

VILLAGE OF NEW GLARUS
PUBLIC WORKS / PUBLIC SAFETY COMMITTEE MEETING
Village Hall Board Room
319 2ND Street
6/14/2023 7:00 P.M.

REGULAR MEETING

1. Call to Order
2. Approval of Agenda
3. Appointment of Chair
4. Approval of 5.8.23 Minutes
5. Public Safety
 - a. Monthly Police Department Report
 - b. Consideration/Discussion: *Operator's Licenses* - Kristal Gille, Alyssa Cramer, Nathania Kummer, Greg Kleeman, Barbara Froehlich, Trey Armstrong, Leah Hanson, Keith Kube, Kayla Brick, Tyler Ballweg, Hillary Phillips, Beverly Hoesly, Roger O'Leary, Kayla Ballweg, David Tierman, Jake Lynch, Hunter Tierman, Ginger Blum, Joni Keehn, Diane Peters, Kimberly Bigler, McAllister Reynolds, Anastasia Schwenn, Harmony Brooks, Nicole Rivers, John Miller, Alexandra Sayre, Michael Nevil, Jill Stickwell, Kellene Kutz, Tami Reeson, Shannon Jelle, Taylor Clark, Tammy Burnett, Patricia Best, Jolene Butenhoff, Pamela Cox, Kennedy Dreger, Brenna Meier, John Gobeli, Julie O'Connell, Reba Bergmann, Chloe Gwin, Maureen Fugate, Jonathan Cruse & Hallie Weintraub
 - c. Consideration/Discussion: Misc. Licenses to Expire 6/30/23 - *Mobile Home Park/Firefly Estates, Pool Table Lic. -Toffler's & Kleeman's, Tobacco Retail Lic. - Casey's, Rusty Raven, Sportsman's & Ott Haus, Shubh Self Service, Blanchardville Coop*
 - d. Consideration/Discussion: *Renewal Alcohol Beverage Licenses*
Class A Beer: Blanchardville Coop (Gery Steinmetz)
Class A Beer/Liquor: Shubh Self Service Inc (Suchinder Singh), Burreson's/Roy's Market (Darin Burreson), Casey's (Anthony Hawks)
Class B Beer/Liquor: Kleeman's Bar & Grill LLC (Gregory Kleeman); Puempel's Olde Tavern (Charles Bigler); Ott Haus (Amber Tierman), Fest Haus (Randy Dreger), Sportsman's Reloaded (Scott Hook), NG Hotel Restaurant & Landhaus Restaurant (Mike Nevil), Glarner Stube (John Gobeli), Tofflers Pub & Grill (Stephen Longo), Kristi's Restaurant (Kristi Lopez)
Class B Beer: Rusty Raven LLC (Kristiann Schultz), Dirty Dog Taphaus (Leah Hanson)
Class A Liquor: Brenda's Blumenladen (Brenda Siegenthaler), The Bramble Patch (Sheri Weix), New Rose LLC (Bryenna Reinicke), Chalet Cheese Haus LLC (Michael Hlubek), Lollygag Antiques (Karen Rodeghier)
Class B Beer/C Wine: Fat Cat Coffee Works (Alexandra Sayre), Sugar River Pizza Co (Deb Watterson)
6. Public Works
 - a. Monthly Public Works Department Report
 - b. Consideration/Discussion: Stop Signs at 8th St & 9th Ave
 - c. Consideration/Discussion: No Parking East Side of 3rd St from 4th Ave to 6th Ave for Emergency Vehicle Access
 - d. Consideration/Discussion: Burn Site Permit
7. Adjournment

Peggy Kruse, Chair Public Works/ Public Safety Committee

AGENDA

POSTED: N.G. Village Hall 6/9/23
 NG Post Office 6/9/23
 Bank of New Glarus 6/9/23



Kelsey A. Jenson, Clerk

PURSUANT TO APPLICABLE LAW, NOTICE IS HEREBY GIVEN THAT A QUORUM OR A MAJORITY OF THE NEW GLARUS VILLAGE BOARD OF TRUSTEES MAY ATTEND THIS MEETING. INFORMATION PRESENTED AT THIS MEETING MAY HELP FORM THE RATIONALE BEHIND FUTURE ACTIONS THAT MAY BE TAKEN BY THE NEW GLARUS VILLAGE BOARD.

PERSONS REQUIRING ADDITIONAL SERVICES TO PARTICIPATE IN A PUBLIC MEETING MAY CONTACT THE VILLAGE CLERK FOR ASSISTANCE AT 527-2510.

VILLAGE OF NEW GLARUS
PUBLIC WORKS & SAFETY MEETING MINUTES
May 8, 2023 **6:30 pm**

REGULAR MEETING

Present: Peggy Kruse and Michael Bell

Also Present: Director of Public Works Joe Cockroft; Police Chief Jeff Sturdevant; Village Administrator Lauren Freeman; Chamber of Commerce Executive Director Bekah Stauffacher; Board Trustee Gof Thomson, Tim Usher, Jeff Babler, Rosalie Huntington

1. Call to Order – 6:30 p.m.
2. Approval of Agenda: Michael, Peggy second
3. Approval of 4.10.23 Minutes: Michael, Peggy second
4. Public Hearing: Special Assessments for 3rd Avenue between 3rd Street & 8th Street
 - a. Jeff Babler (506 3rd Ave) asked, as part of the project, if the all three sidewalks at his property could be handicap accessible to the property's mailboxes. Village Engineer Pat Rank stated he would investigate further.
 - b. Tim Usher (701 3rd Ave) asked when construction was expected to start. Village Engineer Pat Rank stated it would likely be mid to late July 2023. Usher asked why some parts of the sidewalk on 3rd Avenue are 4' and some 5'. Rank stated that the east section of 3rd Avenue is 4' because they were only filling in areas that did not have sidewalk and wanted to keep the width consistent. The new sidewalk going in between 6th and 8th Street would be 5', which is the engineering standard for residential neighborhoods. Usher also asked if the sidewalk could be moved closer to the road to avoid tree roots, and Rank stated he would explore that further. Usher also asked about the interest rate charged for the special assessment payments and when that rate will be established. Administrator Freeman said she would look into it and let him know.
 - c. Rosalie Huntington (707 3rd Ave) asked whether her tree would be taken out as part of the project. Rank was unsure but said it was likely. Huntington also asked if their driveway would be impacted by the project. Rank said that the lower section would impacted to add in the new sidewalk, but would be replaced my the Village.
5. Approval: Special Assessments for 3rd Avenue between 3rd Steet & 8th Street – Peggy motion to approve, Michael second
6. Public Safety:
 - a. Monthly Police Department Report – Chief Sturdevant shared the April monthly police report. There were 331 calls in April.
 - b. Consideration/Discussion: Special Event: Blues, Brews & Food Trucks, June 24, 2023 – Peggy motion to approve, Michael second
 - c. Consideration/Discussion: Operator License for Jolene Klarer – Peggy motion to approve, Michael second
7. Public Works:
 - A. Monthly Public Works Department Report – Public Works Director provided an update on Public Works and Utility projects.

- B. Consideration/Discussion: Qualifications-Based Selection of Engineer for Water Reservoir – Peggy made a motion to select Town & Country as the engineer for the water reservoir project, Mike second
- C. Consideration/Discussion: Water Reservoir Tank Option Selection – Peggy made a motion to approve use of prestressed concrete for the water reservoir project, Mike second
- D. Consideration/Discussion: GIS Mapping Update – Village Administrator Lauren Freeman provided an update on GIS mapping for Public Works and Utilities.

Adjourn 7:39 PM

- Lauren Freeman
Village Administrator

Jeff Sturdevant
Chief of Police
 sturdevant@newglaruspolice.com



Office: 608-527-2145
 Fax: 608-527-2062
 info@newglaruspolice.com

"America's Little Switzerland"

June 6, 2023

To: Administrator Freeman and the New Glarus Public Safety/Works Committee

From: Chief Jeff Sturdevant

Reference: May Monthly Police Report

Here is the summary of the Police Department statistics for last month and the year to date calls for service along with a comparative to last year's numbers.

Types of Calls	Current Month	Since Jan 1st	Total Last Year
Overall calls for service	397	1722	3791
Assist other agencies/departments	37	160	528
Incarcerated/Jailed	1	13	44
Traffic/Municipal Citations	61	228	618
Traffic Warnings	102	368	738
Parking Citations	1	130	258
Traffic Accidents	0	4	42

Notable information or call(s) for service:

- 05-06-23—New Glarus Prom. The department had an officer present at the entire prom and there were no issues. The Police Department received several thanks from parents and students for being present and ensuring it was a safe event.
- 05/17/23—Assist Green County (Domestic)/SWAT Call – Officers responded to a residence in Green County to assist with a domestic with the offender being intoxicated and firing a weapon. New Glarus officers were the first to arrive and attempted to talk with the suspect and then assisted with the perimeter. Chief Sturdevant was also on scene as SWAT was called out to the location.

Jeff Sturdevant
Chief of Police
sturdevant@newglaruspolice.com



Office: 608-527-2145
Fax: 608-527-2062
info@newglaruspolice.com

"America's Little Switzerland"

- 05-19-23—New Glarus Officers attended the Wisconsin Law Enforcement Memorial Ceremony at the Wisconsin Capitol in Madison.
- 05/19/23—Emergency Detention – Juvenile subject was threatening suicide. An officer arrived at the residence to investigate the incident. The juvenile was transported to SSM Health in Monroe for a medical clearance and then transported to Winnebago Mental Health. Due to numerous delays, officers doing the transport of the juvenile finally returned and completed the call at 5:00 PM on 05/20/23. This call from beginning to end took approximately 20 hours. The total time on call with all officers involved was approximately 33 hours.
- The New Glarus Police Department and New Glarus Chamber of Commerce hosted the annual Bike Rodeo on 05/20/23. The weather was nice and the attendance was up. There were twelve (12) bicycles given away. The first 50 children needing helmets received them for free. The first 100 children received goodie bags full of free items from businesses throughout the Village. There was a petting zoo also. All participants and family members attending received a free lunch. The event was funded through donations and the New Glarus Police Departments Community Relations Fund.
- Grant Received—I completed an equipment grant and recently learned I was awarded the grant. This grant was for a total of \$1,800.00 and will be used to purchase a digital camcorder and accessories for it that the department will utilize on investigations and other needs for the department.
- Update on hiring process.

Application For License

To the Clerk of the **Village of New Glarus**

County of **Green**, Wisconsin

The undersigned hereby applies for a license to engage in the business of:

Mobile Home Park

For the term beginning July 1, 2023 and ending June 30, 2024.

The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations, and penalties governing the business for which this license is applied for.

Name and Address of Establishment:

501 14TH Avenue

New Glarus, WI 53574

A receipt is submitted herewith, showing the payment of the sum of **\$25.00** to the treasurer, in payment of this license.

Dated: 5-5-2023

Signed: _____



23-24

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(m m dd yyyy) (m m dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Blanchardville Coop Oil Assoc.</u>	<u>314 S Main St. Blanchardville WI 53516</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Steinmetz</u>	<u>Gery</u>	<u>Edward</u>	<u>4154 330th St Boyd WI 54726</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Blanchardville Coop Oil Assoc. Business Phone Number 608-523-4294

2. Address of Premises 1401 WI State Hwy 69 Post Office & Zip Code New Glarus WI 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No


4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____

Retail Convenience

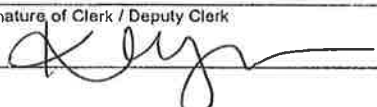
Applicant's Wisconsin Seller's Permit Number <u>45600004748602</u>	
FEIN Number <u>39-0169330</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500.-</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250.-</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Gery Steinmetz	Title / Member General Manager	Date 04/13/2023
Signature 	Phone Number 608-523-4294	Email Address gerys@blanchardville

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/24/23	Date reported to council / board 6/12 DW / 6/20 VB	Date license granted
License number issued 23-24	Date license issued	Signature of Clerk / Deputy Clerk 

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number 23-02
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000474886-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Blanchardville Coop Oil Assoc.		Federal Employer Identification No. (FEIN) 39-0169330	
Trade or Business Name (if different than Legal Name)		Telephone Number (60) 523-4294	
Business Address (License Location) 1401 WI state Hwy 69		Business Telephone (60) 523-4294	
Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		County Green	
Municipality New Glarus	State WI	Zip Code 53574	of: Green
Mailing Address (if different than Business Address) 314 S. Main St. PO box 88		Municipality Blanchardville	State WI
		Zip Code 53516	

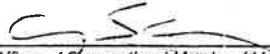
Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) Cooperative

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.


 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

County of Green Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-1024029497-03	
FEIN Number 47-2727959	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250.</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last) <u>Weix</u>	(First) <u>Sheri</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>213 2nd St, PO Box 33, New Glarus, WI 53574</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name The Bramble Patch Business Phone Number 608-527-4878

2. Address of Premises 102 5th Ave, New Glarus, WI Post Office & Zip Code PO Box 33, 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Retail sales floor for display, sales & minor storage of items waiting to be sold; Kitchen for main alcohol storage & side workroom for incoming alcohol storage; driveway for festival sales; records stored in unlocked, employee-accessible file in side workroom.

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Weix, Sheri	Title / Member owner	Date 03/24/2023
Signature <i>Sheri Weix</i>	Phone Number 608-527-4878	Email Address TheBramblePatch@outlo

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 3/27/23	Date reported to council / board PW 6/12 - VB 6/20	Date license granted
License number issued 2304	Date license issued	Signature of Clerk / Deputy Clerk <i>Dannay</i>

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

County of Green Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Brenda's Blumenladen LLC</u>	<u>7965 Ritschard Rd New Glarus, WI 53574</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Siegenthaler</u>	<u>Brenda</u>		<u>PO Box 314 New Glarus, WI 53574</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Siegenthaler</u>	<u>Brenda</u>		<u>PO Box 314, New Glarus, WI 53574</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Siegenthaler</u>	<u>Duane</u>		<u>PO Box 314, New Glarus, WI 53574</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Brenda's Blumenladen LLC Business Phone Number 608-527-2230

2. Address of Premises 17 6th Ave Post Office & Zip Code PO Box 5, 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Brenda's Blumenladen/ Railroad St. Boutique located at 17 6th Ave/18 7th Ave, New Glarus WI 53574 including both buildings, walkway between buildings and store room above Railroad St. Boutique.

Applicant's Wisconsin Seller's Permit Number 456-1028266294-02	
FEIN Number 46-4112140	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250.</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Brenda Siegenthaler	Title / Member Owner/member	Date 03/20/2023
Signature <i>Brenda Siegenthaler</i>	Phone Number 608-527-2230	Email Address brendasblumenladen@gm

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 3/22/23	Date reported to council / board PW 6-121 VB 6/20	Date license granted
License number issued 23-03	Date license issued	Signature of Clerk / Deputy Clerk <i>Deanna Yf.</i>

23-19

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07-01-2023 ending: 06-30-2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Burkerson's Market Inc. / Roy's Market</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Burkerson</u>	(First) <u>Darin</u>	(Middle Name) <u>L.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>216 S. Pinckney St. Madison WI 53703</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Burkerson</u>	(First) <u>Darin</u>	(Middle Name) <u>L.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>216 S. Pinckney St. Madison WI 53703</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Roy's Market Business Phone Number 608 527-2914
2. Address of Premises 600 St. Rd 109 Post Office & Zip Code 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

13,000 Sq Ft Building. Alcohol Displayed on Sales Floor. There is a small area off the back area we store back stock.

Applicant's Wisconsin Seller's Permit Number <u>456-1029314112-02</u>	
FEIN Number <u>81-2782457</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) ANDERSON RONALD J JR.	Title / Member STORE MANAGER	Date 5-23-23
Signature <i>Ronald J Anderson Jr</i>	Phone Number 1-608-527-2914 1-608-574-2093	Email Address randerson2646@charter.net

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-23-23	Date reported to council / board 6-12(PW) 6-20(VB)	Date license granted .
License number issued 23-19	Date license issued	Signature of Clerk / Deputy Clerk <i>[Signature]</i>

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } NEW GLARUS
 Village of }
 City of }

County of GREEN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company CASEY'S MARKETING COMPANY	Address of Corporation / Limited Liability Company (if different from licensed premises) ONE SE CONVENIENCE BLVD, ANKENY, IA 50021
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name HAWKS	(First) ANTHONY	(Middle Name) WAYNE	Home Address (Street, City or Post Office, & Zip Code) 538 BIESE STREET, COMBINED LOCKS, WI 54113
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name PLEASE SEE ATTACHED OFFICER LIST	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name CASEY'S GENERAL STORE #3572 Business Phone Number 608-453-4529

2. Address of Premises 1019 STATE HWY 69 Post Office & Zip Code NEW GLARUS 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

ONE STORY PRESTRUCTURED STEEL BUILDING

Applicant's Wisconsin Seller's Permit Number 456-000602957-03	
FEIN Number 42-1435913	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250-</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) BEECH, DOULGAS M	Title / Member ASSISTANT SECRETARY FOR CASEY'S MARKETING COMPANY	Date 3/17/23
Signature <i>Douglas M. Beech</i>	Phone Number 515-381-5109	Email Address LICENSINGTEAM@CASEYS.COM

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 3/28/23	Date reported to council / board PW 6-12 / VB 6-20	Date license granted
License number issued 23-06	Date license issued	Signature of Clerk / Deputy Clerk <i>Deanna J.</i>

CASEY'S MARKETING COMPANY

Federal Tax I.D. 42-1435913

Date of Incorporation: March 15, 1995

Effective 10/8/2021

OFFICERS

Samuel J. James, President & Chairman
One SE Convenience Blvd.
Ankeny, IA 50021

Brian J. Johnson, Vice President
One SE Convenience Blvd.
Ankeny, IA 50021

Scott A. Faber, Secretary
One SE Convenience Blvd.
Ankeny, IA 50021

Eric Larsen, Treasurer
One SE Convenience Blvd.
Ankeny, IA 50021

Douglas M. Beech, Assistant Secretary
One SE. Convenience Blvd.
Ankeny, IA 50021

BOARD OF DIRECTORS

Samuel J. James, Chairman
One SE Convenience Blvd.
Ankeny, IA 50021

Brian J. Johnson
One SE Convenience Blvd.
Ankeny, IA 50021

Scott Faber
One SE Convenience Blvd.
Ankeny, IA 50021

This information is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential and privileged and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

\$ 50.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000602957-03

← This must be issued in the same Legal Name of the licensee below.

License Number 23-01
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CASEY'S MARKETING COMPANY			Federal Employer Identification No. (FEIN) 42-1435913	
Trade or Business Name (if different than Legal Name) CASEY'S GENERAL STORE #3572			Telephone Number (608) 453-4529	
Business Address (License Location) 1019 STATE HWY 69		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (515) 381-5109
Municipality NEW GLARUS	State WI	Zip Code 53565	County IOWA	
Mailing Address (if different than Business Address) ATTN: LICENSING, ONE SE CONVENIENCE BLVD			Municipality ANKENY	State IA
			Zip Code 50021	

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

Douglas M. Beech
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)
DOUGLAS BEECH, ASSISTANT SECRETARY FOR CASEY'S MARKETING COMPANY

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

#23.13

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } NEW GLARUS
 Village of }
 City of }

County of GREEN Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>CHALET CHEESE HAUS, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>554 1ST ST, NEW GLARUS, WI 53574</u>
---	---

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>HLUBEK</u>	(First) <u>MICHAEL</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>PO BOX 788, MONROE, WI 53566</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name CHALET CHEESE HAUS Business Phone Number 608-636-2130

2. Address of Premises 554 1ST STREET Post Office & Zip Code NEW GLARUS, WI 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

RETAIL AREA, BACK ROOM, BACK COOLER

Applicant's Wisconsin Seller's Permit Number <u>456-1031088581-04</u>	
FEIN Number <u>00-2699618</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>HLUBEK, MICHAEL</i>	Title / Member <i>MANAGER</i>	Date <i>5/15/2023</i>
Signature <i>Michael Hlubek</i>	Phone Number <i>608-636-2130</i>	Email Address <i>mike.hlubek@chaletcheesehaus.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5.15.23</i>	Date reported to council / board <i>PW 6/12 VB 6/20</i>	Date license granted
License number issued <i># 2313</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>Deanne Young</i>

23-09

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Kube	Keith	A	406 2nd Ave New Glarus WI 53574
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hanson	Leah	L	406 2nd Ave New Glarus WI 53574
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Dirty Dog Taphaus and Eatery LLC	101 6th Ave New GLarus WI 53574

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Kube	Keith	Allen	406 2nd Ave New Glarus WI 53574
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hanson	Leah	Lynne	406 2nd Ave New Glarus WI 53574
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Dirty Dog Taphaus and Eatery LLC Business Phone Number 608 636 2048

2. Address of Premises 101 6th Ave PO Box 38 Post Office & Zip Code New Glarus WI 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No


4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Single story historical building with fenced outside patio area.

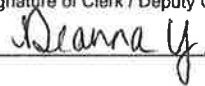
Applicant's Wisconsin Seller's Permit Number 456-1030678405-04	
FEIN Number 85-4084873	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Leah Hanson	Title / Member Owner / Member	Date 05/05/2023
Signature 	Phone Number 608 347 8082	Email Address 1016thave@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-8-23	Date reported to council / board PW 6/12 VB 6/20	Date license granted
License number issued 23-09	Date license issued	Signature of Clerk / Deputy Clerk 

TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter.

Save

Print

Clear

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 6/30/23 ending: _____
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } NEW GADARUS
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Fat Cat Coffee Works</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>Leoce Railroad St.</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Soyre</u>	(First) <u>Alexandra</u>	(Middle Name) <u>Claire</u>	Home Address (Street, City or Post Office, & Zip Code) <u>12494 Poplar Grove Rd.</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Fat Cat Coffee Works Business Phone Number (608) 695-6507
2. Address of Premises Leoce Railroad St. Post Office & Zip Code NEW GADARUS 53514

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Leoce Railroad St

Applicant's Wisconsin Seller's Permit Number <u>456-000-319554502</u>	
FEIN Number <u>20-803-7042</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Sayre, Alexandra C</i>	Title / Member <i>General manager</i>	Date <i>5/10/23</i>
Signature <i>Alexandra Sayre</i>	Phone Number <i>608-695-6507</i>	Email Address <i>allyprigger@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5.10.23</i>	Date reported to council / board <i>PW 6/12 / VB 6/20</i>	Date license granted
License number issued <i># 23-12</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>Dannaly</i>

Dear New Glarus Village,

This letter is to communicate that we, Fat Cat Coffee Works, would like to apply for a liquor CLASS B license.

During our 16 years of having the opportunity to serve this community we have hoped for the chance to apply for a liquor license a few times before. We are hoping this time is our chance!

We love New Glarus and we look forward to growing our business and expanding our hours so that we can offer our residents and visitors more!

Thank you for your consideration!

Sincerely,

Ally Sayre

23-22

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>004-000107005-01</u>	
FEIN Number <u>39-1591613</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Glarner Enterprises Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Gobeli</u>	(First) <u>John</u>	(Middle Name) <u>christian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>630 Washington St, Monticello, 53570</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Gobeli</u>	(First) <u>John</u>	(Middle Name) <u>christian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>630 Washington St Monticello, 53570</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Glarner Stake Business Phone Number 608 527 2216
- Address of Premises 518 1st St Post Office & Zip Code Po Box 157 53574
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) The 1st + 2nd floors of 518 1st street

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Gobeli, John C	Title / Member President	Date 5/24/23
Signature 	Phone Number 608 214 5383	Email Address Gobeli, John @Gobeli.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/24/23	Date reported to council / board PW 6/12 / JB 6/20	Date license granted
License number issued 23-22	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/01/2023 ending: 6/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } NEW GLARUS
 Village of }
 City of }

County of GRAN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>HUNGO LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>200-5th AVENUE, NEW GLARUS, WI</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>LOHCO</u>	(First) <u>STEPHEN</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>812-3RD STREET, NEW GLARUS WI 53574</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)


C. Business Information

- Trade Name TOPHERS PUB AND GRILL Business Phone Number 608-527-2490
- Address of Premises _____ Post Office & Zip Code NEW GLARUS, WI 53574
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) MAIN BAR AREA, DINING ROOM-UPSTAIRS AND GROUND LEVEL, OUTSIDE BAR, OUTSIDE FENCED PATIO

Applicant's Wisconsin Seller's Permit Number <u>456-102860 7952-02</u>	
FEIN Number <u>47-3332218</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 250.
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes ~~No~~
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes ~~No~~
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes ~~No~~
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes ~~No~~
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes ~~No~~
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>LONGO, STEPHEN, J</i>	Title / Member <i>OWNER</i>	Date <i>5/02/2023</i>
Signature 	Phone Number <i>608-527-2490</i>	Email Address <i>steve@tollers.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5.2.23</i>	Date reported to council / board <i>PW 6/12 #VB 6/20</i>	Date license granted
License number issued <i>23-08</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>Deanna Y.</i>

23-02

\$10.00

Application For License

To the Clerk of the **Village of New Glarus**

County of **Green**, Wisconsin

The undersigned hereby applies for a license to engage in the business of:

*Pool Table**

**No. of Pool Tables* 1


For the term beginning July 1, 2023 and ending June 30, 2024.

The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations, and penalties governing the business for which this license is applied for.

Name and Address of Establishment: HUNGO LLC DBA TOFFLERS
PUB AND GRILL 200 5th AVENUE, NEW GLARUS 53574

A receipt is submitted herewith, showing the payment of the sum of \$ _____ to the treasurer, in payment of this license.

Dated: 5/2/2023

Signed: 

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7-1-23 ending: 6-30-24
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } NEW GLAUS
 Village of }
 City of }

County of GREEN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KLEEMAN</u>	<u>GREGORY</u>	<u>BRIAN</u>	<u>312 DURST RD. NEW GLAUS, WI 53574</u>
<u>KLEEMAN</u>	<u>DENNIS</u>	<u>LYN</u>	<u>431 BELLE VIEW AVE BELLEVILLE WI 53508</u>

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>KLEEMAN'S BAR + GRILL LLC</u>	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KLEEMAN</u>	<u>GREGORY</u>	<u>BRIAN</u>	<u>312 DURST RD. NEW GLAUS, WI 53574</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KLEEMAN</u>	<u>GREGORY</u>	<u>BRIAN</u>	<u>312 DURST RD. NEW GLAUS, WI 53574</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KLEEMAN</u>	<u>DENNIS</u>	<u>LYN</u>	<u>431 BELLE VIEW AVE BELLEVILLE, WI 53508</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name KLEEMAN'S BAR + GRILL Business Phone Number 608-537-5499
 2. Address of Premises 116 5TH AVE. Post Office & Zip Code P.O. Box 742 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

MAIN FLOOR AND BASEMENT

Applicant's Wisconsin Seller's Permit Number	
<u>456-0002353298-02</u>	
FEIN Number	
<u>76-0775726</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Kleeman, GREGORY B.</i>	Title / Member <i>PRESIDENT</i>	Date <i>4-22-23</i>
Signature <i>[Signature]</i>	Phone Number <i>608-574-4562</i>	Email Address <i>gregkleeman@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>4.24.23</i>	Date reported to council / board <i>PW 6/12 / VB 6/20</i>	Date license granted
License number issued <i>2307</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>[Signature]</i>

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME GREG KEEMAN STATUTE NO./LOCAL ORDINANCE _____
CHARGE OWI WHERE CONVICTED NEW GLARUS
DATE 8-19 PENALTY FINE SUSPENDED LICENSE MISDEMEANOR FELONY
2. NAME GREG KEEMAN STATUTE NO./LOCAL ORDINANCE _____
CHARGE CLOSING HOUR VIOLATION WHERE CONVICTED NEW GLARUS
DATE 2016 PENALTY FINE MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

~~\$ 50.00~~
10.00

Application For License

To the Clerk of the **Village of New Glarus**

County of **Green**, Wisconsin

The undersigned hereby applies for a license to engage in the business of:

*Pool Table**

*No. of Pool Tables 1

For the term beginning July 1, 2023 and ending June 30, 2024.

The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations, and penalties governing the business for which this license is applied for.

Name and Address of Establishment: KEEEMAN'S BAR + GRILL LLC

116 5TH AVE. NEW GLARUS, WI 53574

A receipt is submitted herewith, showing the payment of the sum of \$ _____ to the treasurer, in payment of this license.

Dated: 4-27-23

Signed: 

TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter.

#23-18

Save

Print

Clear

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1028254108-02</u>	
FEIN Number <u>46-2939197</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: Krsti's Restaurant LLC
 Address of Corporation / Limited Liability Company (if different from licensed premises): 1195th Ave New Glarus, WI 53574

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name: Lopez (First) Krsti (Middle Name) R. Home Address (Street, City or Post Office, & Zip Code) 119 5th Ave PO Box 363 Ng. 53574

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Lopez</u>	<u>Krsti</u>	<u>Kae</u>	<u>Same as above</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Lopez Torres</u>	<u>Juan Carlos</u>		<u>Same as above</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Krsti's Restaurant Business Phone Number 608-527-2012
 2. Address of Premises 119 5th Ave Post Office & Zip Code New Glarus 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
at 119 5th Ave including the front porch and patio on the east side of the building
The entire building

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Lopez Kristi K.	Title / Member Owner	Date 5-17-23
Signature <i>Kristi Lopez</i>	Phone Number 608-558-4799	Email Address kristilopez@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/23/23	Date reported to council / board PW 6/12 / VB 6/20	Date license granted
License number issued #23-18	Date license issued	Signature of Clerk / Deputy Clerk <i>[Signature]</i>

TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter.

#23-20

Save

Print

Clear

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Steinbock LLC</u>	<u>801 Highway 69</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Nevil</u>	<u>Michael</u>	<u>A.</u>	<u>W6303 County H New Glarus, WI 53574</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Nevil</u>	<u>Michael</u>	<u>A.</u>	<u>W6303 County H New Glarus, WI 53574</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Nevil</u>	<u>Shawna</u>	<u>D.</u>	<u>W6303 County H New Glarus, WI 53574</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Landhaus Restaurant Business Phone Number 608-527-5234
- Address of Premises 801 Highway 69 Post Office & Zip Code New Glarus, WI 53574
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) See attached

Applicant's Wisconsin Seller's Permit Number <u>456102857849202</u>	
FEIN Number <u>47-2250255</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Newitt Michael A</i>	Title / Member <i>owner</i>	Date <i>05/23/23</i>
Signature <i>[Signature]</i>	Phone Number <i>558-0611</i>	Email Address <i>Shawmaneni@tds.net</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5/23/23</i>	Date reported to council / board <i>PW 6/12 / VB 6/20</i>	Date license granted
License number issued <i>23-20</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>[Signature]</i>

Chalet Landhaus Restaurant Premises Description:

Chalet Landhaus Restaurant located at 801 Highway 69, New Glarus WI 53574, including restaurant, bar, 3rd floor storage, conference room and outdoor dining terrace as per attached addenda.

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 6/30/2023 ending: 6/30/24
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: Lollygag Antiques LLC Address of Corporation / Limited Liability Company (if different from licensed premises): 16 6th Ave New Glarus

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name: Rodeghier (First) Karen (Middle Name) E Home Address (Street, City or Post Office, & Zip Code) W4965 Ward Creek Lane New Glarus

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Lollygag Antiques Business Phone Number 630 209 0423
- Address of Premises 16 6th Ave Post Office & Zip Code 53 New Glarus 53574
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Alcohol will be displayed in shop only. Alcohol will be stored in store room records will be stored behind service counter.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 250.
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
have not started selling yet (First year) 2023
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Rodeshner Karen E</i>	Title / Member <i>owner</i>	Date <i>3.28.23</i>
Signature <i>Karen Rodeshner</i>	Phone Number <i>6302090423</i>	Email Address <i>rodeshners@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>3/28/2023</i>	Date reported to council / board <i>PW 6/12 - VB 6/20</i>	Date license granted
License number issued <i>23-05</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>D. Murray</i>

#23-16

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-1029840460-02	
FEIN Number 83-0577018	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 250
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>New Rose LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Reinicke</u>	(First) <u>Bryenna</u>	(Middle Name) <u>M</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9136 York Center Rd Blanchardville, WI 53516</u>
------------------------------------	---------------------------	---------------------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:


President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

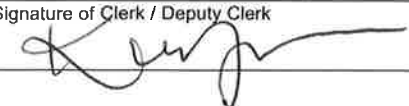
- Trade Name New Rose Business Phone Number 608-527-4004
- Address of Premises 523 1ST Street New Glarus Post Office & Zip Code 53574
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Second floor of retail mall where it is displayed for sale and extra inventory is stored in the cabinets underneath

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Bryenna M Reinicke	Title / Member Owner/ Agent	Date 04/27/2023
Signature 	Phone Number 517-980-4559	Email Address newrose7611c@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-19-23	Date reported to council / board PW 6/12 / VB 6/20	Date license granted
License number issued #23-110	Date license issued	Signature of Clerk / Deputy Clerk 

TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter.

#23-21

Save

Print

Clear

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456102857849202</u>	
FEIN Number <u>47-2250255</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Steinback LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>100 Sixth Avenue New Glarus, WI 53574</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Nevil</u>	(First) <u>Michael</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W6303 County Rd H New Glarus, WI 53574</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Nevil</u>	(First) <u>Michael</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W6303 County Rd H New Glarus, WI 53574</u>
Vice President / Member Last Name <u>Nevil</u>	(First) <u>Shawna</u>	(Middle Name) <u>D</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W6303 County Rd H New Glarus, WI 53574</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name New Glarus Hotel Restaurant Business Phone Number 608-527-5244
- Address of Premises 100 Sixth Avenue Post Office & Zip Code New Glarus, WI 53574
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) See attached

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Newik Michael A	Title / Member owner	Date 05/23/23
Signature 	Phone Number 608-558-0611	Email Address shannanewik@tds.net

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/23/23	Date reported to council / board PW 6/12 / VB 6/20	Date license granted
License number issued 23-21	Date license issued	Signature of Clerk / Deputy Clerk

New Glarus Hotel Restaurant Premises Description:

New Glarus Hotel Restaurant located at 100 6th Avenue, New Glarus WI 53574, including two story building, (3) bars, restaurant, pizzeria, basement and designated outdoor dining terrace as per attached addenda.

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 10/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1030794027-04</u>	
FEIN Number <u>07-2258838</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>HBT Enterprises LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>N9694 State Rd 69 New Glarus WI 53574</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Tierman</u>	(First) <u>Amber</u>	(Middle Name) <u>Lynne</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9694 State Rd 69 New Glarus WI 53574</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Tierman</u>	(First) <u>Amber</u>	(Middle Name) <u>Lynne</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9694 State Rd 69 New Glarus WI 53574</u>
Vice President / Member Last Name <u>Tierman</u>	(First) <u>David</u>	(Middle Name) <u>James</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9694 State Rd 69 New Glarus WI 53574</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Oh Haus Pub & Grill Business Phone Number 608-527-2218
 2. Address of Premises 406 2nd Street Post Office & Zip Code New Glarus 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Main level (bar area), basement, upstairs shelves,
cooler and beer garden (no changes requested
to the current Beer garden address)

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3**. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Tierman, Amber L	Title / Member owner	Date 5/2/23
Signature Amber L Tierman	Phone Number 608-214-1518	Email Address amtierse@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5.16.23	Date reported to council / board PW 6/12 / VB 6/20	Date license granted
License number issued # 23-14	Date license issued	Signature of Clerk / Deputy Clerk Deanna Jung

\$ 50.

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number	23-04
Period Covered	July 1, 23 - June 30, 24
Date of issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number	456-1030794027-04
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← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship)	HBT Enterprises LLC	Federal Employer Identification No. (FEIN)	87-2258838						
Trade or Business Name (if different than Legal Name)	Ott Haus Pub & Grill	Telephone Number	(608) 214-1518						
Business Address (License Location)	406 2nd Street	Business Telephone	(608) 527-2218						
Municipality	New Glarus	State	WI	Zip Code	53574	Business Located In	<input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town	County	Green
Mailing Address (if different than Business Address)	N9694 State Rd 69	Municipality	New Glarus	State	WI	Zip Code	53574		

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 8/20/21

Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No

Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

Amber L. Terman
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

#23-25

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Parkside Development</u>	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dreger</u>	<u>Randy</u>	<u>Scott</u>	<u>N0731 CTY RDE Brooklyn WI 53521</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dreger</u>	<u>Randy</u>	<u>Scott</u>	<u>N0731 CTY RD E Brooklyn WI 53521</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name McFest Haus Business Phone Number 608-527-3378
 2. Address of Premises 106 3rd Ave Post Office & Zip Code New Glarus 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Property buildings 1 + buildings two including the ally between the buildings + the front fenced in porch.

Applicant's Wisconsin Seller's Permit Number <u>456-1029042907-02</u>	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Kennedy Dreger</i>	Title / Member <i>Manager</i>	Date <i>5/25/2023</i>
Signature <i>[Handwritten Signature]</i>	Phone Number <i>608-527-3378</i>	Email Address <i>parksidedevelopmentng@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5/25/23</i>	Date reported to council / board <i>6/12 PW / 6/20 VB</i>	Date license granted
License number issued <i>23-25</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>[Handwritten Signature]</i>

#23-15

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Puempels Olde Tavern Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>18 6th Ave New Glarus, WI 53574</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Bigler</u>	(First) <u>Charles</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>PO Box 508 New Glarus WI 53574</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Bigler</u>	<u>Charles</u>		<u>PO Box 508 New Glarus, WI 53574</u>
Vice President / Member Last Name <u>Reynolds</u>	(First) <u>MacAlister</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>517 Railroad St New Glarus WI 53574</u>
Secretary / Member Last Name <u>Reynolds</u>	(First) <u>MacAlister</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>517 Railroad St New Glarus WI 53574</u>
Treasurer / Member Last Name <u>Bigler</u>	(First) <u>Charles</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>PO Box 508 New Glarus, WI 53574</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Puempels Olde Tavern Business Phone Number 608-527-2045

2. Address of Premises 18 6th Ave Post Office & Zip Code New Glarus WI 53574

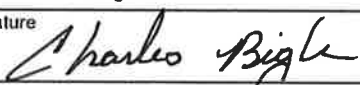
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) west 1/2 of building and north 1/2 of building including entire basement and outside decks and restrooms

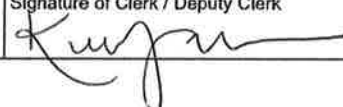
Applicant's Wisconsin Seller's Permit Number <u>456-0000034566-03</u>	
FEIN Number <u>39-1784775</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>280</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Charles Bigler	Title / Member President	Date 05/01/2023
Signature 	Phone Number 608-558-5984	Email Address bigler@puempels.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5.17.23	Date reported to council / board PW 6/12 / VB 6/20	Date license granted
License number issued # 23-15	Date license issued	Signature of Clerk / Deputy Clerk 

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-1029354950-02	
FEIN Number 82-0930494	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 160.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Rusty Raven LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>N6693 West Point Rd Monticello WI 53570</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Schultz</u>	(First) <u>Kristiann</u>	(Middle Name) <u>Joy</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1655 Lake Kegonsa Rd Stoughton WI 53589</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Hovland</u>	(First) <u>Jonathan</u>	(Middle Name) <u>Todd</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N6693 West Point Rd Monticello WI 53570</u>
Vice President / Member Last Name <u>Schultz</u>	(First) <u>Kristiann</u>	(Middle Name) <u>Joy</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1655 Lake Kegonsa Rd Stoughton WI 53589</u>
Secretary / Member Last Name <u>Van Hove</u>	(First) <u>Tammy</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>51503 315th Ave Elgin MN 55932</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Rusty Raven Business Phone Number 608-636-2023
 2. Address of Premises 500 1st St New Glarus WI Post Office & Zip Code 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) The premises for the license includes the first floor store and back room of the building located at the business address.

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3 Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Schultz Kristiann J	Title / Member Owner - Finance officer	Date 5/18/23
Signature 	Phone Number 608-501-7998	Email Address Kjschultz99@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5.9.23	Date reported to council / board PW 6/12, VB 6/20	Date license granted
License number issued 23-10	Date license issued	Signature of Clerk / Deputy Clerk

\$50.00

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1029354950-02

← This must be issued in the same Legal Name of the licensee below.

License Number	23-02
Period Covered	June 30, 2023 - July 1, 24
Date of issuance	

Legal Name (corporation, limited liability company, partnership or sole proprietorship) RUSTY RAVEN LLC			Federal Employer Identification No. (FEIN) 82-0930494	
Trade or Business Name (if different than Legal Name)			Telephone Number (608) 636-2023	
Business Address (License Location) 500 1ST ST		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()
Municipality NEW GLARUS	State WI	Zip Code 53574	County GREEN	
Mailing Address (if different than Business Address) PO BOX 1018		Municipality NEW GLARUS	State WI	Zip Code 53574


Organization (check one)

- Sole Proprietor
- Partnership
- Other (describe)
- Wisconsin Corporation – Enter date incorporated: _____
- Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.


(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

#23-17

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07-01-2023 ending: 06-30-2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Shubh Self Service Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>619 State Hwy 69</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>SINGH</u>	(First) <u>SUCHINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1509 RED TAIL DR VERONA WI 53574</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>SINGH</u>	(First) <u>SUCHINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1509 RED TAIL DR VERONA WI 53593</u>
Vice President / Member Last Name <u>SINGH</u>	(First) <u>SUNDEEP</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>749 HARVEST LN VERONA WI 53593</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name <u>SINGH</u>	(First) <u>SUCHINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name <u>SINGH</u>	(First) <u>SUNDEEP</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>749 HARVEST LN VERONA WI 53593</u>

C. Business Information

1. Trade Name Shubh Self Service Inc Business Phone Number (608) 527-2266
2. Address of Premises 619 State Hwy 69 Post Office & Zip Code 53574

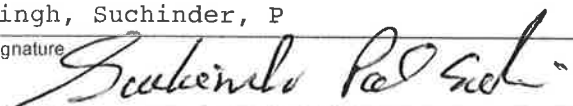
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) gas station and convinent store
619 HWY 69 NEW GLARUS WI 53574
Sold at Counter

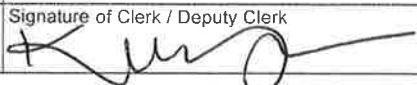
Applicant's Wisconsin Seller's Permit Number <u>456-1030844531-04</u>	
FEIN Number <u>87-3625260</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500.-</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250.-</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Singh, Suchinder, P	Title / Member President	Date 05/19/2023
Signature 	Phone Number (608) 513-7084	Email Address ravisingh2794@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/22/23	Date reported to council / board PW 6/12 / PW 6/20	Date license granted
License number issued 23-17	Date license issued	Signature of Clerk / Deputy Clerk 

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1030844531-04

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Shubh Self Service Inc			Federal Employer Identification No. (FEIN) 87-3625260		
Trade or Business Name (if different than Legal Name)			Telephone Number (608) 513-7084		
Business Address (License Location) 619 State Hwy 69		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 527-2266	
Municipality	State WI	Zip Code 53574	of: New Glarus		County Green
Mailing Address (if different than Business Address)			Municipality	State WI	Zip Code 53574

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 06-01-2022
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.


(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7-1-2023 ending: 6-30-2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

County of Green Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hook	Scott	D	9002 county road G Mt Horeb WI 53572
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Hooked On Tap LLC	506 first st New Glarus WI 53574

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hook	Scott	D	

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Sportsmans Reloaded Business Phone Number 6084384665

2. Address of Premises 506 first st New Glarus WI Post Office & Zip Code 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____

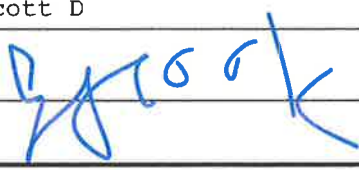
All rooms of 2 story building including 2 Bars, basement storage and patios

Applicant's Wisconsin Seller's Permit Number <u>456-1031203842-04</u>	
FEIN Number <u>92-1964954</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 250.
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

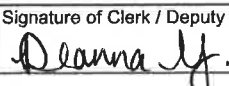
5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3**. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
 unknown, new ownership

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Hook, Scott D	Title / Member Owner	Date 05/08/2023
Signature 	Phone Number 6084384665	Email Address secrets5@live.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5.10.23	Date reported to council / board PW 6/12 / VB 6/30	Date license granted
License number issued # 23-11	Date license issued	Signature of Clerk / Deputy Clerk 

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number # 23-03
Period Covered July 1, 23 - June 30, 24
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1031203842-04
--

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Hooked On Tap LLC			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) Sportsmans Reloaded			Telephone Number (608) 527-3733		
Business Address (License Location) 506 first st		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town		Business Telephone ()	
Municipality New Glarus	State WI	Zip Code 53574	of: New Glarus		County Green
Mailing Address (if different than Business Address) p.o. box #357			Municipality		State Zip Code

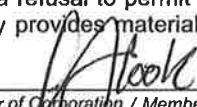
Organization (check one)

- Sole Proprietor
 Wisconsin Corporation – Enter date incorporated: _____
 Partnership
 Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) RRL

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wj.gov/dor/forms/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.


 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

#23-23

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

County of Green Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Sugar River Pizza Company, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Dippen-Watterson</u>	(First) <u>Debra</u>	(Middle Name) <u>Rose</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N8146 Marty Rd, New Glarus, WI 53574</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Dippen-Watterson</u>	(First) <u>Debra</u>	(Middle Name) <u>Rose</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N8146 Marty Rd, New Glarus, WI 53574</u>
Vice President / Member Last Name <u>Watterson</u>	(First) <u>Daryl</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N8146 Marty Rd, New Glarus, WI 53574</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

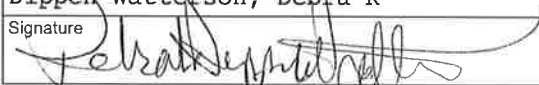
C. Business Information

- Trade Name Sugar River Pizza Business Phone Number 608-527-5000
- Address of Premises 700 Railroad St Post Office & Zip Code New Glarus, WI 53574
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Two story restaurant and adjacent patio describe as two deck areas and brick patio area adjacent to the south of the restaurant building.

Applicant's Wisconsin Seller's Permit Number <u>456-1026878316-03</u>	
FEIN Number <u>26-4304507</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.-</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.-</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Dippen-Watterson, Debra R	Title / Member Agent	Date 05/10/2022
Signature 	Phone Number 608-527-5000	Email Address dwatters@tds.net

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/24/23	Date reported to council / board 6/12 PM / 6/20 VB	Date license granted
License number issued 23-23	Date license issued	Signature of Clerk / Deputy Clerk 

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
DIPPEN-WATTERSON		DEBRA		ROSE	
Home Address (street/route)		Post Office	City	State	Zip Code
N8146 MARTY RD		NEW GLARUS	NEW GLARUS	WI	53574
Home Phone Number		Age	Date of Birth	Place of Birth	
608-669-0357		63	03/05/1958	MAUSTON, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- MEMBER** of **SUGAR RIVER PIZZA COMPANY, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

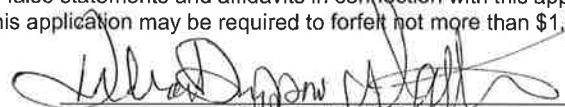
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 43 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. SUGAR RIVER PIZZA - SUN PRAIRIE LLC, SUN PRAIRIE WI, CLASS B
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
SUGAR RIVER PIZZA CO	1019 RIVER ST BELLEVILLE	05/01/2009	05/23/2013
BRENDAS BLUMENLADEN	17 6TH AVE NEW GLARUS WI	06/01/2008	05/01/2009

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
WATTERSON		DARYL		LYNN	
Home Address (street/route)		Post Office		City	
N8146 MARTY RD		NEW GLARUS		NEW GLARUS	
Home Phone Number		Age		Date of Birth	
608-669-0357		60		10/18/1960	
				State	
				WI	
				Zip Code	
				53574	
				Place of Birth	
				KANSAS CITY MO	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- MEMBER** of **SUGAR RIVER PIZZA COMPANY, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **55 YEARS**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
OWI - 1993 (MT HOREB); 1996 (NEW GLARUS)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. **SUGAR RIVER PIZZA - SUN PRAIRIE LLC, SUN PRAIRIE WI, CLASS B**
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
SUGAR RIVER PIZZA CO	1019 RIVER ST BELLEVILLE	10/01/2011	05/23/2013
FDIC	1600 ASPEN MIDDLETON WI	06/01/1988	10/01/2011

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature of Named Individual)