkumar Patel
5. Lajali LLC, DBA – YetiYard Next Level Adventures, Agent – Tamara Curley
6. Jay Hospitality 2020 LLC, DBA – Econolodge Inn, Agent – Haresh Patel
7. Taco Loco LLC, DBA – El Taco Loco, Agent – Abel Villarreal
8. Colotan Mex Rest, Agent – Juan Medrano
9. Bridgeview Corporation, DBA - Timber Falls Adventure Park, Agent – Noel Ebanks
10. Woodside Sports Complex Operations LLC, DBA – Woodside Sports Complex, Agent – Michael Fadness
11. Sherwood Forest Camping and RV Park, DBA – Sherwood Forest Dells LLC, Agent – Bradley Gussel

13
Cont.

Discussion and Decision on a renewal application for a Cigarette, Tobacco, and Electronic Vaping Device Retail License Application for the licensing period of July 1, 2025 through June 30, 2026 (contingent on background checks and money due to the City) for the following locations:

- a. Dolgencorp LLC, DBA - Dollar General Store #23915, Agent – Quinn Henson
- b. Chula Vista Inc, DBA – Chula Vista Resort, Agent – Jeffery Kaminski
- c. Kristie's Foods Dells LLC, DBA – Maurer's Market IGA, Agent – Jeffrey Maurer

	d. Joseph Danon, DBA – Purple Planet, Agent – Joseph Danon e. TR Nelson Inc, DBA – Trappers Turn Golf Club, Agent - Patrick Steffes f. Walgreen Co, DBA – Walgreens #06885, Agent – Dana Weiland g. Six K's Keg Inc, DBA – Kilbourn Cork, Agent – Keith Koehler h. Kwik Trip Inc, DBA – Kwik Trip 1118, Agent – Henry Piatek i. Kwik Trip Inc, DBA – Kwik Trip 1113, Agent – Barry Faber j. Liberty Square Gas Station Inc, DBA – Refuel Pantry – American World, Agent – Mellisa Jacobson k. Liberty Square Gas Station Inc, DBA – Refuel Pantry – R&G, Agent – Lakhbir Singh l. Authenticity Gifts LLC, DBA – The Pickled Cowboy, Agent – Darrin Marsich m. All New Tobacco Vape Outlet LLC, DBA – Smoke World Vape, Agent – Reiner Vetter Remivez
15	Discussion and Decision on Applebee's Liquor License.
16	Items for Referral to Subsequent Meetings: Monday, July 14, 2025
17	Adjourn
	ALD. MIKE FREEL, CHAIRMAN
	POSTED AND DISTRIBUTED: 6/06/2025
	Open Meetings Notice: If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice. Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.

CITY OF WISCONSIN DELLS
RENEWAL LICENSE APPLICATION FOR:
LIVESTOCK/POULTRY

ITEM 3

Fee: \$5 Per Animal

Date Submitted: 5/23/25 Amount Paid: \$ 40 Receipt No. 125086 5/27/25

Property Owner Name: Andrew Waterman Phone Number: 608-434-0838

Mailing Address: P.O. Box 513 Wis. Dells, WI 53165 Email: apalmer@dellsknuckleheads.com

Business Name: Timber Falls Adventure Park Address of Business: 1000 Stand Rock Road

Business Phone Number: 608-254-8414 Number and type of livestock/poultry: _____

1 Donkey
7 Goats

Information on where livestock/poultry will be kept and maintained: Mini Golf

Fenced in Building + Field/Grass Area

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Ordinance 16.02 and am familiar with all appropriate laws and ordinances pertaining to keeping Livestock/Poultry. I understand that the Police Department may conduct a criminal history check and those results may be considered in the licensing process.

A Waterman

Signature of Property Owner

5/23/2025

Date

License subject to compliance with Wisconsin Dells Code Section 4.15 and 16.02.

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes or assessments or other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

OFFICE USE ONLY

☐ License Approved: _____ License Valid from _____, 20____ through June 30, 20____

Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

☒ Utilities snub ☒ Taxes snub ☒ Court snub ☒ Parking snub

* see note

A/R ✓ snub

CITY OF WISCONSIN DELLS
RENEWAL LICENSE APPLICATION FOR:
MOBILE HOME PARK

ITEM 4A

Fee: \$350 for 1st 25 Sites (\$25 Each Additional Site)

Date Submitted: 4-30-25 Amount Paid: \$ 525⁰⁰ Receipt No. 123955

Property Owner Name: MICHELE GILLETTE Phone Number: 608-772-3403

Mailing Address: PO Box 74, Baraboo Email: mb.gillette@att.net

Driver's License Number: _____ State: WI

Address/Legal Description of Mobile Home Park*: Tower View Estates

***Complete Site Plan Must be Attached**

On-Site Manager's Name: Real Estate Mgmt Solutions Phone Number: 608/356-5050

Address & Lot Number: PO Box 163 Baraboo Email: info@remsmbe.com

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Ordinance 16.03 and am familiar with all appropriate laws and ordinances pertaining to Mobile Home Parks. I understand that the Police Department may conduct a criminal history check and those results may be considered in the licensing process.

[Signature]
Signature of Property Owner

4-30-2025
Date

[Signature]
Signature of On-Site Manager

4-30-2025
Date

License subject to compliance with Wisconsin Dells Code Section 4.15 and 16.03.

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes or assessments or other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

OFFICE USE ONLY

☐ License Approved: _____ License Valid from _____, 20____ through June 30, 20____

Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

☒ Utilities YNUB

☒ Taxes AN

☒ Court MEM

☒ Parking YCM

City of Wisconsin Dells

Application for: Mobile Home Park License

ITEM 4B

Date Submitted: 5/14/2025 Fee: \$350.00 First 25 Sites or less 725 Receipt No. 124612
\$ 25.00 Each Additional Site 5/14/25

Name of Applicant: Pleasant Valley Properties
Address of Applicant: 301 Bremer Ave.
Daytime Telephone Number: (715) 226-6200
Evening Telephone Number: ()
Driver's License Number: Fed id 39-1954708 State:

Legal Description/Address of the Park: 610 Commercial Ave (Fairway MHP)

On-Site Manager's Name: no on-site mgr. Jordan Bennett- main office
On-Site Manager's Address & Lot Number: 301 Bremer Ave Colfax
On-Site Manager's Telephone Number: 715-226-6200

*A complete site plan must be attached to the application.

Lynn K. Vold
Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

☐ Date Approved: _____ Conditions (if any): _____
☐ Date Denied: _____ Reason(s): _____

* License valid from _____, 20__ through _____, 20__

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

Rev 01/10

Count ✓ Parking ✓ Utility ✓ A/R ✓ Tax ✓

Sent to PD 5/27/25

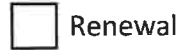
COPY ITEM 5

CITY OF WISCONSIN DELLS
PERMIT APPLICATION FOR:

OPERATING GOLF CART WITHIN CITY LIMITS APRIL 1 THROUGH NOV 1, 2026

ONLY PERMITTED IN COLUMBIA COUNTY NORTH/SOUTH OF BROADWAY AND WEST OF HWY 16
CROSSING AT STOP LIGHTS ONLY

Fee: \$50



Date Submitted: 5/22/25 Amount Paid: \$ 50 - Receipt No. 124989

Name of Applicant (Last, First, MI): FANRENKRUG, TERRY J.

Address of Applicant: 229 CAPITAL STREET WISC. DELLS, WI

Phone #: 414 550-1959 Alt Phone #: _____ Email: terryj.fabrenkrug@gmail.com

Date of Birth: 4/2/61 Applicant's Driver's License #: FG52-8106-1122-05 State: WI

Name of Liability Insurance Carrier: (Attach Proof of \$100,000/Incident Coverage): PROGRESSIVE

Required Equipment - Check Each Box That You Have:

- | | |
|---|---|
| ☒ Good Working Brakes | ☒ Two Operating Headlights & Tail Lights |
| ☒ Front and Rear Reflectors | (Visible from 500 feet) OR Only Operate Dawn-Dusk |
| ☒ Audible Warning Device (Horn) | ☒ Slow Moving Vehicle Sign attached to Rear of Cart |
| ☒ Rear View Mirror | |

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my permit. I acknowledge that I have read Wisconsin Dells Golf Cart Ordinance 10.41 and am familiar with all appropriate laws and ordinances pertaining to operating golf carts within the city limits. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the permitting process.

Terry J. Fabrenkrug
Signature of Applicant

5/22/25
Date

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

License subject to compliance with Wisconsin Dells Code Section 4.15 and 10.41.

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes or assessments or other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

Office Use Only

☐ Permit Number: _____ Permit Valid from _____, 20____ through November 1, 20____

☐ Date Denied: _____ Reason(s): _____

☒ Utilities sm ☒ Taxes sm ☒ Court sm ☒ A/R sm ☒ Parking sm ☐ Other _____

Sent to PD 5/15/25

ITEM 6
COPY

CITY OF WISCONSIN DELLS
PERMIT APPLICATION FOR:

OPERATING GOLF CART WITHIN CITY LIMITS APRIL 1 THROUGH NOV 1, 2026

ONLY PERMITTED IN COLUMBIA COUNTY NORTH/SOUTH OF BROADWAY AND WEST OF HWY 16
CROSSING AT STOP LIGHTS ONLY

Fee: \$50

☐ New

☒ Renewal

Date Submitted: 5-14-25 Amount Paid: \$ 50- Receipt No. 124245

Name of Applicant (Last, First, MI): Hansen, Jay, W

Address of Applicant: 1308 River Rd WD / N9341 Snapdragon Ln Appleton WI

Phone #: 920-470-1977 Alt Phone #: _____ Email: Jaywhansen@yahoo.com

Date of Birth: 11/12/76 Applicant's Driver's License #: H5254397-6412-01 State: WI

Name of Liability Insurance Carrier: (Attach Proof of \$100,000/Incident Coverage): Erie Insurance

Required Equipment - Check Each Box That You Have:

- | | |
|---|--|
| ☒ Good Working Brakes | ☒ Two Operating Headlights & Tail Lights |
| ☒ Front and Rear Reflectors | (Visible from 500 feet) OR Only Operate Dawn-Dusk |
| ☒ Audible Warning Device (Horn) | ☐ Slow Moving Vehicle Sign attached to Rear of Cart |
| ☒ Rear View Mirror | |

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my permit. I acknowledge that I have read Wisconsin Dells Golf Cart Ordinance 10.41 and am familiar with all appropriate laws and ordinances pertaining to operating golf carts within the city limits. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the permitting process.

Jay Hansen
Signature of Applicant

5-14-25
Date

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

License subject to compliance with Wisconsin Dells Code Section 4.15 and 10.41.

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes or assessments or other financial claims of the City, or any City utility are delinquent and unpaid.
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Office Use Only

☐ Permit Number: _____ Permit Valid from _____, 20__ through November 1, 20__

☐ Date Denied: _____ Reason(s): _____

☒ Utilities Smtp ☒ Taxes Smtp ☒ Court Smtp ☒ A/R Smtp ☒ Parking Smtp ☐ Other _____

COPY

CITY OF WISCONSIN DELLS LICENSE APPLICATION FOR:
OVERNIGHT LODGING

COPY ITEM 7

Fees: \$500 Annually \$100 Change of Property Manager

☐ New ☐ Renewal

☐ *STR (Zoned Residential) ☒ TRH (Zoned Commercial)

☐ Change of Manager

Date Submitted: 5/15/25 Amount Paid: \$ 500 Receipt No. 124367

LODGING FACILITY:

Lodging Facility Address: 2411 River Rd, Unit 2151, Wisconsin Dells, WI 53965 Maximum Occupancy (CUP): 16

Zoning District: PDD-1 *180 day Rental Period (STR Properties Only): _____ through _____

PROPERTY OWNER:

Name: Jessica Dobson & Ryan Dobson LLC/Business Name: J&R Powerhouse Management Phone #: (702) 577-1746

Alt #: (508) 331-2906 Mailing Address: 5896 Angelic Dreams Ct, Las Vegas, NV 89149 Email: mrs.dobson011@gmail.com

PROPERTY MANAGER:

Name: Santos Frank Phone: (414) 397-7046 Alt #: (414) 651-6111

Last

First

MI

Address: 116 Woodhaven Dr. #34, Wisconsin Dells, WI 53965 Email: santos@blakecapital.com

Must be within 30 minutes from rental facility

DOB: 12/23/59 Pending Criminal Charges (if any): None

The Wisconsin Dells Police Department conducts background checks on all applicants

Police Dept. Background Check Date: _____ By: _____ Chief Recommendation: ☐ Approve ☐ Deny

NEW APPLICANTS ATTACH ALL DOCUMENTS LISTED BELOW

(RENEWALS ONLY WHERE SPECIFIED):

☒ Proof of Insurance (Renewals)

☒ State Lodging License (Renewals)

☒ Fire Inspection Report (Renewals)

☒ Seller's Permit

☐ Conditional Use Permit

☐ STR's: Proof of Primary Residency

☒ Room Tax Number

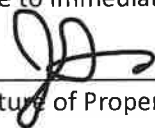
☐ Site Plan with Available Onsite Parking

☒ Premier Resort Tax Number

☐ Floor Plan (Room Dim. & Max Occ.)

I am the owner of the Lodging Facility listed above. I give my consent to Santos Frank, to manage
Property Manager

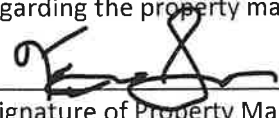
the lodging facility as defined in Ordinance Section 16.35. I agree to immediately notify the City of Wisconsin Dells of any changes in information regarding the property manager.


Signature of Property Owner

05/13/25

Date

I agree to manage the Lodging Facility listed above as defined in Ordinance Section 16.35. I agree to immediately notify the City of Wisconsin Dells of any changes in information regarding the property manager.


Signature of Property Manager

05/14/25

Date

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. License subject to compliance with Wisconsin Dells Code Section 16.35.

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes, assessments other financial claims of the City, or any City utility are delinquent and unpaid.
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☐ Utilities ☐ Taxes ☐ A/R; Other ☐ Parking ☐ Court

CITY OF WISCONSIN DELLS

PERMIT NO: _____

PERMIT APPLICATION FOR:

DATE ISSUED: _____

ROOM TAX

Date Submitted: 5/15/25

Fee \$300

Receipt No. 124371

Legal Business Name: J&R Powerhouse Management LLC DBA: River Roost

Physical Address: 2411 River Road, Unit 2151, Wisconsin Dells WI 53965

Business Phone Number: (702) 577-1746 Business Email: llc@jrpowerhousemanagement.com

Name of Owner/Operator: Jessica and Ryan Dobson Phone Number: (508) 331-2906

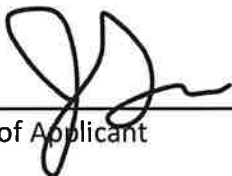
Address: 5896 Angelic Dreams Ct, Las Vegas, NV 89149 Email: mrs.dobson011@gmail.com

Date Business Purchased: 02/27/25 CUP Council Approval Date: _____

Number of Rooms: 1

Premier Resort Tax Number: 020-1032084736-04 Seller's Permit Number: 456-1032084736-02

Attach Verification Certificate from State of Wisconsin Dept. of Revenue


Signature of Applicant

05/13/20
Date

License subject to compliance with Wisconsin Dells Code Section 4.10

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes or assessments or other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

Office Use Only

☐ Date Issued: _____

Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

☐ Utilities _____ ☐ Taxes _____ ☐ Court _____ ☐ Parking _____

☐ Permits/Other _____

COPY

COPY

ITEM 8

CITY OF WISCONSIN DELLS LICENSE APPLICATION FOR:
OVERNIGHT LODGING

Fees: \$500 Annually \$100 Change of Property Manager
☒ New ☐ Renewal ☐ *STR (Zoned Residential) ☐ TRH (Zoned Commercial) ☐ Change of Manager
 Date Submitted: 4/8/25 Amount Paid: \$ 500.00 Receipt No. 122012

LODGING FACILITY:

Lodging Facility Address: 1200 Chulson Vista Parkway Wisconsin Dells, WI 53965 Maximum Occupancy (CUP): 8

Zoning District: _____ *180 day Rental Period (STR Properties Only): _____ through _____

PROPERTY OWNER:

Name: Therese L. Folter LLC/Business Name: Bright Path Stays LLC Phone #: 773 3665709
 Alt #: _____ Mailing Address: 6801 N Richmond St Chicago IL 60659 Apt: 02 Email: brightpathstays@gmail.com

PROPERTY MANAGER:

Name: Therese L. Folter Phone: 773 3665709 Alt #: _____
 Address: 3170 State Highway B Wisconsin Email: theresefolter@gmail.com
Must be within 30 minutes from rental facility

DOB: 05/05/2000 Pending Criminal Charges (if any): NIA

The Wisconsin Dells Police Department conducts background checks on all applicants

Police Dept. Background Check Date: _____ By: _____ Chief Recommendation: ☐ Approve ☐ Deny

NEW APPLICANTS ATTACH ALL DOCUMENTS LISTED BELOW

(RENEWALS ONLY WHERE SPECIFIED):

- | | | |
|---|--|---|
| ☒ Proof of Insurance (Renewals) | ☒ State Lodging License (Renewals) | ☒ Fire Inspection Report (Renewals) |
| ☒ Seller's Permit | ☐ Conditional Use Permit | ☐ STR's: Proof of Primary Residency |
| ☒ Room Tax Number | ☐ Site Plan with Available Onsite Parking | |
| ☒ Premier Resort Tax Number | ☐ Floor Plan (Room Dim. & Max Occ.) | |

I am the owner of the Lodging Facility listed above. I give my consent to _____, to manage the lodging facility as defined in Ordinance Section 16.35. I agree to immediately notify the City of Wisconsin Dells of any changes in information regarding the property manager.

Signature of Property Owner

Date

Property Manager

I agree to manage the Lodging Facility listed above as defined in Ordinance Section 16.35. I agree to immediately notify the City of Wisconsin Dells of any changes in information regarding the property manager.

Signature of Property Manager

Date

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

License subject to compliance with Wisconsin Dells Code Section 16.35.

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes, assessments other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

☐ Utilities ☐ Taxes ☐ A/R; Other ☐ Parking ☐ Court

**CITY OF WISCONSIN DELLS LICENSE APPLICATION FOR:
OVERNIGHT LODGING**

Fees: \$500 Annually \$100 Change of Property Manager

☒ New ☐ Renewal ☐ *STR (Zoned Residential) ☐ TRH (Zoned Commercial) ☐ Change of Manager
Date Submitted: 4/8/2025 Amount Paid: \$ 500.00 Receipt No. 122012

LODGING FACILITY:

Lodging Facility Address: 1200 Chula Vista Prkwy Wisconsin Dells, WI 53965 ^{#2} Maximum Occupancy (CUP): 8

Zoning District: _____ *180 day Rental Period (STR Properties Only): _____ through _____

PROPERTY OWNER:

Name: Mytebist Family Investments LLC Business Name: Bright Path Stays LLC Phone #: 608-444-3486
Alt #: _____ Mailing Address: PO Box 629 Cambridge WI Email: _____
30 N. Gould St 53523 Ste R Sheridan, WY 82801

PROPERTY MANAGER:

Name: Folefac Therese Phone: 7733665709 Alt #: _____

Address: 3170 State Highway 13 Wisconsin Dells, WI 53965 Email: theresefolefac@gmail.com
^{Last} ^{First} ^{MI}

Must be within 30 minutes from rental facility

DOB: 05/05/2000 Pending Criminal Charges (if any): N/A

The Wisconsin Dells Police Department conducts background checks on all applicants

Police Dept. Background Check Date: _____ By: _____ Chief Recommendation: ☐ Approve ☐ Deny

NEW APPLICANTS ATTACH ALL DOCUMENTS LISTED BELOW

(RENEWALS ONLY WHERE SPECIFIED):

- | | | |
|---|--|---|
| ☒ Proof of Insurance (Renewals) | ☐ State Lodging License (Renewals) | ☒ Fire Inspection Report (Renewals) |
| ☒ Seller's Permit | ☐ Conditional Use Permit | ☐ STR's: Proof of Primary Residency |
| ☐ Room Tax Number | ☐ Site Plan with Available Onsite Parking | |
| ☒ Premier Resort Tax Number | ☐ Floor Plan (Room Dim. & Max Occ.) | |

I am the owner of the Lodging Facility listed above. I give my consent to Therese Folefac, to manage
Property Manager

the lodging facility as defined in Ordinance Section 16.35. I agree to immediately notify the City of Wisconsin Dells of any changes in information regarding the property manager.

Managing member of Mytebist Family Investments LLC
[Signature]
Signature of Property Owner

3/28/2025
Date

I agree to manage the Lodging Facility listed above as defined in Ordinance Section 16.35. I agree to immediately notify the City of Wisconsin Dells of any changes in information regarding the property manager.

[Signature]
Signature of Property Manager

03/28/2025
Date

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. License subject to compliance with Wisconsin Dells Code Section 16.35.

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes, assessments other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

☐ Utilities ☐ Taxes ☐ A/R; Other ☐ Parking ☐ Court

CITY OF WISCONSIN DELLS
PERMIT APPLICATION FOR:
ROOM TAX

PERMIT NO: _____

DATE ISSUED: _____

Date Submitted: 4/8/2025

Fee \$300

Receipt No. 122012

Legal Business Name: Bright Path Stays LLC DBA: _____

Physical Address: 30 N Gould St Ste R Sheridan, WY 82801, Wisconsin Dells WI 53965

Business Phone Number: 7733665709 Business Email: brightpathstays@gmail.com

Name of Owner/Operator: Therese Folefac Phone Number: 7733665709

Address: 5801 N Richmond St Email: theresefolefac@gmail.com

Date Business Purchased: 11/14/2024 CUP Council Approval Date: _____

Number of Rooms: _____

Premier Resort Tax Number: _____ Seller's Permit Number: _____

Attach Verification Certificate from State of Wisconsin Dept. of Revenue



03/17/2025

Signature of Applicant

Date

License subject to compliance with Wisconsin Dells Code Section 4.10

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes or assessments or other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

Office Use Only

☐ Date Issued: _____

Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

☐ Utilities _____ ☐ Taxes _____ ☐ Court _____ ☐ Parking _____

☐ Permits/Other _____

**CITY OF WISCONSIN DELLS LICENSE APPLICATION FOR:
OVERNIGHT LODGING**

Fees: \$500 Annually \$100 Change of Property Manager

☒ New ☐ Renewal ☐ *STR (Zoned Residential) ☐ TRH (Zoned Commercial) ☐ Change of Manager
Date Submitted: 6/2/25 Amount Paid: \$ 500.00 Receipt No. 125083

LODGING FACILITY:

Lodging Facility Address: 2411 River Rd, Unit 2109, Wisconsin Dells, WI 53965 Maximum Occupancy (CUP): 10
Zoning District: _____ *180 day Rental Period (STR Properties Only): _____ through _____

PROPERTY OWNER:

Name: Teresa and Mike Amerling LLC/Business Name: MLA Holdings LLC Phone #: (920) 344-9523
Alt #: _____ Mailing Address: 6101 State Road 28 Allenton, WI 53002 Email: theamerlings@gmail.com

PROPERTY MANAGER:

Name: Hartman Ryan (PMI Northwoods) Phone: (608) 656-5030 Alt #: _____
Last First MI
Address: W5828 Waterstone Ln, New Lisbon WI 53950 Email: ryan.hartman@pminorthwoods.com
Must be within 30 minutes from rental facility

DOB: 04/30/99 Pending Criminal Charges (if any): N/A
The Wisconsin Dells Police Department conducts background checks on all applicants

Police Dept. Background Check Date: _____ By: _____ Chief Recommendation: ☐ Approve ☐ Deny

NEW APPLICANTS ATTACH ALL DOCUMENTS LISTED BELOW

(RENEWALS ONLY WHERE SPECIFIED):

- | | | |
|---|--|---|
| ☒ Proof of Insurance (Renewals) | ☐ State Lodging License (Renewals) | ☒ Fire Inspection Report (Renewals) |
| ☒ Seller's Permit | ☐ Conditional Use Permit | ☐ STR's: Proof of Primary Residency |
| ☒ Room Tax Number | ☐ Site Plan with Available Onsite Parking | |
| ☒ Premier Resort Tax Number | ☐ Floor Plan (Room Dim. & Max Occ.) | |

I am the owner of the Lodging Facility listed above. I give my consent to Hartman Ryan (PMI Northwoods), to manage
Property Manager
the lodging facility as defined in Ordinance Section 16.35. I agree to immediately notify the City of Wisconsin Dells of any
changes in information regarding the property manager.

Signed by: Mike Amerling 5/26/2025
Signature of Property Owner Date

I agree to manage the Lodging Facility listed above as defined in Ordinance Section 16.35. I agree to immediately notify
the City of Wisconsin Dells of any changes in information regarding the property manager.

Signed by: Ryan Hartman 5/26/2025
Signature of Property Manager Date

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.
License subject to compliance with Wisconsin Dells Code Section 16.35.

- Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes, assessments other financial claims of the City, or any City utility are delinquent and unpaid.
- Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

☐ Utilities ☐ Taxes ☐ A/R; Other ☐ Parking ☐ Court

COPY

**CITY OF WISCONSIN DELLS LICENSE APPLICATION FOR:
OVERNIGHT LODGING**

ITEM 10
COPY

Fees: \$500 Annually \$100 Change of Property Manager
☒ New ☐ Renewal ☐ *STR (Zoned Residential) ☐ TRH (Zoned Commercial) ☐ Change of Manager
 Date Submitted: 6.3.25 Amount Paid: \$ 500 Receipt No. 125455

LODGING FACILITY:

Lodging Facility Address: 2411 River Rd, Units 2125/27, Wisconsin Dells, WI 53965 Maximum Occupancy (CUP): 10

Zoning District: *180 day Rental Period (STR Properties Only): through

PROPERTY OWNER:

Name: Teresa and Mike Amerling LLC/Business Name: MLA Holdings LLC Phone #: (920) 344-9523
 Alt #: Mailing Address: 6101 State Road 28 Allenton, WI 53002 Email: theamerlings@gmail.com

PROPERTY MANAGER:

Name: Hartman Ryan (PMI Northwoods) Phone: (608) 656-5030 Alt #:
 Last First MI
 Address: W5828 Waterstone Ln, New Lisbon WI 53950 Email: ryan.hartman@pminorthwoods.com
 Must be within 30 minutes from rental facility

DOB: 04/30/99 Pending Criminal Charges (if any): N/A
 The Wisconsin Dells Police Department conducts background checks on all applicants
 Police Dept. Background Check Date: By: Chief Recommendation: ☐ Approve ☐ Deny

NEW APPLICANTS ATTACH ALL DOCUMENTS LISTED BELOW

(RENEWALS ONLY WHERE SPECIFIED):

- | | | |
|---|--|--|
| ☐ Proof of Insurance (Renewals) | ☐ State Lodging License (Renewals) | ☐ Fire Inspection Report (Renewals) |
| ☒ Seller's Permit | ☐ Conditional Use Permit | ☒ STR's Proof of Primary Residency |
| ☒ Room Tax Number | ☐ Site Plan with Available Onsite Parking | |
| ☒ Premier Resort Tax Number | ☐ Floor Plan (Room Dim. & Max Occ.) | |

I am the owner of the Lodging Facility listed above. I give my consent to Hartman Ryan (PMI Northwoods), to manage
 Property Manager
 the lodging facility as defined in Ordinance Section 16.35. I agree to immediately notify the City of Wisconsin Dells of any
 changes in information regarding the property manager.

Signed by
 Mike Amerling

Signature of Property Owner

5/26/2025

Date

I agree to manage the Lodging Facility listed above as defined in Ordinance Section 16.35. I agree to immediately notify
 the City of Wisconsin Dells of any changes in information regarding the property manager.

Designated by
 Ryan Hartman

Signature of Property Manager

5/26/2025

Date

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.
 License subject to compliance with Wisconsin Dells Code Section 16.35.

- Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes, assessments other financial claims of the City, or any City utility are delinquent and unpaid.
- Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

☐ Utilities ☐ Taxes ☐ A/R; Other ☐ Parking ☐ Court

CITY OF WISCONSIN DELLS LICENSE APPLICATION FOR:

ITEM 11

OVERNIGHT LODGING

Fees: \$500 Annually \$100 Change of Property Manager

☒ New ☐ Renewal☐ *STR (Zoned Residential) ☐ TRH (Zoned Commercial)☐ Change of ManagerDate Submitted: 4/3/25 Amount Paid: \$ 500 - Receipt No. 125459

LODGING FACILITY:

Lodging Facility Address: 1301 RIVER RD LLC Maximum Occupancy (CUP): _____Zoning District: C *180 day Rental Period (STR Properties Only): _____ through _____

PROPERTY OWNER:

Name: ROXANA MALINICA
CONSTANTIN MALINICA LLC/Business Name: 1301 RIVER RD LLC Phone #: 619-321-8834Alt #: _____ Mailing Address: 1506 OAKTON ST PARK RIDGE Email: malinicaroxana33@gmail.com

PROPERTY MANAGER:

Name: ANCUITA MIHAI Phone: 608-361-8953 Alt #: _____Address: Last 161 PILGRIM First DR MI WI DELLS 53965 Email: _____

Must be within 30 minutes from rental facility

DOB: 11.16.1984 Pending Criminal Charges (if any): no

The Wisconsin Dells Police Department conducts background checks on all applicants

Police Dept. Background Check Date: _____ By: _____ Chief Recommendation: ☐ Approve ☐ Deny

NEW APPLICANTS ATTACH ALL DOCUMENTS LISTED BELOW

(RENEWALS ONLY WHERE SPECIFIED):

- ☐ Proof of Insurance (Renewals)
- ☒ Seller's Permit
- ☒ Room Tax Number
- ☒ Premier Resort Tax Number

- ☒ State Lodging License (Renewals)
- ☐ Conditional Use Permit
- ☐ Site Plan with Available Onsite Parking
- ☐ Floor Plan (Room Dim. & Max Occ.)

- ☐ Fire Inspection Report (Renewals)
- ☐ STR's: Proof of Primary Residency

I am the owner of the Lodging Facility listed above. I give my consent to _____, to manage the lodging facility as defined in Ordinance Section 16.35. I agree to immediately notify the City of Wisconsin Dells of any changes in information regarding the property manager.

Property Manager

Signature of Property Owner

Date 06.03.2025

I agree to manage the Lodging Facility listed above as defined in Ordinance Section 16.35. I agree to immediately notify the City of Wisconsin Dells of any changes in information regarding the property manager.

Signature of Property Manager

Date

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

License subject to compliance with Wisconsin Dells Code Section 16.35.

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes, assessments other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

☐ Utilities ☐ Taxes ☐ A/R; Other ☐ Parking ☐ Court

PERMIT NO: _____

**CITY OF WISCONSIN DELLS
PERMIT APPLICATION FOR:
ROOM TAX**

DATE ISSUED: _____

Date Submitted: 6/3/25

Fee \$300

Receipt No. 125460

Legal Business Name: 1301 RIVER RD LLC

DBA: _____

Physical Address: 1301 RIVER RD LLC

Wisconsin Dells WI 53965

Business Phone Number: 619-321-8734

Business Email: militicoroxon333@gmail.com

Name of Owner/Operator: CONSTANTIN MARINIA

Phone Number: same

Address: 1506 OAKTON ST

Email: 99fulltime@gmail.com

Date Business Purchased: 07.03.2024

CUP Council Approval Date: _____

Number of Rooms: 4

Premier Resort Tax Number: 020-1031870483-04

Seller's Permit Number: 456-1031870483-02

Attach Verification Certificate from State of Wisconsin Dept. of Revenue

Signature of Applicant [Signature]

Date 03.21.2025

License subject to compliance with Wisconsin Dells Code Section 4.10

- (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes or assessments or other financial claims of the City, or any City utility are delinquent and unpaid.
- (2) Persons. No person who is delinquent in the payment of any taxes, assessments or other claims owed to the City, including a forfeiture resulting from a violation of any Ordinance of the City, shall be granted or renewed any license for any trade, profession, business or privilege in the City for which a license or permit is required by any provision of this Code.

Office Use Only

☐ Date Issued: _____

Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

☐ Utilities _____

☐ Taxes _____

☐ Court _____

☐ Parking _____

☐ Permits/Other _____

Form
AB-200

Alcohol Beverage License
Application

June 17 - June 30

For Municipal Use Only	
Municipality	
License Period	ITEM 12

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	\$ 23.08
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 37.08

Part A: Premises/Business Information

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

JAX Enterprises II Inc

2. Business Trade Name or DBA

High Rock Cafe

3. FEIN

391625340

4. Wisconsin Seller's Permit Number

456-0000289918-03

5. Entity Type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

01-84

8. Wisconsin DFI Registration Number

J016653

9. Premises Address

232 Broadway

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Wisconsin Dells

15. Aldermanic District

16. Premises Phone

608-254-5677

17. Premises Email

N/A

18. Website

highrockcafe.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.

232 Broadway Wis Dells

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.

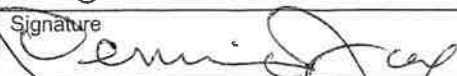
Last Name	First Name	Title	Phone
Jax	Dennie	owner	608-574-1692

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.
Jax	Dennie	J
Title	Email	Phone
owner	djax@petroville.com	608-574-1692
Signature		Date
		5-14-25

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)	

Form
AB-200

Alcohol Beverage License Application

R#123545 4/30/25

For Municipal Use Only	
Municipality	ITEM 13
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	\$
Publication Fee	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Six K's Keg Inc			
2. Business Trade Name or DBA The Keg Bar & Grill/Kilbourn Cork			
3. FEIN 39-1808415		4. Wisconsin Seller's Permit Number 456-0000321833-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 03/01/1995	
8. Wisconsin DFI Registration Number S046398			
9. Premises Address 716, 720 & 732 Oak St			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965Colum
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells		15. Aldermanic District
16. Premises Phone (608) 254-7475	17. Premises Email kkoehler1@charter.net		18. Website dellskeg.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. All buildings indoor and outdoor area of 716, 720 & 732 Oak St.			
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.

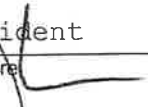
Last Name	First Name	Title	Phone
Koehler	Keith	President	(608) 434-0888

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 Koehler	First Name Keith	M.I. G
Title President	Email kkoehler1@charter.net	Phone (608) 434-0888
Signature 		Date 04/01/25

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)	

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 600.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 614.00

Part A: Premises/Business Information

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

Uptown Sand Bar

2. Business Trade Name or DBA

Sand Bar

3. FEIN

20-8723685

4. Wisconsin Seller's Permit Number

456-0003194655-03

5. Entity Type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

May 9 2007

8. Wisconsin DFI Registration Number

9. Premises Address

130 Washington Ave PO Box 598

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

Columbia USA

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Wisconsin Dells

16. Premises Phone

608 257-3073

17. Premises Email

sandbardeils.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.

Three floor Brick Building and a deck

20. Mailing Address (if different from premises address)

P.O. Box 598

21. City

Wisconsin Dells

22. State

WI

23. Zip Code

53965

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
Farmer	William	Pres Owner	608 697-142

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.
Farmer	William	B
Title	Email	Phone
Pres Owner	wfarmer27@gmail.com	608 697-1428
Signature	Date	
William B. Farmer	4/11/25	

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)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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) \$ _____

5/14/25 Fees Rec# 124264	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

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

DJC MANAGEMENT LLC

2. Business Trade Name or DBA

MONKS BAR & GRILL - WISCONSIN DELLS

3. FEIN

87-2056360

4. Wisconsin Seller's Permit Number

456-1030791532-04

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

08/08/2021

8. Wisconsin DFI Registration Number

D070380

9. Premises Address

220 BROADWAY

10. City

WISCONSIN DELLS

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: WISCONSIN DELLS

15. Aldermanic District

16. Premises Phone

(608) 254-2955

17. Premises Email

dan.collar@monksbarandgrill.com

18. Website

monksbarandgrill.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.

TWO STORY BRICK BUILDING INCLUDING: 3RD FLOOR LEVEL BAR AND DINING AREA;
2ND FLOOR DINING AREA; 1ST FLOOR LEVEL BAR, DINING AND KITCHEN/GRILL AREA;
BASEMENT LEVEL WITH MULTIPLE STORAGE AREAS

20. Mailing Address (if different from premises address)

PO BOX 660

21. City

WISCONSIN DELLS

22. State

WI

23. Zip Code

53965

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.

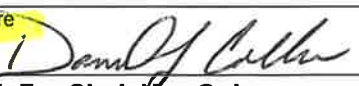
Last Name	First Name	Title	Phone
COLLAR	DANIEL	MEMBER	(608) 963-0408

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 COLLAR		First Name DANIEL		M.I. J
Title MEMBER		Email dan.collar@monksbarandgrill.com	Phone (608) 254-8386	
Signature 			Date 05/14/25	

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)	

R# 121972 4/1/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Jam Food & Fun, INC.			
2. Business Trade Name or DBA Dells Distillery			
3. FEIN 46-2087797		4. Wisconsin Seller's Permit Number 456-1027911698-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 02/20/2013	
8. Wisconsin DFI Registration Number J038438			
9. Premises Address 206 Broadway			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County Columbia		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells	
15. Aldermanic District			
16. Premises Phone (608) 254-8100		17. Premises Email info@bobberrislandgrill.com	
18. Website Bobberrislandgrill.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. 1st Floor, 2nd Floor, Deck			
20. Mailing Address (if different from premises address) P.O. Box 68			
21. City Lake Delton		22. State WI	23. Zip Code 53940
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		Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated		Location	
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
Morris	Jeffrey	President/Agent	(608) 844-9121
Morris	Marci	Vice President	(608) 963-9856
Morris	Jeffrey	Treasurer	(608) 844-9121
Morris	Marci	Secretary	(608) 963-9856

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.
Morris	Jeffrey	A
Title	Email	Phone
President/Owner/Agent	info@bobberrislandgrill.com	(608) 844-9121
Signature	Date	
	4/3/25	

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)	

R# 123093 4/22/25

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$
Publication Fee	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

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

FISHERS BAR 53965 LLC

2. Business Trade Name or DBA

FISHERS BAR

3. FEIN

87-3227103

4. Wisconsin Seller's Permit Number

456-1030823776-04

5. Entity Type (check one)

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

6. State of Organization

WISCONSIN

7. Date of Organization

OCTOBER 2021

8. Wisconsin DFI Registration Number

9. Premises Address

719 SUPERIOR ST

10. City

WISC DELLS

11. State

WI

12. Zip Code

53965

13. County

COLUMBIA

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: WISCONSIN DELLS

15. Aldermanic District

16. Premises Phone

608-432-1809

17. Premises Email

fishersbar53965@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.

BAR AREA, ~~CASET~~, BASEMENT, PATIO

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

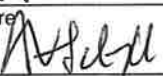
Last Name	First Name	Title	Phone
VANSCHOYK	AARON	OWNER	608-432-1809

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 VANSCHOYK		First Name AARON		M.I. C
Title OWNER		Email aaronvanschoyk@gmail.com		Phone 608-432-1809
Signature 		Date 4-22-25		

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)	

Form
AB-200

**Alcohol Beverage License
Application**

R# 124275 5/14/25

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 600.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 614.00

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) JAX Enterprises II Inc			
2. Business Trade Name or DBA High Rock Cafe			
3. FEIN 391625340		4. Wisconsin Seller's Permit Number 456-0000289918-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 01-84	
8. Wisconsin DFI Registration Number J016653			
9. Premises Address 232 Broadway			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County Columbia		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells	
15. Aldermanic District		16. Premises Phone 608-254-5677	
17. Premises Email N/A		18. Website highrockcafe.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. 232 Broadway Wis Dells			
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	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated		Location	
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.

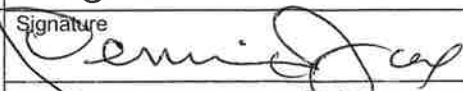
Last Name	First Name	Title	Phone
Jax	Dennie	owner	608-574-1692

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.
Jax	Dennie	J
Title	Email	Phone
owner	djax@petroville.com	608-574-1692
Signature	Date	
	5-14-25	

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)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
License Period	

5/5/25 - Recp # 123722

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	\$
Publication Fee	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Helland Food Group LLC			
2. Business Trade Name or DBA Mexicali Rose & Bella Goose Coffee			
3. FEIN 26-2125964		4. Wisconsin Seller's Permit Number 456-1026338552-05	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 02/27/2008	
8. Wisconsin DFI Registration Number H044883			
9. Premises Address 2350-2390 Wisconsin Dells Pkwy			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County Sauk	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells		15. Aldermanic District 2
16. Premises Phone (608) 254-6036		17. Premises Email mexicalirose21@gmail.com	
18. Website mexicali-rose.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. All buildings and land area of "Lower Dells Boat Landing" including outside service areas			
20. Mailing Address (if different from premises address) PO Box 626			
21. City Wisconsin Dells		22. State WI	23. Zip Code 53965

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
Helland	Eric	member	(608) 963-1630
Helland	Mary	member	(608) 393-2398

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 Helland	First Name Eric	M.I. C
Title managing member	Email ehelland2011@gmail.com	Phone (608) 963-1630
Signature 		Date 05/05/20

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)

Form
AB-200

Alcohol Beverage License Application

R# 123013 4/21/25

For Municipal Use Only	
Municipality	ITEM 13
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	\$
Publication Fee	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

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

VECTOR & EAT LLC

2. Business Trade Name or DBA

THE DISTRICT

3. FEIN

88-1100054

4. Wisconsin Seller's Permit Number

456-1031007696-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

03/08/2022

8. Wisconsin DFI Registration Number

V032036

9. Premises Address

29 BROADWAY

10. City

WISCONSIN DELLS

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: WISCONSIN DELLS

15. Aldermanic District

16. Premises Phone

(608) 844-7313

17. Premises Email

info@districtstreetfood.com

18. Website

www.districtstreetfood.c

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Served and stored indoors and outdoors at building located at 29 Broadway, Wisconsin Dells, WI 53965.

20. Mailing Address (if different from premises address)

211 GUSSEL DR

21. City

WISCONSIN DELLS

22. State

WI

23. Zip Code

53965

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
MARSICH	DANIEL	OWNER	(608) 432-3141
MARSICH	ROBIN	MANAGER	(608) 963-3708

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.
MARSICH	DANIEL	J
Title	Email	Phone
OWNER	dan@vectorandink.com	(608) 432-3141

Signature  Date 04/18/25

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)	

Form
AB-200

Alcohol Beverage License Application

R# 124464 5/16/25

For Municipal Use Only	
Municipality	ITEM 13
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	\$
Publication Fee	\$ 14-
Total Fees	\$ 614-

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) DeFosse Properties LLC / Jesse DeFosse			
2. Business Trade Name or DBA Showboat Saloon, Tugs Kitchen & Mem's Garage			
3. FEIN 470863736		4. Wisconsin Seller's Permit Number 456-1030214706-04	
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 24, 26 & 30 Broadway + 731 Eddy St.			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells		15. Aldermanic District 1
16. Premises Phone 603-253-2628	17. Premises Email jrdcfosse@gmail.com		18. Website www.showboatsaloon.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. The entire Premise of 24 Broadway, 26 Broadway, 30 Broadway and 731 Eddy St.			
20. Mailing Address (if different from premises address) P.O. Box 92			
21. City Wisconsin Dells		22. State WI	23. Zip Code 53965
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
DeFosse	Jesse	Operator	608-345-0143

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	DeFosse	First Name	Jesse	M.I.	R.
Title	Owner / Operator	Email	jirdefosse@gmail.com	Phone	608-345-0143
Signature			Date	16 MAY 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)	

R# 124812 5/20/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$
Publication Fee	\$ 14-
Total Fees	\$ 614-

+ 50- late fee

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Stage III LLC			
2. Business Trade Name or DBA Chalet Lanes			
3. FEIN 81-3056634		4. Wisconsin Seller's Permit Number 456-1029236499-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI	7. Date of Organization 06/22/2016	8. Wisconsin DFI Registration Number S110272	
9. Premises Address 740 Elm St			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells		15. Aldermanic District 1
16. Premises Phone (608) 254-8727	17. Premises Email info@chaletlanes.com		18. Website chaletlanes.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. Outdoor patio adjacent to building, bar & bowling alley located at 740 Elm St			
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
Brown	Sarah	member	(608) 963-8202
Brown	Mark	member	(608) 408-4322

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 Brown	First Name Sarah	M.I. L
Title Member	Email info@chaletlanes.com	Phone (608) 963-8202
Signature 		Date 5/20/25

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)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$
Publication Fee	\$ 14.40
Total Fees	\$ 614.00

+ 50.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Jose's Authentic Mexican Restaurant		
2. Business Trade Name or DBA		
3. FEIN 514530571	4. Wisconsin Seller's Permit Number 456-1029271377-02	
5. Entity Type (check one) ☒ Sole Proprietor ☒ Partnership ☒ Limited Liability Company ☒ Corporation ☒ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 05/01/2024	8. Wisconsin DFI Registration Number
9. Premises Address 951 Stand Rock 915 Stand Rock		
10. City Wisconsin Dells	11. State WI	12. Zip Code 53965
13. County Sauk	14. Governing Municipality: ☒ City ☒ Town ☒ Village of: Wisconsin Dells	15. Aldermanic District
16. Premises Phone 608-678-2234	17. Premises Email Lynn@JosesMexican.com	18. Website JosesMexicanRestaurant.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. Alcohol is kept in back room and at bar. Will be consumed in restaurant and on fenced in patio.		
20. Mailing Address (if different from premises address) 1610 Draper		
21. City Baraboo	22. State WI	23. Zip Code 53913

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
Parra Wilson	Heather	Owner	6084772022

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 Parra Wilson	First Name Heather	M.I. D
Title Owner	Email pop1784@hotmail.com	Phone 6084772022
Signature <i>Heather Parra Wilson</i>		Date 05/21/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 05/21/2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

R# 124477 5/6/25

For Municipal Use Only	
Municipality	ITEM 13
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	\$
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) CHULA VISTA, INC.		
2. Business Trade Name or DBA CHULA VISTA RESORT		
3. FEIN 39-0842365	4. Wisconsin Seller's Permit Number 456000056850404	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 05/05/1952	8. Wisconsin DFI Registration Number 1C06238
9. Premises Address 2501 RIVER ROAD		
10. City WISCONSIN DELLS	11. State WI	12. Zip Code 53965
13. County Adams	14. Governing Municipality: ☒ City ☐ Town ☐ Village of WISCONSIN DELLS	15. Aldermanic District AD2
16. Premises Phone (608) 254-8366	17. Premises Email JEFFK@CHULAVISTARESORT.COM	18. Website WWW.CHULAVISTARESORT.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. ALL CONTIGUOUS LAND OF THE RESORT INCLUDING THE HOTEL/CONDOS/GOLFCOURSE/WATERPARK/ETC.. *SEE INCLUDED HIGHLIGHTED MAP*		
20. Mailing Address (if different from premises address) P.O. BOX 30		
21. City WISCONSIN DELLS	22. State WI	23. Zip Code 53965

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 KAMINSKI FAMILY IRREV TRUST	4b. Business Entity FEIN 87-6998466
--	--

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.

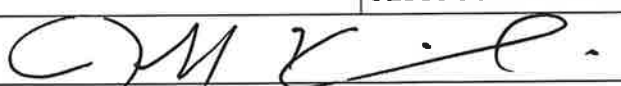
Last Name	First Name	Title	Phone
KAMINSKI	JEFFERY	PRESIDENT	(608) 448-9622
SIGMUND	KRISTINA	VICE PRESIDENT	(608) 844-3156

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 KAMINSKI	First Name JEFFERY	M.I. M
Title PRESIDENT	Email JEFFK@CHULAVISTARESORT.COM	Phone (608) 448-9622
Signature 	Date 5/14/25	

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)	

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only
Municipality: ITEM 13
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	\$
Publication Fee	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) TR NELSON INC			
2. Business Trade Name or DBA TRAPPERS TURN GOLF CLUB			
3. FEIN 39-1475071		4. Wisconsin Seller's Permit Number 456-0000455693-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 01/18/1984	
8. Wisconsin DFI Registration Number 1N09321			
9. Premises Address 2955 WISCONSIN DELLS PARKWAY			
10. City WISCONSIN DELLS		11. State WI	12. Zip Code 53965
13. County Sauk	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: <u>WISCONSIN DELLS</u>		15. Aldermanic District
16. Premises Phone (608) 253-7000	17. Premises Email psteffes@trappersturn.com		18. Website www.trappersturn.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. Clubhouse, mobile and stationary beverage carts, outdoor decks, 39 hole golf course paths, food truck			
20. Mailing Address (if different from premises address) PO BOX 590			
21. City WISCONSIN DELLS		22. State WI	23. Zip Code 53965

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
NELSON	TODD	PRESIDENT	(608) 254-5320
NELSON	SHARI	VICE PRESIDENT	(608) 254-5320
BONTE SPATH	MARY	TREASURER	(608) 254-5320
PINE	STEVE	SECRETARY	(608) 254-5320

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.
BONTE SPATH	MARY	L
Title	Email	Phone
TREASURER	mbonte@kalahariresorts.com	(608) 254-5320

Signature: 

Date: 5/19/2025

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)	

R# 124027 5/19/25

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	WISCONSIN DELLS
License Period	07-01-25 TO 6-30-26
ITEM 13	

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	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) RRAD DEVELOPMENT LLC			
2. Business Trade Name or DBA BOAT HOUSE AND VUE RESORT			
3. FEIN 83-0365632		4. Wisconsin Seller's Permit Number 456-0000446486-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 07/02/2003	
8. Wisconsin DFI Registration Number R040153			
9. Premises Address 1015 & 1020 RIVER ROAD			
10. City WISCONSIN DELLS		11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: WISCONSIN DELLS		15. Aldermanic District
16. Premises Phone (608) 253-1231	17. Premises Email DELLSRESORTS.COM		18. Website www.naturadestinations.c
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 5 STORY COMPLEX ALL FLOOR AND 2 STORY BUILDING TWO FLOORS. THE VUE COMPLEX ON BOTH SIDES OF RIVER ROAD. INCLUDING ALL OUTDOOR SPACES AND DECKS.			
20. Mailing Address (if different from premises address) 400 COUNTY ROAD A			
21. City WISCONSIN DELLS		22. State WI	23. Zip Code 53965

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
SEE ATTACHED LIST			

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 MAKOWSKI	First Name RICH	M.I. V.
Title MEMBER	Email richv@naturadestinations.com	Phone (608) 448-9850
Signature 		Date 05/14/2025

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)	

PART C: INDIVIDUAL INFORMATION

LAST NAME	FIRST NAME	TITLE	PHONE
MAKOWSKI	ADAM	MEMBER	608-963-6861
MAKOWSKI	DAVE	MEMBER	608-432-7249
MAKOWSKI	RICH V.	MEMBER	608-448-9850
MAKOWSKI	RICHARD	MEMBER	608-432-7246

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	ITEM 13
License Period	

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

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

Fees	
License Fees	\$ 000 -
Background Check Fee	\$
Publication Fee	\$ 14 -
Total Fees	\$ 614 -

Part A: Premises/Business Information

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

Jax Enterprises II

2. Business Trade Name or DBA

Nigs Bar

3. FEIN

391625340

4. Wisconsin Seller's Permit Number

456-0000289918.03

5. Entity Type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

01-29-84

8. Wisconsin DFI Registration Number

5016653

9. Premises Address

201 Broadway

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Wisconsin Dells

15. Aldermanic District

16. Premises Phone

608-844-7134

17. Premises Email

PortagePawN@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.

The premises is located at 201 Broadway WI Dells WI 53965. Includes the main floor bar, back walkway storage and basement.

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
Dennis Jax	Dennie	Owner	608-574-1692
Strand	Shad	General Manager	608-844-7134

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 Jax	First Name Dennie	M.I. J
Title Owner	Email djax@petrooilco.com	Phone 608-574-1692
Signature 	Date 4-15-25	

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)	

Form
AB-200

Alcohol Beverage License Application

R# 124866 5/20/25

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 14 -
Publication Fee	\$
Total Fees	\$ 614 -

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) GALEDOS CATERING LLC			
2. Business Trade Name or DBA ROBB'S STEAK HOUSE			
3. FEIN 88-3055836		4. Wisconsin Seller's Permit Number 456-1031140634-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WISCONSIN		7. Date of Organization 6-30-2021	
8. Wisconsin DFI Registration Number			
9. Premises Address 1950 RIVER ROAD			
10. City WISCONSIN DELLS		11. State WI	12. Zip Code 53965
13. County SAUK		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: WISCONSIN DELLS	
15. Aldermanic District		16. Premises Phone (608) 678-7843	
17. Premises Email RobbSteakHouse@gmail.com		18. Website ROBBSTEAKHOUSE.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.			

20. Mailing Address (if different from premises address) 110 ARBOR DR			
21. City WISCONSIN DELLS		22. State WI	23. Zip Code 53965

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
GALEZOS	ALEXANDROS	OWNER	847 652-0446

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 GALEZOS		First Name ALEXANDROS		M.I. G
Title OWNER		Email alexandros@citytaproom@gmail.com		Phone (847) 652-0446
Signature 			Date 5-16-25	

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)	

R#124958 5/21/25

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	ITEM 13
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>600.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>14.00</u>
Total Fees	\$ <u>614.00</u>

\$50.00

Part A: Premises/Business Information

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

Jilly Beans LLC DBA RiverWalk Pub

2. Business Trade Name or DBA

3. FEIN

84-2266778

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

911 River Rd

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality:

☒ City☐ Town☐ Village

of:

15. Aldermanic District

16. Premises Phone

6082548215

17. Premises Email

18. Website

theriverwalkpub.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.

Full Size Restaurant w/ 3 bars Beer garden
Banquet room

20. Mailing Address (if different from premises address)

P.O. Box 149

21. City

Wisconsin Dells

22. State

WI

23. Zip Code

53965

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 Jilly Beavers LLC 4b. Business Entity FEIN 84-2266778

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
Devold	Jillian	Owner	608477 1234

Part D: Attestation

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

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

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

Last Name <u>Devold</u>	First Name <u>Jillian</u>	M.I. <u>L</u>
Title <u>Owner</u>	Email <u>Jillian C 53945@gmail.com</u>	Phone <u>608477 1234</u>
Signature		Date

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)	

R# 123300 4/28/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$
Publication Fee	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Asgard Axe Throwing LLC		
2. Business Trade Name or DBA Asgard Axe & Tap		
3. FEIN 84-1838226	4. Wisconsin Seller's Permit Number 456-1029568414-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 01/01/2019	8. Wisconsin DFI Registration Number A089441
9. Premises Address 714 Oak Street		
10. City Wisconsin Dells	11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells	15. Aldermanic District
16. Premises Phone (608) 432-3505	17. Premises Email asgardaxe@gmail.com	18. Website asgardaxethrow.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. Alcohol will be stored in locked room in lower level and be served at both bars. Beer is in walkin cooler.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

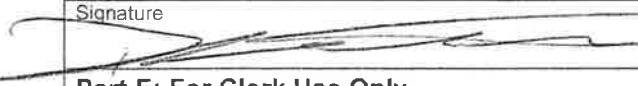
Last Name	First Name	Title	Phone
Mitchell	Dennis	President	(608) 369-1669
Marcum	Nicholas	VP	(608) 448-1897

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 Mitchell		First Name Dennis		M.I. E
Title president		Email redbeardbowfishing@gmail.com		Phone (608) 369-1669
Signature 			Date 4-17-2025	

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 License Application

R# 124623 5/19/25

For Municipal Use Only	
Municipality	WISCONSIN DELLS
License Period	07-01-25 TO 6-30-26

ITEM 13

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	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

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

LAND OF NATURA LLC

2. Business Trade Name or DBA

LAND OF NATURA LLC

3. FEIN

88-0904976

4. Wisconsin Seller's Permit Number

600-1031054337-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

02/24/2022

8. Wisconsin DFI Registration Number

9. Premises Address

250 NATURA DRIVE

10. City

WISCONSIN DELLS

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: WISCONSIN DELLS

15. Aldermanic District

16. Premises Phone

(608) 253-1231

17. Premises Email

naturadistinations.com

18. Website

www.naturadestinations.c

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

16000 SQUARE FEET BUILDING WITH OUTDOOR PATIO AND BEACH AREA AND ALL PROPERTY USED BY THE LAND OF NATURA AMUSEMENT PARK.

20. Mailing Address (if different from premises address)

400 COUNTY ROAD A

21. City

WISCONSIN DELLS

22. State

WI

23. Zip Code

53965

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
SEE ATTACHED LIST			

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 MAKOWSKI	First Name ADAAM	M.I.
Title MEMBER	Email adam@naturadestinations.com	Phone (608) 963-6861
Signature 	Date 05/14/2025	

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)	

PART C: INDIVIDUAL INFORMATION

LAST NAME	FIRST NAME	TITLE	PHONE
MAKOWSKI	ADAM	MEMBER	608-963-6861
MAKOWSKI	DAVE	MEMBER	608-432-7249
MAKOWSKI	RICH V.	MEMBER	608-448-9850

R# 124214
5/13/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 600.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 614.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Logging Camp Inc			
2. Business Trade Name or DBA Paul Bunyan's Cook Shanty			
3. FEIN 39-0942594		4. Wisconsin Seller's Permit Number 456-0000454379-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 1958	
8. Wisconsin DFI Registration Number			
9. Premises Address 411 State Hwy 13 S			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County SawK		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells	
15. Aldermanic District			
16. Premises Phone 608-254-8717		17. Premises Email dells@dellspaulbunyan.com	
18. Website dellspaulbunyan.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. Walkin coolers, locking cabinetry, camera monitoring concession stand, secure storage, + fenced area			
20. Mailing Address (if different from premises address)			
21. City NA		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.

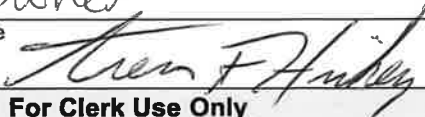
Last Name	First Name	Title	Phone
Hickey	Mary	Owner	608-393-4599
Hickey	Trevor	Owner	608-393-4569

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 Hickey		First Name Trevor		M.I. A
Title Owner	Email dells@dellsprailbunyan.com	Phone 608-254-8717		
Signature 			Date 4-2-25	

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)	

Form
AB-200

Alcohol Beverage License
Application

R# 124625 5/19/25

For Municipal Use Only	
Municipality	WISCONSIN DELLS
License Period	07-01-25 TO 6-30-26

ITEM 13

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	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) DELLS RESORTS, INC.			
2. Business Trade Name or DBA HOT ROCKS & NATURA TREESCAPE RESORT BP STORE (SELECT IF SALE OF BP OCCURS)			
3. FEIN 39-1162123		4. Wisconsin Seller's Permit Number 456-0000446486-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 04/21/1972	
8. Wisconsin DFI Registration Number 1P08223			
9. Premises Address 399 & 400 COUNTY ROAD A			
10. City WISCONSIN DELLS		11. State WI	12. Zip Code 53965
13. County Sauk	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: WISCONSIN DELLS		15. Aldermanic District
16. Premises Phone (608) 253-4451	17. Premises Email DELLSRESORTS.COM		18. Website www.naturadestinations.c
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 1 STORY WOOD BUILDING AND 2 3 STORY WOOD BUILDINGS AND MODULAR TRAILER. INCLUDING ALL OUTDOOR SPACES, NATURA TREESCAPE RESORT, BAR, HOT ROCKS			
20. Mailing Address (if different from premises address) 400 COUNTY ROAD A			
21. City WISCONSIN DELLS		22. State WI	23. Zip Code 53965

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
SEE ATTACHED LIST			

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 MAKOWSKI		First Name ADAM	M.I.
Title PRESIDENT	Email adam@naturadestinations.com		Phone (608) 963-6861
Signature		Date 5/14/2025	

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)	

PART C: INDIVIDUAL INFORMATION

LAST NAME	FIRST NAME	TITLE	PHONE
MAKOWSKI	ADAM	PRESIDENT	608-963-6861
MAKOWSKI	DAVE	VICE - PRESIDENT	608-432-7249
MAKOWSKI	RICH V.	VICE - PRESIDENT	608-448-9850
MAKOWSKI	RICHARD	DIRECTOR	608-432-7246
MAKOWSKI	GRACE	DIRECTOR	608-432-7247

R# 123322 4/25/25

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$
Publication Fee	\$ 14
Total Fees	\$ 614-

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) San Antonio Mexican Restaurant LLC			
2. Business Trade Name or DBA San Antonio Mexican Restaurant			
3. FEIN 45-3462656		4. Wisconsin Seller's Permit Number 45-61026198331-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 9/29/2011	
8. Wisconsin DFI Registration Number 5092611			
9. Premises Address 742 Eddy St			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells		15. Aldermanic District
16. Premises Phone (608) 254-5798	17. Premises Email Verossy-Olivares@hotmail.com		18. Website Facebook
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. San Antonio has a storage room for all alcoholic beverages. The alcoholic beverages will be sold and served inside the building. Premises and specific outdoor patio, outdoor space adjacent to building.			
20. Mailing Address (if different from premises address) PO Box 395			
21. City Wisconsin Dells		22. State WI	23. Zip Code 53965

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 Gueras Tacos LLC	4b. Business Entity FEIN 33-2317579
--	---

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
Martinez	Luis	Owner	608 448-1944

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 Martinez		First Name Luis		M.I. A
Title Owner		Email Martinez999@hotmail.com		Phone 608 448-1944
Signature 			Date 04/25/25	

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)	



R# 124392 5/15/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 14
Total Fees	\$ 614

Part A: Premises/Business Information

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

Woodside Sports Complex Operations, LLC

2. Business Trade Name or DBA

Woodside Wisconsin Dells Center

3. FEIN

900640113

4. Wisconsin Seller's Permit Number

456-1027352045-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

12/08/2010

8. Wisconsin DFI Registration Number

W057250

9. Premises Address

2100 River Road

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

Adams

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Wisconsin Dells

15. Aldermanic District

16. Premises Phone

(608) 316-1556

17. Premises Email

playball@woodsidesports.com

18. Website

www.woodsidesports.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.

The auxillary/cafeteria/concession stand and inside the Dome

20. Mailing Address (if different from premises address)

W4015 State Road 82 E

21. City

Mauston

22. State

WI

23. Zip Code

53948

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
Fadness	Mickey	Dir of Operations	(608) 404-6552
Bloom	Cindy	Accounting	(608) 350-1214

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.
Bloom	Cindy	R
Title	Email	Phone
Accounting	cbloom@woodsidesports.com	(608) 350-1214
Signature	Date	
	05/15/25	

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)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
License Period	

Rec. # 124933

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	\$ 600.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 614.00

+ 50.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) AA Roa Enterprises LLC			
2. Business Trade Name or DBA El Asador Mexican Food			
3. FEIN 99-1318914		4. Wisconsin Seller's Permit Number 456-1031617547-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 10/27/2023	
8. Wisconsin DFI Registration Number A109397			
9. Premises Address 505 Broadway			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells		15. Aldermanic District
16. Premises Phone	17. Premises Email aaroaent@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. Two floor building with two bars one on first floor one on second floor. Sitting areas on first and second floor. There is a food freezer, food walk in cooler and a beverage cooler. There are restrooms, prep area and two cooking areas.			
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
Quintero	Edith	Owner	312-481-3930
Quintero	Oscar	Manager	773-653-8139
Diazdeleon	Sacqueleine	Manager	708-541-8681

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.
Quintero	Edith	
Title	Email	Phone
	aaroant@gmail.com	312-481-3930
Signature	Date	

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

WISCONSIN DELLS CITY OF
MUNICIPAL BUILDING, 300 LA CROSSE ST.

WISCONSIN DELLS, WI 53965

R# 123540
4/30/25

23915

Form
AB-200

Alcohol Beverage License Application

For Municipalities Only	
Municipality	ITEM 13
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	\$ 600
Background Check Fee	\$ PAID
Publication Fee	\$ PAID
Total Fees	\$

Part A: Premises/Business Information

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

Dolgencorp, LLC

2. Business Trade Name or DBA

Dollar General Store # 23915

3. FEIN

61-0852764

4. Wisconsin Seller's Permit Number

456-0000208845-05

5. Entity Type (check one)

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

6. State of Organization

KY

7. Date of Organization

10/09/2008

8. Wisconsin DFI Registration Number

D043567

9. Premises Address

1305 DEERWOOD TRL

10. City

WISCONSIN DELLS

11. State

WI

12. Zip Code

53965-9233

13. County

COLUMBIA

14. Governing Municipality: ☐ City ☐ Town ☐ Village

of: City of Wisconsin Delts

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 9863 , 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-379182

2026 BW City

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 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 **Dollar General Corporation** 4b. Business Entity FEIN **61-0562202**

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
HENSON	QUINN	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)	

Form
AB-200

Alcohol Beverage License Application

R# 121094 512/25

For Municipal Use Only	
Municipality	Wisconsin Dells City of ITEM 13
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 \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "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>14</u>
Total Fees	\$ <u>614</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 1113		
3. FEIN 39-1036365	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 420 State Highway 13		
10. City Wisconsin Dells	11. State WI	12. Zip Code 53965
13. County Sauk	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells City of	15. Aldermanic District -----
16. Premises Phone 608-254-1198	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 beverages. ☐ Yes ☒ No

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	608-791-7385 608-793-4741
Wagner	David	CFO & Treasurer	608-791-7385 608-793-4741
Faber	Barry	Agent	608-548-4976

Part D: Attestation

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

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

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

Last Name Zietlow	First Name Scott	M.I. P
Title CEO & President	Email LicensingDept@kwiktrip.com	Phone 608-791-7385 608-793-4741

Signature *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)	

Form
AB-200

Alcohol Beverage License Application

R-# 124151 5/12/25
For Municipal Use Only
Municipality Wisconsin Dells City of **ITEM 13**
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 \$ 500- ☐ "Class B" Liquor \$ _____
- ☐ "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>14-</u>
Total Fees	\$ <u>614-</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 1118		
3. FEIN 39-1036365	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 1013 Broadway		
10. City Wisconsin Dells	11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells City of	15. Aldermanic District -----
16. Premises Phone 608-253-2704	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	608-791-7385 608-793-4741
Wagner	David	CFO & Treasurer	608-791-7385 608-793-4741
Piatek	Henry	Agent	608-474-2580

Part D: Attestation

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

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

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

Last Name Zietlow	First Name Scott	M.I. P
Title CEO & President	Email LicensingDept@kwiktrip.com	Phone 608-791-7385 608-793-4741

Signature *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)	

R#122530 4/15/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 14 -
Total Fees	\$ 614.00

Part A: Premises/Business Information

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

LIBERTY SQUARE GAS STATION INC

2. Business Trade Name or DBA

REFUEL PANTRY - R&G

3. FEIN

47-1036241

4. Wisconsin Seller's Permit Number

456-1028566807-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

06/12/2014

8. Wisconsin DFI Registration Number

L054455

9. Premises Address

611 N. FRONTAGE RD

10. City

WISCONSIN DELLS

11. State

WI

12. Zip Code

53965

13. County

Sauk

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: WISCONSIN DELLS

15. Aldermanic District

16. Premises Phone

-

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Stored - Store shelving and beer cooler.

Sold - Checkout counter.

20. Mailing Address (if different from premises address)

1354 N. BIRD STREET

21. City

SUN PRAIRIE

22. State

WI

23. Zip Code

53590

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
SINGH	LAKHBIR	PRESIDENT	(262) 237-0958

Part D: Attestation

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

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

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

Last Name SINGH		First Name LAKHBIR		M.I.
Title PRESIDENT		Email LIBERTYGASSTOP@GMAIL.COM		Phone (262) 237-0958
Signature <i>Lakhbir Singh</i>			Date <i>4/8/25</i>	

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)	

R# 123393 4/28/2

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 000.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 014.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) LIBERTY GAS STATION INC		
2. Business Trade Name or DBA REFUEL PANTRY - AMERICAN WORLD		
3. FEIN 47-1036241	4. Wisconsin Seller's Permit Number 456-1028566807-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 06/12/2014	8. Wisconsin DFI Registration Number L054455
9. Premises Address 2040 WISCONSIN DELLS PKWY		
10. City WISCONSIN DELLS	11. State WI	12. Zip Code 53965
13. County Sauk	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: WISCONSIN DELLS	15. Aldermanic District
16. Premises Phone	17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. STORED - ON SHELVING AND BEER COOLER SOLD - AT GUEST CHECKOUT RECORDS - FILE CABINET IN OFFICE.		
20. Mailing Address (if different from premises address) 1354 N. BIRD ST		
21. City SUN PRAIRIE	22. State WI	23. Zip Code 53590

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.

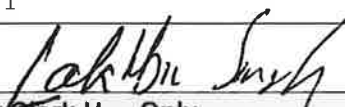
Last Name	First Name	Title	Phone
SINGH	LAKHBIR	PRESIDENT	(262) 237-0958
JACOBSON	MELLISA	AGENT	(608) 393-5382

Part D: Attestation

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

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

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

Last Name SINGH		First Name LAKHBIR	M.I.
Title PRESIDENT	Email LIBERTYGASSTATION@GMAIL.COM	Phone (262) 237-0958	
Signature 		Date 4-28-25	

Part E: For Clerk Use Only

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

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	ITEM 13
License Period	

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

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 800 ☐ "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	\$ 14
Total Fees	\$ 614

+ \$100 - cigarettes

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)				WALGREEN CO	
2. Business Trade Name or DBA				WALGREENS #06885	
3. FEIN		4. Wisconsin Seller's Permit Number			
36-1924025		4 St-000045540405			
5. Entity Type (check one)					
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization					
6. State of Organization		7. Date of Organization		8. Wisconsin DFI Registration Number	
ILLINOIS		02/15/1909		W066585	
9. Premises Address					
300 STATE HIGHWAY 13					
10. City				11. State	12. Zip Code
Wisconsin Dells				WI	53965-7902
13. County		14. Governing Municipality:		15. Aldermanic District	
Sauk		☒ City ☐ Town ☐ Village of: Wisconsin Dells			
16. Premises Phone		17. Premises Email		18. Website	
(608) 254-5760		mgr.06885@store.walgreens.com		WWW.WALGREENS.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.					
Retail drug store in a one-story building of 15,121 sq ft ↑ Walgreens					
20. Mailing Address (if different from premises address)					
PO BOX 901					
21. City				22. State	23. Zip Code
DEERFIELD				IL	60015

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 WALGREENS BOOTS ALLIANCE INC	4b. Business Entity FEIN 47-1758322
---	--

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 RIDERS			

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 BROWN		First Name BRIAN		M.I. R
Title VICE PRESIDENT AND TREASURER		Email taxlicenser renewals@walgreens.com		Phone 847-527-2119
Signature 			Date 4/30/25	

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)	

R-# 124621 5/19/25

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 600.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 614.00

Part A: Premises/Business Information

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

Kristie's Foods Dells, LLC

2. Business Trade Name or DBA

Maurer's Market 16A

3. FEIN

81-4160156

4. Wisconsin Seller's Permit Number

456-1029167959-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

12/2016

8. Wisconsin DFI Registration Number

9. Premises Address

216 Washington Ave

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Wiss. Dells

15. Aldermanic District

16. Premises Phone

(608) 254-8313

17. Premises Email

jmaurer@myurbanmarket.com

18. Website

www.maurersmarket.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.

20,000 SF building. All beer and liquor is sold in about 5000 SF in north side 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 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
Maurer	Jeffrey	sole member	(608) 963-1171
Seager	DM	Agent/Manager	(608) 256-8313

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 Maurer	First Name Jeffrey	M.I. P
Title sole member	Email jmaurer@myurbanmarket.com	Phone (608) 963-1171
Signature Jeff P. Maurer	Date 5-6-25	

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)	

R# 124475 5/16/25

For Municipal Use Only	
Municipality	ITEM 13
License Period	

Form
AB-200

Alcohol Beverage License Application

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	\$ 200.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 214.00

Part A: Premises/Business Information

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

Lohrfour LLC

2. Business Trade Name or DBA

Courtyard Cafe

3. FEIN

93-3114310

4. Wisconsin Seller's Permit Number

456-1031565433-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

8/23

8. Wisconsin DFI Registration Number

9. Premises Address

434 Broadway

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Wis Dells

15. Aldermanic District

16. Premises Phone

608 253 0182

17. Premises Email

Lohrfour@hotmail.com

18. Website

www.courtyardcafedells.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.

Full service restaurant offering beer/wine in the dining room, bar seating & adjacent courtyard

20. Mailing Address (if different from premises address)

PO Box 343434

21. City

Wis Dells

22. State

WI

23. Zip Code

53965

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
Lohr	NIKKI	Member	6084321031
Lohr	Andrew	member	6084321030

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 Lohr	First Name NIKKI	M.I. A
Title Member	Email Lohrfoure@hotmail.com	Phone 6084321031
Signature NIKKI LOHR	Date 4/8/25	

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)	

R# 123305 4/25/25

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	ITEM 13
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>14</u>
Total Fees	\$ <u>214-</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Arcade PvP Bar LLC			
2. Business Trade Name or DBA			
3. FEIN 92-2387268		4. Wisconsin Seller's Permit Number 456-1031231762-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 06/06/2023	
8. Wisconsin DFI Registration Number A105958			
9. Premises Address 731 Superior St			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells		15. Aldermanic District
16. Premises Phone (608) 253-0313	17. Premises Email arcadepvpb@gmail.com		18. Website arcadepvpbarwisdells.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. Beer and win will be served at the bar and stored in the lower level.			
20. Mailing Address (if different from premises address) 714 Oak Street			
21. City Wisconsin Dells		22. State wi	23. Zip Code 53965

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
Mitchell	Dennis	Owner	(608) 369-1669
Marcum	Nicholas	Owner	(608) 448-1897

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 Marcum		First Name Nicholas		M.I. R
Title Owner		Email Arcadepvpb@gmail.com	Phone (608) 448-1897	
Signature			Date	

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)	

Form
AB-200

Alcohol Beverage License Application

R# 121975 4/7/25

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 200
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 214

Part A: Premises/Business Information

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

RIB KINGS OF AMERICA INC

2. Business Trade Name or DBA

FAMOUS DAVE'S BBQ

3. FEIN

41-1913876

4. Wisconsin Seller's Permit Number

456-0000041345-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

05/02/2000

8. Wisconsin DFI Registration Number

R035676

9. Premises Address

435 BROADWAY ST.

10. City

WISCONSIN DELLS

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: WISCONSIN

15. Aldermanic District

16. Premises Phone

(608) 253-6683

17. Premises Email

famousdave27@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.

Entire building located at 435 BROADWAY ST.

20. Mailing Address (if different from premises address)

PO Box 408

21. City

Lake Delton

22. State

WI

23. Zip Code

53940

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
PETROWITZ	JOHN	AGENT	(608) 254-8900
AGAMI	LEON	OWNER	954 232 5831

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 AGAMI		First Name LEON		M.I.
Title MEMBER		Email famousdave27@yahoo.com		Phone (954) 232-5831
Signature 			Date APR 2 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)	

Form
AB-200

Alcohol Beverage License Application

R# 122436 4/14/26

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 200
Background Check Fee	\$ 14
Publication Fee	\$
Total Fees	\$ 214

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) FAMILYLAND ENTERPRISES LLC			
2. Business Trade Name or DBA M.A.C.S. WISCONSIN DELLS AND HUCKLEBERRY'S ICE CREAM & BAKERY			
3. FEIN 46-1889784		4. Wisconsin Seller's Permit Number 456102816127102	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 01/28/2013	
8. Wisconsin DFI Registration Number F048897			
9. Premises Address 208 AND 212 BROADWAY			
10. City WISCONSIN DELLS		11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: WISCONSIN DELLS		15. Aldermanic District
16. Premises Phone (608) 678-2300	17. Premises Email steve@macandcheeseshop.com		18. Website https://macandcheeseshop
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. SEE ATTACHED SHEET FOR DESCRIPTION			
20. Mailing Address (if different from premises address) 807 VINE			
21. City WISCONSIN DELLS		22. State WI	23. Zip Code 53965

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.

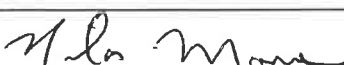
Last Name	First Name	Title	Phone
MORSE	NICOLAS	MEMBER	(608) 253-0556

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.
MORSE	NICOLAS	
Title	Email	Phone
MEMBER	nick@macandcheeseshop.com	(608) 253-0556
Signature	Date	
	04/14/25	

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)	

Form
AB-200

Alcohol Beverage License Application

R# 122435 4/14/25

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 200
Background Check Fee	\$ 14
Publication Fee	\$
Total Fees	\$ 214

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) FAMILYLAND ENTERPRISES LLC			
2. Business Trade Name or DBA THE VILLA PIZZA COMPANY			
3. FEIN 46-1889784		4. Wisconsin Seller's Permit Number 456102816127102	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 01/28/2013	
8. Wisconsin DFI Registration Number F048897			
9. Premises Address 737 SUPERIOR ST			
10. City WISCONSIN DELLS		11. State WI	12. Zip Code 53965
13. County Columbia		14. Governing Municipality: ☒ City ☐ Town ☐ Village of WISCONSIN DELLS	
15. Aldermanic District			
16. Premises Phone (608) 254-8394		17. Premises Email steve@macandcheeseshop.com	
18. Website macandcheeseshop.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. WE RENT COMMERCIAL SPACE AT 737 SUPERIOR ST, WE ARE LIMITED SERVICES RESTAURANT, BEER AND WINE ARE STORED IN A LOCKED COOLER LOWER LEVEL. BEER AND WINE ARE IN COOLERS BEHINE REGISTER. SEATING ONLY INDOOR			
20. Mailing Address (if different from premises address) 807 VINE			
21. City WISCONSIN DELLS		22. State WI	23. Zip Code 53965

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.

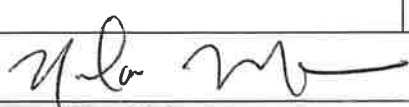
Last Name	First Name	Title	Phone
MORSE	NICOLAS	MEMBER	(608) 253-0556

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 MORSE	First Name NICOLAS	M.I.
Title MEMBER	Email nick@macandcheeseshop.com	Phone (608) 253-0556
Signature 		Date 04/14/25

Part E: For Clerk Use Only

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

Alcohol Beverage License
ApplicationR# 123395
4/28/2025

For Municipal Use Only	
Municipality	
License Period	ITEM 13

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	\$ 200
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 214

Part A: Premises/Business Information

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

Wisconsin Dells Festivals, Inc

2. Business Trade Name or DBA

Dells Downtown Event Management

3. FEIN

39-1701358

4. Wisconsin Seller's Permit Number

456102878773702

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

11/13/1990

8. Wisconsin DFI Registration Number

W032355

9. Premises Address

350 Broadway

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Wisconsin Dells

15. Aldermanic District

1

16. Premises Phone

(608) 254-8088

17. Premises Email

plaza@wisdellsfestivals.com

18. Website

www.wisdells.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.

350 Broadway Includes 35,000-square-foot Elm Street Plaza space including entertainment stage area, concession stand, restrooms, and storage areas.

20. Mailing Address (if different from premises address)

PO Box 695

21. City

Wisconsin Dells

22. State

WI

23. Zip Code

53965

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
Diehl	Jill C.	President/CEO	(608) 254-8088
Chastan	John	Board Chair	(608) 254-5830
DeFosse	Jesse	Board Vice Chair	(608) 253-2628
Gavinski	Dan	Sec/Treasurer	(608) 254-8751

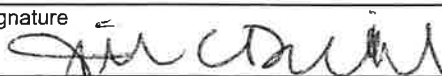
Part D: Attestation

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.
Diehl	Jill	C
Title	Email	Phone
President/CEO	jill@wisdells.com	(608) 254-8088

Signature  Date 04/17/2025

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)	

R #124912 5/21/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	ITEM 13

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	\$ 200.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 214.00

+50.00

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Sunny Asian Buffet LLC			
2. Business Trade Name or DBA Sunny Asian Buffet			
3. FEIN 88-2707300		4. Wisconsin Seller's Permit Number 456-1031078698-04	
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 811 N Frontage Rd			
10. City Wisconsin Dells		11. State WI	
12. Zip Code 53965		13. County Sauk	
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells		15. Aldermanic District	
16. Premises Phone (608) 254-0088		17. Premises Email Sunnyhsy0821@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. All 811 N Frontage Rd			
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
Hsu	Chang S	member	608-2174940
Yang	Xueli	owner	608-8449119

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.
Hsu	Chang	S
Title	Email	Phone
member	Sunnyhsu of 21@gmail	
Signature	Date	
Chang S Hsu	5/15/25	

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)	

123327 4/25/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 200.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 214.00

Part A: Premises/Business Information

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

Guerros Tacos LLC

2. Business Trade Name or DBA

Tacos El Guero

3. FEIN

33-2317579

4. Wisconsin Seller's Permit Number

456-1031874231-04

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

12/10/24

8. Wisconsin DFI Registration Number

G073494

9. Premises Address

231 Broadway

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Wisconsin Dells

15. Aldermanic District

16. Premises Phone

(608)448-1944

17. Premises Email

Nerossy-Olivares@hotmail.com

18. Website

facebook

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.

Tacos El Guero has a small room designated for beer.

20. Mailing Address (if different from premises address)

415 6th Ave

21. City

Baraboo

22. State

WI

23. Zip Code

53913

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

San Antonio Mexican Restaurant 45-3462656

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.

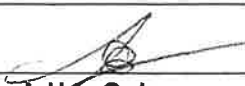
Last Name	First Name	Title	Phone
Martinez	Luis	Owner	608 448-1944

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.
Martinez	Luis	A
Title	Email	Phone
Owner	Martinez2999@hotmail.com	608 448-1944
Signature	Date	
	4/25/25	

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)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only

Municipality ITEM 13

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	\$ 200
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 214

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Mama Z's Grill, LLC		
2. Business Trade Name or DBA		
3. FEIN 81-4352794	4. Wisconsin Seller's Permit Number 456-1029344068-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization NV	7. Date of Organization 11/07/2016	8. Wisconsin DFI Registration Number
9. Premises Address 1101 Broadway		
10. City Wisconsin Dells	11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells	15. Aldermanic District
16. Premises Phone (608) 254-7869	17. Premises Email playball@woodsidesports.com	18. Website www.woodsidesports.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. Single story building, open dining room, 160 capacity, counter seating for 16, outdoor fenced patio - cap 50, full service kitchen plus separate pizza kitchen, storage room, restaurants and office		
20. Mailing Address (if different from premises address) W4015 State Road 82 E		
21. City Mauston	22. State WI	23. Zip Code 53948

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
Fadness	Mickey	Dir of Operations	(608) 404-6552
Bloom	Cindy	Accounting	(608) 350-1214

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 Bloom		First Name Cindy		M.I. R
Title Accounting		Email cbloom@woodsidesports.com	Phone (608) 350-1214	
Signature 			Date 05/15/25	

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)	

R# 121957
4/2/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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>200.00</u>
Background Check Fee	\$
Publication Fee	\$ <u>14.00</u>
Total Fees	\$ <u>214.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>ANIMAL ENTERTAINMENTS INC</u>		
2. Business Trade Name or DBA <u>TIMBAVATI WILDLIFE PARK</u>		
3. FEIN <u>39-1671733</u>	4. Wisconsin Seller's Permit Number <u>456-0000399155-04</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>3/21/1990</u>	8. Wisconsin DFI Registration Number <u>A028512</u>
9. Premises Address <u>2220 WISCONSIN DELLS PKWY</u>		
10. City <u>WI DELLS</u>	11. State <u>WI</u>	12. Zip Code <u>53965</u>
13. County <u>SAUK</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>WI DELLS</u>	15. Aldermanic District
16. Premises Phone <u>608-253-2391</u>	17. Premises Email <u>INFO@TIMBAVATIWILDLIFE</u>	18. Website <u>TIMBAVATIWILDLIFEPARK.CO</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>ALCOHOL WILL BE STORED IN THE CASKS BAR. RECORDS WILL BE KEPT IN THE OFFICE.</u>		
20. Mailing Address (if different from premises address) <u>P.O. Box 58</u>		
21. City <u>WI DELLS</u>	22. State <u>WI</u>	23. Zip Code <u>53965</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
SCHOEBER	MATT	CO-OWNER	920-295-8374
SCHOEBER	ALICE	CO-OWNER	920-295-7207
FISHER-REVELS	DEBORAH	GM	608-432-1730

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 SCHOEBER		First Name MATT		M.I. S
Title CO-OWNER		Email WISCONSINLIFE@GMAIL.COM		Phone 920-295-8374
Signature 			Date 4/7/25	

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)

R# 124915 5/24/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 250
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 214

+ 150

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) D2TV WI LLC		
2. Business Trade Name or DBA Hofbrewzhaus		
3. FEIN 93-4282846	4. Wisconsin Seller's Permit Number 456-103153203-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 11/8/23	8. Wisconsin DFI Registration Number
9. Premises Address 514 Broadway		
10. City	11. State	12. Zip Code
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells	15. Aldermanic District
16. Premises Phone 608-254-0048	17. Premises Email hofbrewzhaus@outlook.com	18. Website hofbrewzhaus.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. Garden, bar/dining area, basement, cooler		
20. Mailing Address (if different from premises address) _____		
21. City _____	22. State _____	23. Zip Code _____

Part B: Questions

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

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Stuckart	Melissa	owner	262-385-2427
Hastings	Charles	Agent	414-334-9363

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 Stuckart		First Name Melissa		M.I. A
Title owner	Email mstuckart@zmeribus.com		Phone 262-385-2427	
Signature 			Date 5/20/25	

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)	

R# 121542
3/28/2025

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	ITEM 13

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	\$ 200 --
Background Check Fee	\$
Publication Fee	\$ 14 --
Total Fees	\$ 214.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Pizza Lab LLC			
2. Business Trade Name or DBA Dells Pizza Lab			
3. FEIN 47-4796164		4. Wisconsin Seller's Permit Number 456-1028862909-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 11/2015	
8. Wisconsin DFI Registration Number TD66966			
9. Premises Address 332 State Hwy 13			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County 608-253-0305 SAUK	14. Governing Municipality: ☐ City ☒ Town ☐ Village of: Wisconsin Dells		15. Aldermanic District
16. Premises Phone 608-253-0305	17. Premises Email info@dellspizzalab.com		18. Website dellspizzalab.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. Fast-casual restaurant in a commercial strip mall, offering pizzas/salads, pasta, desserts, and beverages. Beer and single-serving wine are sold for on-premises consumption only, in our dining room or enclosed patio. No take-away allowed.			
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
AKbeg	Burak	Owner	510-388-9679

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 AKbeg		First Name Burak		M.I.
Title Owner	Email info@dellspizzalab.com	Phone 510-388-9679		
Signature BSH		Date 3/27/2025		

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)	

R# 122066
4/9/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
License Period	

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

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

Fees	
License Fees	\$ 200.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 214.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Wolf Pro LLC		
2. Business Trade Name or DBA Dells Bistro		
3. FEIN 46-5532520	4. Wisconsin Seller's Permit Number 456-1029296829-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 01/09/2014	8. Wisconsin DFI Registration Number W062233
9. Premises Address 126 Broadway		
10. City Wisconsin Dells	11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells	15. Aldermanic District
16. Premises Phone (608) 408-0203	17. Premises Email totallywolf@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. Beverages will only be sold and served in the main room of the buiding.		
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.

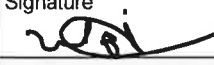
Last Name	First Name	Title	Phone
Vylkov	Volodymyr	owner	(608) 408-0203

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 Vylkov	First Name Volodymyr	M.I.
Title owner	Email totallywolf@gmail.com	Phone (608) 408-0203
Signature 		Date 04/03/20

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)	

R#124917 5/20/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 200.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 214.00

+50.00

Part A: Premises/Business Information

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

BBWB WI LLC

2. Business Trade Name or DBA

Big Boy Wisconsin Dells

3. FEIN

93-4589677

4. Wisconsin Seller's Permit Number

456-1031767981-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

11-28-23

8. Wisconsin DFI Registration Number

9. Premises Address

701 Broadway

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Wisconsin Dells

15. Aldermanic District

16. Premises Phone

608-408-3818

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Dining room, patio, bar area, basement cooler, basement

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
Stuckart	Melissa	Owner	262-385-2427
Hastings	Charles	Agent	414-334-9363

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 Stuckart	First Name Melissa	M.I. A
Title Owner	Email mstuckart@2americanbus.com	Phone 262-385-2427
Signature M Stuckart	Date 5/20/25	

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)	

R# 121728
4/1/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
License Period	

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

- ☐ Class "A" Beer \$ _____
☒ Class "B" Beer \$ 100⁰⁰
☐ "Class A" Liquor \$ _____
☐ "Class B" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____
☐ Reserve "Class B" Liquor \$ _____
☒ Class "C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 214

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) PALS Brewing Company Wisconsin LLC			
2. Business Trade Name or DBA PALS Brew Pub			
3. FEIN 37-2046773		4. Wisconsin Seller's Permit Number 456-1031433036-05	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 5/12/22	
8. Wisconsin DFI Registration Number PO 84896			
9. Premises Address 710 Trout Road.			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County SAUK	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: WIS Dells		15. Aldermanic District WARD 4 DIST 2
16. Premises Phone 608 235 2333	17. Premises Email mike@palsdells.com		18. Website PALS Brewing Company
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. Restaurant			

20. Mailing Address (if different from premises address) PO BOX 13 995 S. GROUSE LAKE WIS Dells WI 53965		
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
Kaminski	Michael	Managing Partner	608 235 2333

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 Kaminski	First Name Michael	Signature 	Phone 608 235 2333
Title MANAGING PARTNER	Email mikek@PALDELLS.COM	Date 3/31/25	

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)	

Form
AB-200

Alcohol Beverage License
Application

R# 124283
5/15/25

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 100
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 114

Part A: Premises/Business Information

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

Navi Spa LCC

2. Business Trade Name or DBA

3. FEIN

333349536

4. Wisconsin Seller's Permit Number

456-1031959707-02

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

2-3-2025

8. Wisconsin DFI Registration Number

N06350

9. Premises Address

2501 River rd.

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

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

15. Aldermanic District

16. Premises Phone

608-253-0039

17. Premises Email

Navispa11c@gmail.com

18. Website

www.Navispa.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.

Alcohol will be stored in a back room and served at the waiting area inside the spa

20. Mailing Address (if different from premises address)

914 Capital st

21. City

Wis Dells

22. State

WI

23. Zip Code

53965

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
Fedyshyn	Ivan	Owner	6084322226

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	Fedyshyn	First Name	Ivan	M.I.	
Title	Owner	Email	Navispa1cc@gmail.com	Phone	6084322226
Signature		Date			

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)	

Form
AB-200

Alcohol Beverage License Application

R# 124222
5/13/25

For Municipal Use Only	
Municipality	ITEM 13
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) \$ _____

Fees	
License Fees	\$ 100
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 114

Part A: Premises/Business Information

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

DEUS HOME TALENT BASEBALL

2. Business Trade Name or DBA

3. FEIN

72.1583644

4. Wisconsin Seller's Permit Number

004-0001772468-0

5. Entity Type (check one)

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

6. State of Organization

WISC DEUS

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

520 VETERAN DR

10. City

WISC DEUS

11. State

WI

12. Zip Code

53965

13. County

COLUMBIA

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: WISC DEUS

15. Aldermanic District

16. Premises Phone

—

17. Premises Email

—

18. Website

—

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

CONCESSION STAND

20. Mailing Address (if different from premises address)

719 SUPERIOR ST

21. City

WISC DEUS

22. State

WI

23. Zip Code

53965

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
VAN SCHUYCK	AARON	AGENT	608-432-1809

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 VAN SCHUYCK	First Name AARON	M.I. C
Title AGENT	Email aaronvanschuyck@gmail.com	Phone 608-432-1809
Signature 	Date 5-13-25	

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)	

Save

Print

Clear

K# 123227 4/24/25

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality

License Period

ITEM 13

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	\$ 100.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 114.00

Part A: Premises/Business Information

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

Harold B Larkin American Legion Post 187

2. Business Trade Name or DBA

American Legion Post 187

3. FEIN

39-0116 0148750

4. Wisconsin Seller's Permit Number

~~L1019202605~~

456-0000390116-02

5. Entity Type (check one)

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

6. State of Organization

Wi

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

609 Wisconsin Ave

10. City

Wisconsin Dells

11. State

Wi

12. Zip Code

53965

13. County

Calumet

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Wisconsin dells

15. Aldermanic District

16. Premises Phone

608-253-5302

17. Premises Email

markcobb70@yahoo.com

18. Website

dells legion.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.

2nd floor meeting room 1st floor member lounge

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
Cobb	Mark	commander	608-963-9062
olson	Al	vice commander	608-254-2403
Dave	Murray	Finance Officer	608-432-4299
Larry	Randall	Adjutant	608-434-4939

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 Cobb	First Name Mark	608-963-9062	M.I. L
Title Commander	Email markcobb70@yahoo.com	Phone	
Signature 		Date 4-21-25	

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)	

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 100-
Background Check Fee	\$
Publication Fee	\$ 14-
Total Fees	\$ 114.00

Part A: Premises/Business Information

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

Lucy Hai LLC

2. Business Trade Name or DBA

Wei's Chinese Restaurant

3. FEIN

83-2057485

4. Wisconsin Seller's Permit Number

456-1030343111-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

9-28-2018

8. Wisconsin DFI Registration Number

9. Premises Address

630 S Frontage Rd

10. City

Wisconsin

11. State

12. Zip Code

13. County

Sauk

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: WI Dells

15. Aldermanic District

1

16. Premises Phone

608-844-3534

17. Premises Email

lucyhai1971@cloud.com

18. Website

www.weischinese.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.

Restaurant in old area

20. Mailing Address (if different from premises address)

630 S Frontage Rd

21. City

Wisconsin Dells, WI 53965

22. State

WI

23. Zip Code

53965

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
Li	Hongyan	Co-owner	331-222-2614

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 Li	First Name Hongyan	M.I.
Title Co-owner	Email lucyl1971@cloud.com	Phone 331-222-2614
Signature Hongyan Li		Date 4-15-2025

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)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality <u>ITEM 13</u>
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	\$ 100
Background Check Fee	\$ —
Publication Fee	\$ 14.00
Total Fees	\$ 114.00

+ \$50.00 Late fee

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) SWAMIGI INC		
2. Business Trade Name or DBA SUPER 8 DELLS		
3. FEIN 471-524-148	4. Wisconsin Seller's Permit Number 456-1028542811-02	
5. Entity Type (check one) ☐ Sole Proprietor ☒ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 09/22/2018	8. Wisconsin DFI Registration Number S102863
9. Premises Address 800 COUNTY HWY H		
10. City WISCONSIN DELLS	11. State WI	12. Zip Code 53965
13. County Sauk	14. Governing Municipality: ☐ City ☐ Town ☒ Village of: DELLS	15. Aldermanic District DELLS
16. Premises Phone (608) 254-6464	17. Premises Email SUPER8DELLS@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. SECOND FLOOR STORAGE ROOM FRONT 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

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	BHARATBHAI	OWNER	(715) 383-0230
PATEL	PANKAJ	OWNER	(608) 245-6464
PATEL	YATINKIMAR	OWNER	(708) 830-1454
PATEL	HITESH	OWNER	(608) 844-3116

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 YATINKKIMAR	M.I.
Title OWNER (MANAGER)	Email SUPER8DELLS@GMAIL.COM	Phone (708) 830-1454
Signature 	Date 05/14/20	

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 License Application

For Municipal Use Only	
Municipality	ITEM 13
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) \$ _____

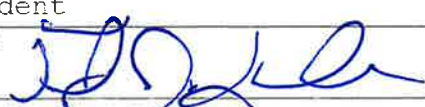
5/6/25	Fees	Rec# 123784
License Fees	\$	<u>100.00</u>
Background Check Fee	\$	
Publication Fee	\$	<u>14.00</u>
Total Fees	\$	<u>114.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>LAJALI. LLC</u>			
2. Business Trade Name or DBA <u>YetiYard Next Level Adventures</u>			
3. FEIN <u>27-1278835</u>		4. Wisconsin Seller's Permit Number <u>456-1026302322-03</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>8/18/2009</u>	
8. Wisconsin DFI Registration Number <u>L040412</u>			
9. Premises Address <u>101 LaCrosse St.</u>			
10. City <u>Wisconsin Dells</u>		11. State <u>WI</u>	12. Zip Code <u>53965</u>
13. County <u>Columbia</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of <u>Wisconsin Dells</u>		15. Aldermanic District
16. Premises Phone <u>608-340-8288</u>	17. Premises Email <u>dustin@wildfunzone.com</u>		18. Website <u>yetiyard.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>Everything is stored and sold in our snack shack, and being consumed in our waiting areas and mini golf course.</u>			
20. Mailing Address (if different from premises address) <u>P.O. Box 75</u>			
21. City <u>Wisconsin Dells</u>		22. State <u>WI</u>	23. Zip Code <u>53965</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 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
Lucke	Tom	President	
Lucke	Terri	VP	
Lucke	Laddie	Member	
Kuhnau	Lindsey	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	First Name	M.I.	
Lucke	Tom	J	
Title	Email	Phone	
President	dustin@wildfunzone.com	6084328116	
Signature 		Date <u>4/23/2025</u>	
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 License Application

For Municipal Use Only	
Municipality	ITEM 13
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) \$ _____

License Fees	\$ 100
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 114

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Econolodge inn & suites		
2. Business Trade Name or DBA Haresh		
3. FEIN 831604887	4. Wisconsin Seller's Permit Number 456-1031102261-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization Wi	7. Date of Organization 5/15/2022	8. Wisconsin DFI Registration Number 831604887
9. Premises Address 833 N Frontage Rd		
10. City Wisconsin Dells	11. State Wi	12. Zip Code 53965
13. County Sauk	14. Governing Municipality: ☒ City ☐ Town ☐ Village of Wisconsin dells	15. Aldermanic District Madison
16. Premises Phone 6082530653	17. Premises Email Econolodgedells@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.		

20. Mailing Address (if different from premises address) 833 N FRONTAGE RD		
21. City WISCONSIN DELLS	22. State WI	23. Zip Code 53965

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	Haresh	Owner	2623495336
Patel	Haiparu	owner	2623495336

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 Haresh	M.I. D
Title Owner	Email Harrypt12015@gmail.com	Phone 2623495336
Signature 		Date 4-1-2025 3/31/25

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)	

OK

R# 123177 4/23/25

Save Print Clear

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only
Municipality
License Period

13

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	\$ 100.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 114.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) TACO LOCO LLC		
2. Business Trade Name or DBA El TACO LOCO		
3. FEIN 61-1929058	4. Wisconsin Seller's Permit Number 456-1030546213-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization May 2019	8. Wisconsin DFI Registration Number T079747
9. Premises Address 808 River Rd		
10. City Wisconsin Dells	11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____	
15. Aldermanic District		
16. Premises Phone 608-253-0777	17. Premises Email tacolocowisdells@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. beer stored at a fridge in a kitchen of restaurant		
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.

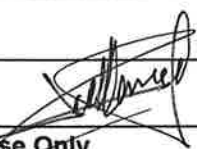
Last Name	First Name	Title	Phone
VILLARREAL	Abe	owner	608-886-8972

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 VILLARREAL		First Name Abe	M.I.
Title owner		Email tacolacowisdells@gmail.com	Phone 608-886-8972
Signature 		Date 04/23/25	

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)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	ITEM 13
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) \$ _____

5/7/25	Fees	Recp # 123865
License Fees	\$	100.00
Background Check Fee	\$	
Publication Fee	\$	14.00
Total Fees	\$	114.00

Part A: Premises/Business Information

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

Colatlan Max Rest.

2. Business Trade Name or DBA

Same

3. FEIN

27-0157405

4. Wisconsin Seller's Permit Number

456-162-702319303

5. Entity Type (check one)

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

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

324 Broadway

10. City

Wis Dells

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Wis Dells

15. Aldermanic District

16. Premises Phone

608 254-8208

17. Premises Email

JuanCarlos.medrano17@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.

All of 324 Broadway

20. Mailing Address (if different from premises address)

Same

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Medrano	Juan	owner	608 254 8208

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 Medrano	First Name Juan	M.I. C
Title OWNER	Email Juancarlos.medrano170@gmail.com	Phone 608 254 8208
Signature Juan C Medrano		Date 5-7-2025

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)	

Form
AB-200

Alcohol Beverage License Application

R# 121815 4/8/25

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 100
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 114.00

Part A: Premises/Business Information

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

BRIDGEVIEW CORPORATION

2. Business Trade Name or DBA

TIMBER FALLS ADVENTURE PARK

3. FEIN

39-1646468

4. Wisconsin Seller's Permit Number

456-0000163146-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

07/17/1989

8. Wisconsin DFI Registration Number

B031730

9. Premises Address

1000 STAND ROCK ROAD

10. City

WISCONSIN DELLS

11. State

WI

12. Zip Code

53965

13. County

Sauk

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: WISCONSIN DELLS

15. Aldermanic District

1

16. Premises Phone

(608) 254-8414

17. Premises Email

THAHN@DELLSKNUCKLEHEADS.COM

18. Website

TIMBERFALLSPARK.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.

SKYSCRAPER BOOTH, GOLF COURSE, GOLF BUILDING

20. Mailing Address (if different from premises address)

PO BOX 513

21. City

WISCONSIN DELLS

22. State

WI

23. Zip Code

53965

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.

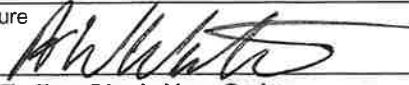
Last Name	First Name	Title	Phone
WATERMAN	ANDREW	OFFICER	(608) 963-1441
WATERMAN	JUDITH	OFFICER	(608) 963-0337
WATERMAN	JOHN	OFFICER	(608) 963-2532

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 WATERMAN		First Name ANDREW	M.I. W
Title OFFICER	Email ANDY@WATERMANLOGCRAFTERS.COM	Phone (608) 963-1441	
Signature 		Date 03/26/25	

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)	

R# 124389 5/15/25

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 100
Background Check Fee	\$
Publication Fee	\$ 14
Total Fees	\$ 114

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Woodside Sports Complex Operations, LLC		
2. Business Trade Name or DBA Woodside Sports Complex		
3. FEIN 900640113	4. Wisconsin Seller's Permit Number 456-1027352045-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 12/08/2010	8. Wisconsin DFI Registration Number W057250
9. Premises Address 4770 State Hwy 13		
10. City Wisconsin Dells	11. State WI	12. Zip Code 53965
13. County Adams	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells	
15. Aldermanic District		
16. Premises Phone (608) 316-1556	17. Premises Email playball@woodsidesports.com	18. Website www.woodsidesports.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. The main building at the Wisconsin Dells Complex and around the complex at each field		

20. Mailing Address (if different from premises address)

W4015 State Road 82 E

21. City Mauston	22. State WI	23. Zip Code 53948
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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
Fadness	Mickey	Dir of Operations	(608) 404-6552
Bloom	Cindy	Accounting	(608) 350-1214

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 Bloom	First Name Cindy	M.I. R
Title Accounting	Email cbloom@woodsidesports.com	Phone (608) 350-1214
Signature 		Date 05/15/25

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)	

R# 124453 5/16/25

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	ITEM 13
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	\$ 100.00
Background Check Fee	\$
Publication Fee	\$ 14.00
Total Fees	\$ 114.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Sherwood Forest Dells, LLC			
2. Business Trade Name or DBA Sherwood Forest Camping & RV Park			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1028115549-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 04/2013	
8. Wisconsin DFI Registration Number			
9. Premises Address 2852 Wisconsin Dells Pkwy			
10. City Wisconsin Dells		11. State WI	
12. Zip Code 53965		13. County Sauk	
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells		15. Aldermanic District	
16. Premises Phone 608-254-7080		17. Premises Email info@sherwoodforestcamping.com	
18. Website www.sherwoodforestcamping.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. campstore, office, pool, concession 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 ... ☐ 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
Gusset	Bradley	Owner	608-963-0858

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 Gusset		First Name Bradley		M.I. L
Title Owner		Email bgusset34@gmail.com	Phone 608-963-0858	
Signature			Date	

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

WISCONSIN DELLS CITY OF
MUNICIPAL BUILDING, 300 LA CROSSE ST,
WISCONSIN DELLS, WI 53965

23915

ITEM 14

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: 100

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

Dolgencorp, LLC

BGC FEE: N/A

2. Business Trade Name or DBA

Dollar General Store # 23915

Ad FEE: N/A

3. FEIN

61-0852764

4. Wisconsin Seller's Permit Number

456-0000208845-05

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

6. State of Organization

KY

7. Date of Organization

09/09/2000

8. Wisconsin DFI Registration Number

D043657

9. Premises Address (do not use PO Box)

1305 DEERWOOD TRL

10. City WISCONSIN DELLS

11. State

WI

12. Zip Code

53965-9233

13. County

COLUMBIA

14. Governing Municipality: ☐ City ☐ Town ☐ Village

of.

City of Wisconsin Delles

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 9863

consisting of sales floor and stock room

V-379182

2026 Tob City

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 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
HENSON	QUINN	District Manager	(615) 855-4000

Part D: Attestation

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

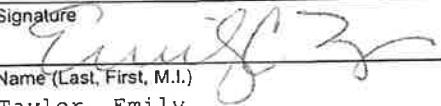
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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		

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

R-#1 124478 5/16/25

FOR CLERKS ONLY	
Municipality	
License Period	ITEM 14

Part A: Premises/Business Information

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

CHULA VISTA, INC.

2. Business Trade Name or DBA

CHULA VISTA RESORT

3. FEIN

39-0842365

4. Wisconsin Seller's Permit Number

456-0000568508-04

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation

6. State of Organization

WISCONSIN

7. Date of Organization

05/05/1952

8. Wisconsin DFI Registration Number

1C06238

9. Premises Address (do not use PO Box)

2501 RIVER ROAD

10. City

WISCONSIN DELLS

11. State

WI

12. Zip Code

53965

13. County

ADAMS

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: WISCONSIN DELLS

15. Aldermanic District

AD2

16. Mailing Address (if different from premises address)

P.O. BOX 30

17. City

WISCONSIN DELLS

18. State

WI

19. Zip Code

53965

20. Premises Phone

(608) 254-8366

21. Premises Email

JEFFK@CHULAVISTARESORT.COM

22. Website

WWW.CHULAVISTARESORT.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.

ALL CONTIGUOUS LAND OF THE RESORT INCLUDING THE
HOTEL/CONDOS/GOLFCOURSE/WATERPARK/ETC...

SEE INCLUDED HIGHLIGHTED MAP

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 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: KAMINSKI FAMILY IRREV TRUST

3b. FEIN of Parent Company: 87-6998466

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
KAMINSKI	JEFFERY	PRESIDENT	(608) 448-9622
SIGMUND	KRISTINA	VICE PRESIDENT	(608) 844-3156

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		Date	5/14/25
Name (Last, First, M.I.) KAMINSKI, JEFFERY M.			
Title PRESIDENT	Email JEFFK@CHULAVISTARESORT.COM	Phone (608) 448-9622	

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		

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

FOR CLERKS ONLY	
Municipality	ITEM 14
License Period	

Part A: Premises/Business Information

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

Kristie's Foods Dells, LLC

2. Business Trade Name or DBA

Maurer's Market 1GX

3. FEIN

81-4161056

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

6. State of Organization

WI

7. Date of Organization

12/2016

8. Wisconsin DFI Registration Number

9. Premises Address (do not use PO Box)

216 Washington Ave

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965

13. County

Columbia

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Wise Dells

15. Aldermanic District

16. Mailing Address (if different from premises address)

17. City

18. State

19. Zip Code

20. Premises Phone

(608) 254-8313

21. Premises Email

jmaurer@myurbanmarket.com

22. Website

www.maurersmarket.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.

20,000 SF store. All tobacco products are sold from behind the service counter in far east section of building

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: _____

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
Maurer	Jeffrey	sole member	(608) 963-1171

Part D: Attestation

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

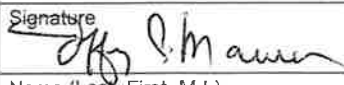
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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 5-6-25
Name (Last, First, M.I.) Maurer Jeffrey P	
Title sole member	Email jmaurer emyurbanmarket.com
Phone (608) 963-1171	

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		

R# 124531 5/19

Form
CTV-100**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	ITEM 14
License Period	

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) JOSEPH DANDON			
2. Business Trade Name or DBA PURPLE PLANET			
3. FEIN 31-1795105		4. Wisconsin Seller's Permit Number 456-10277171619-03	
5. Entity Type (check one) ☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation			
6. State of Organization		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address (do not use PO Box) 207 BROADWAY			
10. City WISCONSIN DELLS		11. State WI	12. Zip Code 53965
13. County COLUMBIA	14. Governing Municipality: ☒ City ☐ Town ☐ Village of:		15. Aldermanic District
16. Mailing Address (if different from premises address) 18041 BISCAYNE BLVD APT 302 Bldg 4/South			
17. City AVENTURA		18. State FL	19. Zip Code 33160
20. Premises Phone 305-788-1044		21. Premises Email YUG101231@YAHOO.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. FIRST FLOOR 207 BROADWAY			

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
DANON	JOSEPH	OWNER	305-788-1044

Part D: Attestation

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

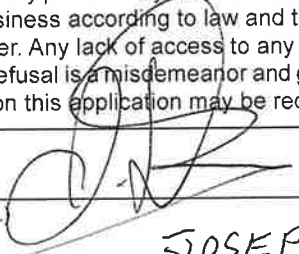
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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		Date	05-19-2025
Name (Last, First, M.I.)	JOSEPH DANON		
Title	OWNER	Email	YUG101231@YAHOO.COM
		Phone	305-788-1044

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		

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

R#124474 5/16/25

FOR CLERKS ONLY	
Municipality	ITEM 14
License Period	

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) TR NELSON INC		
2. Business Trade Name or DBA TRAPPERS TURN GOLF CLUB		
3. FEIN 39-1475071	4. Wisconsin Seller's Permit Number 456-0000455693-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation		
6. State of Organization WI	7. Date of Organization 01/18/1984	8. Wisconsin DFI Registration Number IN09321
9. Premises Address (do not use PO Box) 2955 WISCONSIN DELLS PARKWAY		
10. City WISCONSIN DELLS	11. State WI	12. Zip Code 53965
13. County SAUK	14. Governing Municipality: ☒ City ☐ Town ☐ Village of WISCONSIN DELLS	15. Aldermanic District
16. Mailing Address (if different from premises address) PO BOX 590		
17. City WISCONSIN DELLS	18. State WI	19. Zip Code 53965
20. Premises Phone (608) 253-7000	21. Premises Email psteffes@trappersturn.com	22. Website www.trappersturn.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. Clubhouse, mobile and stationary beverage carts, outdoor decks, 39 hole golf course paths, food truck		

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 Business Entity: _____	
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
NELSON	TODD	PRESIDENT	(608) 254-5320
NELSON	SHARI	VICE PRESIDENT	(608) 254-5320
BONTE SPATH	MARY	TREASURER	(608) 254-5320
PINE	STEVE	SECRETARY	(608) 254-5320

Part D: Attestation

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

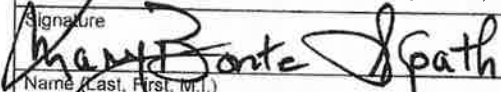
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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 5/19/2025	
Name (Last, First, M.I.) BONTE SPATH, MARY L		
Title TREASURER	Email mbonte@kalahariresorts.com	Phone (608) 254-5320

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		

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

FOR CLERKS ONLY

Municipality

License Period

ITEM 14

Part A: Premises/Business Information

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

WALGREEN CO

2. Business Trade Name or DBA

WALGREENS #06885

3. FEIN

36-1924025

4. Wisconsin Seller's Permit Number

21526-0000455404-05

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation

6. State of Organization

ILLINOIS

7. Date of Organization

02/15/1909

8. Wisconsin DFI Registration Number

W066585

9. Premises Address (do not use PO Box)

300 STATE HIGHWAY 13

10. City

Wisconsin Dells

11. State

WI

12. Zip Code

53965-7902

13. County

Sauk

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Wisconsin Dells

15. Aldermanic District

16. Mailing Address (if different from premises address)

PO BOX 901

17. City

DEERFIELD

18. State

IL

19. Zip Code

60015

20. Premises Phone

(608) 254-5760

21. Premises Email

mgr.06885@store.walgreens.co

22. Website

WWW.WALGREENS.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.

Retail drugstore in a one-story building of 15,121 sq ft.

↑
w/ sundries

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 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: WALGREENS BOOTS ALLIANCE INC

3b. FEIN of Parent Company: 47-1758322

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
SEE ATTACHED RIDERS			

Part D: Attestation

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

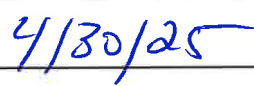
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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 	Date 	
Name (Last, First, M.I.) Brown, Brian, R		
Title VICE PRESIDENT AND TREASURER	Email taxlicenser renewals@walgreens.com	Phone 847-527-2119

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		

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

R# 123545 4/30/25	
FOR CLERKS ONLY	
Municipality	
License Period	ITEM 14

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) Six K's Keg Inc		
2. Business Trade Name or DBA The Keg Bar & Grill/Kilbourn Cork		
3. FEIN 39-1808415	4. Wisconsin Seller's Permit Number 456-0000321833-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation		
6. State of Organization Wisconsin	7. Date of Organization 03/01/1995	8. Wisconsin DFI Registration Number 5046398
9. Premises Address (do not use PO Box) 716, 720 & 732 Oak St		
10. City Wisconsin Dells	11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells	15. Aldermanic District
16. Mailing Address (if different from premises address)		
17. City	18. State	19. Zip Code
20. Premises Phone (608) 254-7475	21. Premises Email kkoehler1@charter.net	22. Website dellskeg.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. All buildings indoor and outdoor area of 716, 720 & 732 Oak St.		

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 Business Entity: _____		
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
Koehler	Keith	President	(608) 434-0888

Part D: Attestation

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

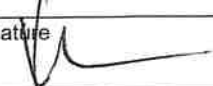
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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 04/01/2025	
Name (Last, First, M.I.) Koehler, Keith G		
Title President	Email kkoehler1@charter.net	Phone (608) 434-0888

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		

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

\$100-

FOR CLERKS ONLY	
Municipality	ITEM 14
Wisconsin Dells City of	
License Period	
7/1/2025 to 6/30/2026	

R # 124153 5/12/25

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 1118			
3. FEIN 39-1036365		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) 1013 Broadway			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells City		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 608-253-2704		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	608-791-7385 608-793-4741
Wagner	David	CFO & Treasurer	608-791-7385 608-793-4741
Piatek	Henry	Agent	608-474-2580

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		

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

\$100~
FOR CLERKS ONLY
Municipality
Wisconsin Dells City of
License Period
7/1/2025 to 6/30/2026

ITEM 14
R# 124152 5/12/25

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 1113			
3. FEIN 39-1036365		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) 420 State Highway 13			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County Sauk	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells City		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 608-254-1198		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	608-791-7385 608-793-4741
Wagner	David	CFO & Treasurer	608-791-7385 608-793-4741
Faber	Barry	Agent	608-548-4976

Part D: Attestation

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

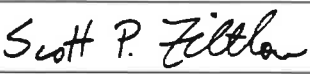
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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 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		

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

\$100

R# 123394 4/28/25

FOR CLERKS ONLY

Municipality

ITEM

14

License Period

Part A: Premises/Business Information

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

LIBERTY SQUARE GAS STATION INC

2. Business Trade Name or DBA

REFUEL PANTRY - AMERICAN WORLD

3. FEIN

47-1036241

4. Wisconsin Seller's Permit Number

456-1028566807-02

5. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☐

Limited Liability Company

☒

Corporation

6. State of Organization

WISCONSIN

7. Date of Organization

06/12/2014

8. Wisconsin DFI Registration Number

L054455

9. Premises Address (do not use PO Box)

2040 WISCONSIN DELLS PKWY

10. City

WISCONSIN DELLS

11. State

WI

12. Zip Code

53965

13. County

SAUK

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: WISCONSIN DELLS

15. Aldermanic District

16. Mailing Address (if different from premises address)

1354 N. BIRD STREET

17. City

SUN PRAIRIE

18. State

WI

19. Zip Code

53590

20. Premises Phone

21. Premises Email

MELLISAM@REFUELPANTRY.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.

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
SINGH	LAKHBIR	PRESIDENT	(262) 237-0958
JACOBSON	MELLISA	AGENT	(608) 393-5382

Part D: Attestation

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

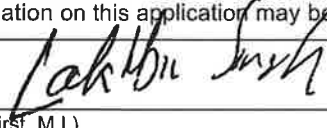
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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		Date	4.28.25
Name (Last, First, M.I.) SINGH, LAKHBIR			
Title PRESIDENT	Email LIBERTYGASSTOP@GMAIL.COM	Phone (262) 237-0958	

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		

R#122532
4/15/25

\$ 100.00

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	ITEM 14
License Period	

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) LIBERTY SQUARE GAS STATION INC		
2. Business Trade Name or DBA REFUEL PANTRY - R&G		
3. FEIN 47-1036241	4. Wisconsin Seller's Permit Number 456-1028566807-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation		
6. State of Organization WISCONSIN	7. Date of Organization 06/12/2014	8. Wisconsin DFI Registration Number L054455
9. Premises Address (do not use PO Box) 611 N. FRONTAGE RD.		
10. City WISCONSIN DELLS	11. State WI	12. Zip Code 53965
13. County SAUK	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: WISCONSIN DELLS	15. Aldermanic District
16. Mailing Address (if different from premises address) 1354 N. BIRD STREET		
17. City SUN PRAIRIE	18. State WI	19. Zip Code 53590
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.		

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
SINGH	LAKHBIR	PRESIDENT	(262) 237-0958

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>Lakbir Singh</i>	Date	<i>4/8/25</i>
Name (Last, First, M.I.) SINGH, LAKHBIR			
Title PRESIDENT	Email LIBERTYGASSTOP@GMAIL.COM	Phone (262) 237-0958	

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		

R# 125557 6/4/25

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	
License Period	ITEM 14

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) AUTHENTICITY GIFTS LLC			
2. Business Trade Name or DBA THE PICKLED COWBOY			
3. FEIN 84-1984123		4. Wisconsin Seller's Permit Number 456 1030429467-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation			
6. State of Organization WI	7. Date of Organization	8. Wisconsin DFI Registration Number	
9. Premises Address (do not use PO Box) 209 BROADWAY			
10. City WIS DELLS	11. State WI	12. Zip Code 53965	
13. County COLUMBIA	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: WS DELLS		15. Aldermanic District
16. Mailing Address (if different from premises address) P.O. BOX 483			
17. City WIS DELLS	18. State WI	19. Zip Code 53965	
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. STORE IN DOWNTOWN			

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 Business Entity: _____ 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
MARSICH	DARRIN	Owner/member	617 8518
MARSICH	LAURIE	Owner/member	617 819

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 6-3-25	
Name (Last, First, M.I.) MARSICH MARSICH DARRIN			
Title Owner	Email \$51RC1024Hw	Phone 617 8518	

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		

\$100-

R#124365 5/15/25

Form
CTV-100

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

FOR CLERKS ONLY	
Municipality	ITEM 14
License Period	

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) All New Tobacco Vape Outlet LLC			
2. Business Trade Name or DBA Smoke World Vape			
3. FEIN 93-3874044		4. Wisconsin Seller's Permit Number 456-1031511072-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation			
6. State of Organization Wisconsin		7. Date of Organization 10/12/2023	
8. Wisconsin DFI Registration Number A109204			
9. Premises Address (do not use PO Box) 301 Broadway			
10. City Wisconsin Dells		11. State WI	12. Zip Code 53965
13. County Columbia	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Wisconsin Dells		15. Aldermanic District
16. Mailing Address (if different from premises address) 13228 Fremont Ave S			
17. City Burnsville		18. State MN	19. Zip Code 55337
20. Premises Phone 4147375868		21. Premises Email smokeworldinnova@gmail.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. All the products are selling over the counter, the electronic vapes are located in shelves behind the counter name for the tobacco products, the rest of the items are located in showcases in the counter and against the walls			

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 Business Entity: _____	
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
Aboul	Amaz	Owner	614 695 2964
Vetter Ramirez	Reiner	Agent	414 737 5868

Part D: Attestation

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

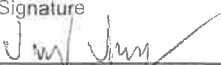
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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 05/08/2025	
Name (Last, First, M.I.) Aboul Ammar, K		
Title Owner	Email Smokerworldinnvices@gmail.com	Phone 614 695 2964

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		

Hi Lisa,

Here is my letter for your meeting today. Thank you again for your supportive efforts.

As the owner of The Shoppes at Hulbert Creek, located at 320–340 Hwy 13 in Wisconsin Dells, I am writing to respectfully request a six-month extension of the liquor license currently associated with the former Applebee's location on my property.

This request arises from highly unusual and unfortunate circumstances that have left me, a small retail property owner, in a deeply challenging position, both financially and operationally.

When I acquired the property, I was aware that the Applebee's lease was approaching expiration but had no indication of the severe issues that would unfold. At the time, the tenant was Wisconsin Apple, a reputable franchisee operating all 26 Applebee's in the state. Despite timely rent payments, they were quietly facing financial strain and seeking an exit.

In 2024, I was approached by Andrew Levy, CEO of The Starboard Group in Florida. He had been positioned by Applebee's corporate to assume control of the Wisconsin Apple locations based on his prior franchising experience. What was presented as a positive transition turned out to be catastrophic. Mr. Levy's group executed a new lease with my property, only to file bankruptcy days later.

Subsequent investigations and legal reporting have revealed that Starboard and Mr. Levy have a troubling history of alleged fraud, employee misconduct, and financial mismanagement. Starboard was ordered to pay \$7.1 million in damages in 2023, and various lawsuits allege misappropriation of Paycheck Protection Program (PPP) funds and deceptive business practices. These actions, unfortunately, reflect a pattern of acquiring distressed assets, extracting short-term gain, and abandoning obligations, leaving landlords and communities to deal with the aftermath.

As a result of this situation, I have sustained over \$240,000 in unpaid rent and fees. I've incurred extensive legal costs, been denied access to the premises while it was allegedly being stripped of assets, and now face the prospect of a significant gap in rental income until I can re-lease the space. This is my only commercial property and my primary source of income, which I rely on to support my family, including two children currently in college.

While I am grateful that repossession is now in progress, I am disheartened to learn that the liquor license may expire on June 30, just as I am preparing to actively market the space. The loss of this license would drastically reduce the pool of prospective tenants and significantly delay the property's recovery.

I have already begun working with real estate professionals to attract a new, family-friendly tenant that will benefit the Wisconsin Dells community. I ask for your compassion and assistance in extending the license for six additional months to allow me a fair opportunity to reposition the space.

Throughout this difficult process, I have been uplifted by the support and professionalism of the local community, and I remain optimistic about the future of this property. I hope the Board will consider my request favorably.

Sincerely,
Nancy Sullivan



Wendy's Franchisee Ordered to Pay \$7.1M after
Accusations of Harassment and PPP Fraud
qsmagazine.com



Complex Case Results In Bankruptcy for Applebee's
Franchisee
franchisetimes.com