

AGENDA

**LICENSE REVIEW COMMITTEE
TUESDAY – MAY 1, 2012
MONONA CITY HALL
LARGE CONFERENCE ROOM
4:00 P.M.**

1. Call To Order
2. Roll Call
3. Approval of Minutes of February 14, 2012
4. Appearances
5. Unfinished Business
6. New Business
 - A. Consideration Of 2012/2013 Operator's License Application For Roberta J. Leen, 5850 Oxbow Bend, Madison, Wisconsin 53716.
 - B. Consideration Of 2011/2012 Operator's License Application For Natasha T. Croissant, 479 Highway 14, Brooklyn, Wisconsin 53521.
 - C. Consideration Of 2012/2013 Operator's License Application For Doran T. Moon, 5308 Maywood Road, Monona, Wisconsin 53716.
 - D. Discussion Concerning Recent Events at the Silver Eagle Bar & Grill.

Consideration of the following:

- E. Renewal Applications for 2012/2013 Class "A" Fermented Malt Beverage Licenses:
 1. PDQ Food Stores, Inc., d/b/a PDQ Store #123, 105 East Broadway
 2. Speedway LLC Owned by MPC Investment LLC, d/b/a Speedway #4088, 5450 Monona Drive
 3. Speedway LLC Owned by MPC Investment LLC, d/b/a Speedway #4533, 2500 Royal Avenue
 4. Kwik Trip Inc, d/b/a Tobacco Outlet Plus #531, 6300 Monona Drive, Suite 2
- F. Renewal Applications for 2012/2013 Class "A" Fermented Malt Beverage and "Class A" Liquor Licenses:
 1. Roundy's Supermarkets, Inc./Ultra Mart Foods, LLC, d/b/a Copps Food Center #8181, 6540 Monona Drive
 2. Fellersen, Inc., d/b/a Ken's Meats & Deli, 5725 Monona Drive
 3. Licali's Market, Inc., d/b/a Licali's Market & Spirits, 6325 Monona Drive
 4. Monona Mart, LLC, d/b/a Monona Mart, 1220 East Broadway
 5. Walgreen Co., d/b/a Walgreens #4830, 5300 Monona Drive
 6. Wal-Mart Stores East LP, d/b/a Wal Mart Supercenter #3857, 2151 Royal Avenue
- G. Renewal Applications for 2012/2013 Class "B" Fermented Malt Beverage and "Class B" Liquor Licenses:
 1. Patrick Augustine, d/b/a Angelo's, 5801 Monona Drive
 2. Bourbon Street Grille, Inc., d/b/a Bourbon Street Grille, 6312 Metropolitan Lane

3. William D. Noltner, d/b/a Bridge Lounge, 6414 Bridge Road
4. Wings on Monona, LLC Owned by Oscar Properties LLC, d/b/a Buffalo Wild Wings Grill & Bar, 6544 Monona Drive
5. Blake & Blake, d/b/a David's Jamaican Cuisine, 5734 Monona Drive
6. The East Side Club, Inc., d/b/a East Side Club, 3735 Monona Drive
7. Mr. Luo LLC Owned by Jun Luo, d/b/a Edo Garden Japanese Restaurant, 6309 Monona Drive
8. Fat Jack's Monona, Inc., d/b/a Fat Jack's, 6207 Monona Drive
9. Conway & Conway, d/b/a Joe's Fire Station, 900 East Broadway
10. Monona Garden Family Restaurant, Inc., d/b/a Monona Garden Family Restaurant, 6501 Bridge Road
11. Red Robin International, Inc., d/b/a Red Robin America's Gourmet Burgers & Spirits, 6522 Monona Drive
12. Snick's Sportsman's Bar LLC, d/b/a Snicks Sportsman's Bar, 4605 Monona Drive
13. Tasting Room of Monona, Inc., d/b/a The Tasting Room, 6000 Monona Drive, Suite 103
14. Wiltzius LLC, d/b/a The Tower Inn, 1008 East Broadway
15. Leske's, Inc., d/b/a Tully's II Food & Spirits, 6401 Monona Drive
16. Badger Bowl, Inc., d/b/a Village Lanes, 208 Owen Road

H. Renewal Application for 2012/2013 "Class A" Liquor License:

1. Fraboni's Italian Specialties, Inc., d/b/a Fraboni's, 108 Owen Road

I. Renewal Applications for 2012/2013 Class "B" Fermented Malt Beverage and "Class C" Wine Licenses:

1. Huang & Lin China Star Owned by Ming Yi Huang, d/b/a China Star Restaurant, 111 River Place
2. The Noodle Shop, CO. – Wisconsin, Inc., d/b/a Noodles & Company, 6520 Monona Drive
3. Pizza Oven of Monona LLC, d/b/a The Pizza Oven, 5417 Monona Drive
4. Jiang & Chen Enterprise LLC, d/b/a World Buffet, 2451 West Broadway

J. Renewal Application for 2012/2013 Class "B" Fermented Malt Beverage License:

1. Mitchell Marks, Monona Community Center, 1011 Nichols Road

K. Renewal Applications for 2012/2013 Class "B" Fermented Malt Beverage and "Class B" Liquor Licenses:

1. Valdimark, Inc., d/b/a Silver Eagle Bar & Grill, 5805 Monona Drive

7. Miscellaneous Business

A. Review of Transient Merchant Ordinance.

8. Adjournment

NOTE: Upon reasonable notice, the City of Monona will accommodate the needs of disabled individuals through auxiliary aids or services. For additional information or to request this service, contact Joan Andrusz at (608) 222-2525 (not a TDD telephone number), FAX: (608) 222-9225, or through the City Police Department TDD telephone number 441-0399.

The public is notified that any final action taken at a previous meeting may be reconsidered pursuant to the City of Monona ordinances. A suspension of the rules may allow for final action to be taken on an item of New Business.

It is possible that members of and a possible quorum of members of other governmental bodies of the municipality may be in attendance at the above stated meeting to gather information or speak about a subject, over which they have decision-making responsibility. Any governmental body at the above stated meeting will take no action other than the governmental body specifically referred to above in this notice.

LICENSE REVIEW COMMITTEE MINUTES
February 14, 2012

The regular meeting of the License Review Committee for the City of Monona was called to order by Chairman Wood at 4:00 p.m.

Present: Chairman Doug Wood, Wayne Kimmell, John Klinzing, Jim Pflasterer, and Scott Warner

Also Present: Police Chief Walter Ostrenga, Speedway District Manager Jessica Wagner, and City Clerk Joan Andrusz

ROLL CALL

APPROVAL OF MINUTES

A motion by Mr. Klinzing, seconded by Mr. Kimmell to approve the minutes of January 10, 2012, was carried.

APPEARANCES

There were no Appearances.

UNFINISHED BUSINESS

There was no Unfinished Business.

NEW BUSINESS

The following item was moved forward in the Agenda to accommodate those present and allow time for others to arrive.

City Clerk Andrusz distributed a survey of Class A licensee hours along with statewide and area municipality responses to Act 97. Ms. Wagner stated her company supports a change in hours from 8:00 a.m. to 6:00 a.m. Her customers have requested this change, and it will serve her demographic. Her employees extensively check patron ID's on a routine basis. Police Chief Ostrenga had no opinion for or against the change. After discussion:

A motion by Mr. Kimmell, seconded by Mr. Warner to amend the Code of Ordinances to allow 6:00 a.m. sales for Class A packaged goods, was carried.

This recommendation will be forwarded to the City Council for consideration.

Police Chief Ostrenga provided information on the Transient Merchant License under consideration. The applicant was not present.

A motion to deny the 2012 Transient Merchant License Application For Chris A. Bjorklund, 420 West Wilson Street #108, Madison, Wisconsin 53703, was carried.

Mr. Pflasterer requested review of the Transient Merchant Ordinance exemptions for the next meeting.

MISCELLANEOUS BUSINESS

Mr. Warner and Mr. Kimmell have agreed to continue to serve on the License Review Committee.

ADJOURNMENT

A motion by Mr. Klinzing, seconded by Mr. Warner to adjourn, was carried. (4:32 p.m.)

Joan Andrusz
City Clerk



5211 SCHLUTER ROAD ☒ MONONA, WI 53716-2598
CITY HALL (608) 222-2525
FAX (608) 222-9225
<http://www.mymonona.com>

April 16, 2012

*Will attend
w/ mgr per
call 4-24-12
JA*

Ms. Roberta J. Leen
5850 Oxbow Bend
Madison, Wisconsin 53716

Dear Ms. Leen:

This letter is to inform you that following review by the Monona Police Department your renewal application for an Operator's license for 2012/2013 is being denied. This denial is based on an Operating While Intoxicated conviction within the last five (5) years.

If you so desire, you may request reconsideration of your Operator's license application by the License Review Committee at its next regularly scheduled meeting on Tuesday, May 1, 2012, at 4:00 p.m. in the City Hall Large Conference Room, 5211 Schluter Road, Monona, Wisconsin. At such a reconsideration hearing, you may present evidence and testimony as to why your license should be granted.

You may wish to have your employer attend the review hearing with you. Employer input gives the License Review Committee important information to assist in their decision-making process.

If you wish to appear before the License Review Committee, please contact me at (608) 222-2525 by April 25, 2012.

Sincerely,

Joan Andrusz
City Clerk

Cc: License Review Committee
Walter Ostrenga, Police Chief
Ken's Meats & Deli

CITY OF MONONA - OPERATOR LICENSE APPLICATION

Pursuant to Wisconsin Statutes Section 23.01(8), subject to limitations imposed by as 125.17 and 125.68(2)

FEES ARE NON-REFUNDABLE

() Operator's - Regular - \$40.00

() Operator's - Provisional - \$15.00

() Operator's - Two Year - \$65.00

() Operator's - Temporary - \$10.00

_____ New License Renewal License

This license expires on June 30, 20 13

Full Name of Applicant: <u>Roberta J. Leen</u>	Sex: Male / Female
Street Address: <u>5850 Oxbow Bend</u>	
City: <u>Madison</u> State: <u>WI</u>	Zip Code: <u>53716</u>
Date of Birth: <u>[REDACTED]</u>	Telephone Number: <u>[REDACTED]</u>
Drivers License Number and State: <u>[REDACTED]</u>	

How long have you continuously resided in Wisconsin? 53 years

Place of employment as an Operator: Ken's Meat + Deli Telephone: 222-6663

Have you registered for the Alcohol Awareness Program? (Circle One) Yes / No Date of Class: 1
Have you completed the Alcohol Awareness Program? (Circle One) Yes / No Date Completed: 8 yrs ago

Have you ever been convicted of a misdemeanor or felony in the past 5 years? (Circle One) Yes / No
If yes, please explain: _____

Are there any pending criminal charges against you? (Circle One) Yes / No
If yes, please explain: _____

Are there any pending drug/alcohol related offenses against you? (Circle One) Yes / No
If yes, please explain: _____

Have you been convicted of drug/alcohol related offenses in the last 5 years? (Circle One) Yes / No
If yes, please explain: OWI July 3 2011

ANY FALSE OR MISSING INFORMATION ON THIS APPLICATION WILL RESULT IN DENIAL OF YOUR OPERATOR'S LICENSE. The undersigned affirms that he/she made complete and true answers to each question, and understands his/her past record will become a part of this application. I understand that I am subject to a driver's license check, a local police records check, and a criminal history background check by the City of Monona Police Department. I give permission to make my juvenile records available for this application.

Subscribed and sworn before me
this 10th day of April, 20 12

Jan Andrusz Signature of Applicant: Roberta J. Leen

Notary Public
My Commission expires: 9-2015

Police Department Review: _____ Recommend Approval Recommend Denial _____ Review _____

Reason for denial, if not recommended: owI 7/3/11

Signature of Police Chief: Walter J. Stang Date: 4/11/12
Approval of City Clerk: _____ Date: _____

License No. Issued: Provisional # _____ Operator # _____ Date Issued: Provisional _____ Operator _____



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<http://www.mymonona.com>

April 16, 2012

*will attend w/ mgr
per call 4-25-12
JP*

Ms. Natasha T. Croissant
479 Highway 14
Brooklyn, Wisconsin 53521

Dear Ms. Croissant:

This letter is to inform you that following review by the Monona Police Department your application for an Operator's license for 2011/2012 is being denied. This denial is based on an Operating While Intoxicated conviction within the last five (5) years.

If you so desire, you may request reconsideration of your Operator's license application by the License Review Committee at its next regularly scheduled meeting on Tuesday, May 1, 2012, at 4:00 p.m. in the City Hall Large Conference Room, 5211 Schluter Road, Monona, Wisconsin. At such a reconsideration hearing, you may present evidence and testimony as to why your license should be granted.

You may wish to have your employer attend the review hearing with you. Employer input gives the License Review Committee important information to assist in their decision-making process.

If you wish to appear before the License Review Committee, please contact me at (608) 222-2525 by April 25, 2012.

Sincerely,

Joan Andrusz
City Clerk

Cc: License Review Committee
Walter Ostrenga, Police Chief
Bourbon Street Grille

CITY OF MONONA - OPERATOR LICENSE APPLICATION

Pursuant to Wisconsin Statutes Section 23.01(8), subject to limitations imposed by as 125.17 and 125.68(2)

FEES ARE NON-REFUNDABLE

Operator's - Regular - \$40.00

Operator's - Provisional - \$15.00

Operator's - Two Year - \$65.00

Operator's - Temporary - \$10.00

New License Renewal License

This license expires on June 30, 20 12

Full Name of Applicant: <u>Natasha Croissant</u>	Sex: Male / <u>Female</u>	
Street Address: <u>479 hwy 14</u>		
City: <u>Brooklyn</u>	State: <u>WI</u>	Zip Code: <u>53521</u>
Date of Birth: <u>[REDACTED]</u>	Telephone Number: <u>[REDACTED]</u>	
Drivers License Number and State: <u>[REDACTED]</u>		

How long have you continuously resided in Wisconsin? 26 years

Place of employment as an Operator: Bourbon Street Grille Telephone: 608.222.4410

Have you registered for the Alcohol Awareness Program? (Circle One) Yes / No Date of Class: _____

Have you completed the Alcohol Awareness Program? (Circle One) Yes / No Date Completed: _____

Have you ever been convicted of a misdemeanor or felony in the past 5 years? (Circle One) Yes / No

If yes, please explain: DUI, Disorderly conduct, Driving w/o a license

Are there any pending criminal charges against you? (Circle One) Yes / No

If yes, please explain: _____

Are there any pending drug/alcohol related offenses against you? (Circle One) Yes / No

If yes, please explain: _____

Have you been convicted of drug/alcohol related offenses in the last 5 years? (Circle One) Yes / No

If yes, please explain: DUI

ANY FALSE OR MISSING INFORMATION ON THIS APPLICATION WILL RESULT IN DENIAL OF YOUR OPERATOR'S LICENSE.

The undersigned affirms that he/she made complete and true answers to each question, and understands his/her past record will become a part of this application. I understand that I am subject to a driver's license check, a local police records check, and a criminal history background check by the City of Monona Police Department. I give permission to make my juvenile records available for this application.

Subscribed and sworn before me
this 11 day of April, 2012

Gran Anderson
Notary Public

My Commission expires: 9-20-15

Signature of Applicant: [Signature]

Police Department Review: _____ Recommend Approval Recommend Denial _____ Review _____

Reason for denial, if not recommended: _____

Signature of Police Chief: [Signature] Date: 4/13/12

Approval of City Clerk: _____ Date: _____

License No. Issued: Provisional # _____ Operator # _____ Date Issued: Provisional _____ Operator _____



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April 16, 2012

Mr. Doran T. Moon
5308 Maywood Road
Monona, Wisconsin 53716

*WMI appear
per call 4-25-12
JA*

Dear Mr. Moon:

This letter is to inform you that following review by the Monona Police Department your renewal application for an Operator's license for 2012/2013 is being denied. This denial is based on an Intoxicant in Vehicle violation on July 27, 2010.

If you so desire, you may request reconsideration of your Operator's license application by the License Review Committee at its next regularly scheduled meeting on Tuesday, May 1, 2012, at 4:00 p.m. in the City Hall Large Conference Room, 5211 Schluter Road, Monona, Wisconsin. At such a reconsideration hearing, you may present evidence and testimony as to why your license should be granted.

You may wish to have your employer attend the review hearing with you. Employer input gives the License Review Committee important information to assist in their decision-making process.

If you wish to appear before the License Review Committee, please contact me at (608) 222-2525 by April 25, 2012.

Sincerely,

Joan Andrusz
City Clerk

Cc: License Review Committee
Walter Ostrenga, Police Chief
Buffalo Wild Wings

CITY OF MONONA - OPERATOR LICENSE APPLICATION

Pursuant to Section 23.01(8), subject to limitations imposed by as 125.17 and 125.68(2)

FEES ARE NON-REFUNDABLE

Operator's - Regular - \$40.00 () Operator's - Provisional - \$15.00
() Operator's - Two Year - \$65.00 () Operator's - Temporary - \$10.00
 New License Renewal License Previous exp 6-30-10 ~~PA~~
This license expires on June 30, 20 13

Full Name of Applicant:	DORAN THOMAS MOON		Sex:	<input checked="" type="radio"/> Male / <input type="radio"/> Female
Street Address:	5308 Maywood Rd			
City:	Monona	State:	WI	Zip Code: 53716
Date of Birth:	[REDACTED]	Telephone Number:	[REDACTED]	
Drivers License Number and State:	[REDACTED]			

How long have you continuously resided in Wisconsin? 8 1/2 years

Place of employment as an Operator: BWW MONONA Telephone: 608-237-2686

Have you registered for the Alcohol Awareness Program? (Circle One) Yes / No Date of Class: 5/8/06
Have you completed the Alcohol Awareness Program? (Circle One) Yes / No Date Completed: 5/10/06

per call PA

Have you ever been convicted of a misdemeanor or felony in the past 5 years? (Circle One) Yes / No
If yes, please explain:

Are there any pending criminal charges against you? (Circle One) Yes / No
If yes, please explain:

Are there any pending drug/alcohol related offenses against you? (Circle One) Yes / No
If yes, please explain:

Have you been convicted of drug/alcohol related offenses in the last 5 years? (Circle One) Yes / No
If yes, please explain:

ANY FALSE OR MISSING INFORMATION ON THIS APPLICATION WILL RESULT IN DENIAL OF YOUR OPERATOR'S LICENSE. The undersigned affirms that he/she made complete and true answers to each question, and understands his/her past record will become a part of this application. I understand that I am subject to a driver's license check, a local police records check, and a criminal history background check by the City of Monona Police Department. I give permission to make my juvenile records available for this application.

Subscribed and sworn before me this 29 day of March, 20 12

Juan Andrus Signature of Applicant: Doran Thomas Moon

Notary Public
My Commission expires: 9-20-15

Police Department Review: _____ Recommend Approval Recommend Denial _____ Review

Reason for denial, if not recommended: Intoxicated in Vehicle - 7/27/10

Signature of Police Chief: Walter J. [Signature] Date: 4/9/12
Approval of City Clerk: _____ Date: _____

License No. Issued: Provisional # _____ Operator # _____ Date Issued: Provisional _____ Operator _____



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CITY HALL (608) 222-2525
FAX (608) 222-9225
<http://www.mymonona.com>

April 16, 2012

*Will appear
4-19-12
JA*

Mitch E. Marks
Silver Eagle Bar and Grill
5805 Monona Drive
Monona, Wisconsin 53716

Dear Mr. Marks:

This letter is to inform you that following review by the Monona Police Department your renewal applications for "Class B" Liquor and Class "B" Fermented Malt Beverage licenses for 2012/2013 are being reviewed by the License Review Committee. This review is based on the incident that occurred on January 13, 2012, as well as other incidents between March 1, 2011 and March 31, 2012.

This is not a formal hearing, but you are invited to be present during this discussion by the License Review Committee at its next regularly scheduled meeting on Tuesday, May 1, 2012, at 4:00 p.m. in the City Hall Large Conference Room, 5211 Schluter Road, Monona, Wisconsin. At such a review you may address the concerns raised by the Police Department.

If you wish to appear before the License Review Committee, please contact me at (608) 222-2525 by April 25, 2012.

Sincerely,

Joan Andrusz
City Clerk

Cc: License Review Committee
Walter Ostrenga, Police Chief

Memo

To: Joan Andrusz, City Clerk
From: Walter J. Ostrenga, Chief of Police
CC: Alderman Doug Wood, Commission Chairman
Date: April 10, 2012
Re: Alcohol Beverage License Application – **Silver Eagle**

I recently reviewed the Alcohol Beverage License Application submitted by **Mitch E. Marks for the Silver Eagle Bar and Grill, 5805 Monona Drive.**

In reviewing incidents at the Silver Eagle Bar between 3/1/11 and 3/31/12, of the 102 calls for service there were 9 disturbances, 6 fights, 3 ambulance calls, 6 check person calls, 1 intoxicated person, 44 security checks and 2 alcohol violations.

One of the alcohol violations involved the bar being open at 2:16 am on 7/4/11. In this instance the bouncer thought closing time was at 2:30 am due to the federal holiday. A verbal warning was issued to the staff (including bartender Lauren Lottes) and all the patrons were guided out of the building.

The 2nd incident was much more serious. On 1/13/12 officers responded to an assault with a knife call in the area of 201 Valorie Lane. The investigation revealed that the majority of the participants were under 21 years of age and had been at the Silver Eagle drinking in the bar until closing time. Four (4) were 19 years old, one (1) was 20 years old and only one (1) was 21 years old. In this incident one of the bartenders on duty (Lauren Lottes) was issued three (3) citations: permittee permitting underage person to enter; selling alcoholic beverages to underage persons; and permittee selling alcoholic beverages to a person intoxicated. In addition, two (2) citations were issued to the owner of the bar (Mitch Marks) for licensee permitting underage persons to enter, and licensee selling alcohol beverages to underage persons.

In both of these incidents it appears the bartender on duty trusted the judgment of the employee at the door for when the bar was supposed to close and if the persons on the premise were of legal drinking age.

Based on the seriousness of the 1/13/12 incident, I am recommending Mr. Marks appear before the License Review Commission on the next scheduled meeting.

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-10201666467</u>	
Federal Employer Identification Number (FEIN): <u>39-1523775</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

Complete A or B. All must complete C.

Include Date of Birth and middle initials

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Valdemark Inc
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Mitch Ervin Marks</u>	<u>4040 Volas Home Ad</u>	<u>Cottage Grove 53527</u>
Vice President/Member	<u>Dawn M Jean Marks</u>	<u>"</u>	<u>"</u>
Secretary/Member	<u>Dawn Jean Marks</u>	<u>"</u>	<u>"</u>
Treasurer/Member	<u>Mitch Marks</u>	<u>"</u>	<u>"</u>
Agent	<u>Mitch Marks</u>	<u>"</u>	<u>"</u>
Directors/Managers	-		

C. 1. Trade Name Silver Eagle Beer & Grill Business Phone Number 222-2843
 2. Address of Premises 5805 Monona Dr Post Office & Zip Code Monona 53716

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Back Room & kitchen South end building
5. Legal description (omit if street address is given above): _____
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 4th day of April, 20 12
Joan Anderson
(Clerk/Notary Public)
 My commission expires 9-20-15

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-4-12</u>	Date reported to council/board <u>LRC 5/2 CC 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2012 ending: 06 30 2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>004-000022780201</u>	
Federal Employer Identification Number (FEIN): <u>39-1136741</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 500
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 15
TOTAL FEE	\$ 515

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

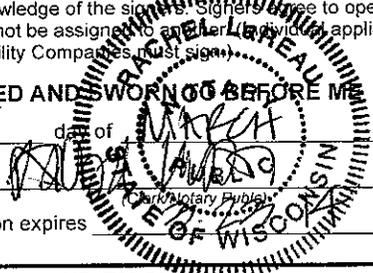
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company PDQ Food Stores, Inc. 836-3335
 Address of Corporation/Limited Liability Company (if different from licensed premises) P.O. Box 620997, Middleton, WI
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Michael S. Arnold</u>	<u>7755 Bittersweet Court, Middleton</u>	
Vice President/Member	<u>Philip J. Troia</u>	<u>1846 Quail Court, Sun Prairie, WI</u>	
Secretary/Member			
Treasurer/Member			
Agent	<u>Philip J. Troia</u>	<u>1846 Quail Court, Sun Prairie, WI</u>	<u>53590</u>
Directors/Managers			

C. 1. Trade Name PDQ Store #123 Business Phone Number 222-7890
 2. Address of Premises 105 E. Broadway Post Office & Zip Code Monona, WI 53716

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2600 Sq. Ft. Concrete Block Building
5. Legal description (omit if street address is given above): W/Brick Veneer
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another person. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO before me this 5th day of April, 2012

 My commission expires _____

Mike Arnold
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Mike Arnold, CEO
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk: <u>3-12-12</u>	Date reported to council/board: <u>LPC 5/9 CC 6/14</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 1-12)
OK - W.C. 3/22/12
Police Chief

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Monona
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456000004854803</u>	
Federal Employer Identification Number (FEIN): <u>31-1551430</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 500.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 15.00
TOTAL FEE	\$ 515.00

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Speedway LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ POBox1580 Springfield, OH 45501
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

DOB	Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
<u>[REDACTED]</u>	President/Member	<u>Anthony Raymond Kenney</u>	<u>10623 Sunderland Woods Ct Centerville, OH 45458</u>	<u>45458</u>
<u>[REDACTED]</u>	Vice President/Member	<u>Glenn Michael Plumby</u>	<u>281 Southwood Tr Beavercreek, OH 45440</u>	<u>45440</u>
<u>[REDACTED]</u>	Secretary/Member	<u>David Eugene Ball</u>	<u>5560 Enon Xenia Pk Fairborn, OH 45368</u>	<u>45368</u>
<u>[REDACTED]</u>	Treasurer/Member	<u>Ronald Louis Edmiston</u>	<u>221 Old Spfld Rd South Charleston, OH 45368</u>	<u>45368</u>
<u>[REDACTED]</u>	Agent	<u>Cecilia Victoria Rojo</u>	<u>11 Waunona Woods Ct, #1 Madison, WI 53713</u>	<u>53713</u>
	Directors/Managers	<u>Tammy B. Carlson</u>	<u>1806 Redwood Ln madison 53711</u>	<u>[REDACTED]</u>

C. 1. Trade Name ▶ Speedway # 4088 Business Phone Number 608-221-2808
 2. Address of Premises ▶ 5450 Monona Dr Post Office & Zip Code ▶ Monona, WI 53716

- 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire Store
- Legal description (omit if street address is given above): _____
- 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, corporation 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 reverse side 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 reverse side Yes No
- 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. Change in Agent Address Yes No
- 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
- Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
- 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
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 6th day of March, 20 12
Sharon S. Stevens
(Clerk/Notary Public)

David E. Ball DAVID E. BALL, SECRETARY
Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual
Ronald L. Edmiston RONALD L. EDMISTON, TREASURER
Officer of Corporation/Member/Manager of Limited Liability Company /Partner

My commission expires _____
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My Commission Expires

Date received by municipal clerk May 14, 2016	Date reported to council/board <u>LRC 5/11 cc 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 1-12)
 OK - CD [Signature] 3/22/12
 email at [Signature]

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Speedway LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) POBox1580 Springfield, OH 45501
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

DOB

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Anthony Raymond Kenney</u>	<u>10623 Sunderland Woods Ct Centerville, OH 45458</u>	<u>45458</u>
Vice President/Member	<u>Glenn Michael Plumby</u>	<u>281 Southwood Tr Beavercreek, OH 45440</u>	<u>45440</u>
Secretary/Member	<u>David Eugene Ball</u>	<u>5560 Enon Xenia Pk Fairborn, OH 45368</u>	<u>45368</u>
Treasurer/Member	<u>Ronald Louis Edmiston</u>	<u>221 Old Spfld Rd South Charleston, OH 45368</u>	<u>45368</u>
Agent	<u>William La Dell</u>	<u>122 Monroe St Oregon, WI 53711</u>	<u>53711</u>
Directors/Managers	<u>Michael C. Stacey</u>	<u>W3502 Hagedorn Rd, Jefferson, WI 53549</u>	<u>53549</u>

C. 1. Trade Name Speedway # 4533 Business Phone Number 608-221-0328
 2. Address of Premises 2500 Royal Ave Post Office & Zip Code Monona, WI 53713

- 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire Store
- 5. Legal description (omit if street address is given above): _____
- 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, corporation 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 reverse side 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 reverse side 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. Change in Agent 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 6th day of March, 2012

My Commission Expires May 14, 2016

David E. Ball DAVID E. BALL, SECRETARY
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Ronald L. Edmiston RONALD L. EDMISTON, TREASURER
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-15-12</u>	Date reported to council/board <u>LRC 5/1 CC 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 1-12)
OK - W. O'Leary 3/22/12
Police Chief

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } **City of Monona**

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-0000287614-03	
Federal Employer Identification Number (FEIN): 39-1036365	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>515.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Kwik Trip, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) 1626 Oak St., La Crosse, WI 54603
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>President Donald Paul Zietlow</u>	<u>2802 Bergamot Pl.</u>	<u>Onalaska, WI 54650</u>
Vice President/Member			
Secretary/Member	<u>Secretary Steven Donald Zietlow</u>	<u>N2448 Three Town Rd.</u>	<u>La Crosse, WI 54601</u>
Treasurer/Member			
Agent	<u>Agent Judith A Crusan</u>	<u>1525 Fairview Dr, Prairie du Sac, WI 53578</u>	
Directors/Managers	<u>Donald P. Zietlow and Steven D. Zietlow</u>		

C.1. Trade Name Tobacco Outlet Plus # 531 Business Phone Number 608/221-3005
 2. Address of Premises 6300 Monona Dr. Suite 2 Post Office & Zip Code Monona 53717

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers? 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) One-story frame construction with storage in coolers & back room.
5. Legal description (omit if street address is given above): _____
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 12th day of March, 2012
Deanna Hefner
(Clerk/Notary Public)
 My commission expires 1-19-14

Donald P. Zietlow
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Steven D. Zietlow
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-12-12</u>	Date reported to council/board <u>LRC 5-2 CC 6-4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 8-11)

Wisconsin Department of Revenue

Handwritten notes:
 OK - W. D. 3/22/12
 clerk of council

Handwritten notes:
 DAB
 [Redacted]
 [Redacted]

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2012 ending: 06 30 2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Ultra Mart Foods, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) POBox473 MS2650 Milwaukee53201

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member Pres. Darren W. Karst, 175 Pembroke Dr., Lake Forest, IL 60045 dob: [REDACTED]

Vice President/Member _____

Secretary/Member VP/Sec. Edward G. Kitz, 803 N. Evergreen Circle, Hartland, WI 53029 dob: [REDACTED]

Treasurer/Member VP/Treas. William L. Dowling, 4760 Rolling Meadow Dr. New Berlin, WI 53146

Agent Mark Elliott, 6816 Whittlesey Road, Middleton, WI 53562 dob: [REDACTED] dob: [REDACTED]

Directors/Managers _____

C.1. Trade Name Copps Food Center #8181 Business Phone Number 608-222-9575

2. Address of Premises 6540 Monona Drive Post Office & Zip Code Monona 53716

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1story retail grocery and liquor

5. Legal description (omit if street address is given above): _____

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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

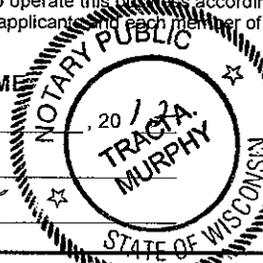
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of March

Jocia Murphy
(Clerk/Notary Public)

My commission expires 2/15/15



Edward G. Kitz
Officer of Corporation/Member/Manager of Limited Liability Company (Partner/Individual)

- VP
- VP

William L. Dowling
Officer of Corporation/Member/Manager of Limited Liability Company (Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-6-12</u>	Date reported to council/board <u>ERC 5-1 CC 6-4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>456000056097504</u>	
Federal Employer Identification Number (FEIN): <u>390854535</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$

AT-115 (R. 1-12)
OK. W. [Signature]
CLERK OF POLICE

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

456-0000431058-03

Applicant's Wisconsin Seller's Permit Number: <u>473049</u>	
Federal Employer Identification Number (FEIN): <u>39-1600704</u>	
LICENSE REQUESTED	
TYPE	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>500-</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>1015-</u>

TO THE GOVERNING BODY of the: Town of Village of City of } Monona

County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C. **Include Date of Birth and middle initials**

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company _____
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>KENNETH L. FEILERSON</u>	<u>1012 BIRCH HAVEN</u>	<u>MONONA 53710</u>
Vice President/Member	<u>KATHRYN E. FEILERSON</u>	<u>1012 BIRCH HAVEN</u>	<u>MONONA 53710</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>JOSEPH A. MAZZARA</u>	<u>5712 ASPEN CT. MCFARLAND, WI</u>	<u>53558</u>

 Directors/Managers _____

C. 1. Trade Name Ken's Meats & Deli Business Phone Number 608-222-6663
 2. Address of Premises 5725 MONONA DR. Post Office & Zip Code 53710

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) RETAIL STORE - BEER FROM RETAIL COOLER - WINE FROM AISLE RACK
5. Legal description (omit if street address is given above): _____
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 3rd day of April, 20 12
Jean Anderson
(Clerk/Notary Public)
 My commission expires 4-20-15

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

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-3-12</u>	Date reported to council/board <u>LRC 5/2 CC 6/4</u>	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

AT-115 (R. 1-12)
OK - W. Clerk 4/9/12
Chief of Beer

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/01/2012 ending: 6/30/2013
(MM DD YYYY) (MM DD YYYY)

Applicant's Wisconsin Seller's Permit Number	<u>156-0002919808-02</u>
Federal Employer Identification Number (FEIN)	<u>20-5031808</u>
LICENSE REQUESTED	
<input checked="" type="checkbox"/> Class A beer	\$ <u>500</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>1015-</u>

TO THE GOVERNING BODY of the: Town of } Manawa
 Village of }
 City of }

County of DANE Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C. Include Birth Dates!

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company LICALL'S MARKET + SPIRITS
 Address of Corporation/Limited Liability Company (if different from licensed premises) 6325 Manawa Dr Manawa, WI 53716
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member PATRICK KEVIN MACKESLEY 454 CONNIE ST COTTAGE GROVE, WI 53527
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent _____

C. 1. Trade Name LICALL'S MARKET + SPIRITS Business Phone Number 608-204-2887
 2. Address of Premises 6325 Manawa Dr Post Office & Zip Code Manawa, WI 53716
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers? 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Main Room, 2 Refrigerated Coolers
 5. Legal description (omit if street address is given above) DRUG STORE AREA, LIQUOR ROOM + MEZZANINE
 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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 9th day of April, 20 12
Joan Andersz
(Clerk/Notary Public)
 My commission expires 9-20-15
Patrick K Mackesley
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Patrick K Mackesley
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partners)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk: <u>4-9-12</u>	Date reported to council/board: <u>LRC 5/1 ccb/4</u>	Date license granted:
License number issued:	Date license issued:	Signature of Clerk/Deputy Clerk:

AT-115 (R 3-09)
OK - W. Dept 4/16/12
CHIEF OF POLICE

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-0000846891-02</u>	
Federal Employer Identification Number (FEIN): <u>542-10-9938</u>	
LICENSE REQUESTED	
TYPE	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>500</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>1015.00</u>

Complete A or B. All must complete C. **Include Date of Birth and middle initials**

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Monona Mart LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>SURINDER S. PANGLI</u>	<u>4967 HIGHWOOD CIRCLE, MIDDLETON, WI</u>	<u>53562</u>
Vice President/Member	<u>NIRBHAI S. PANGLI</u>	<u>5167 BRANENBURG Way, MADISON, WI</u>	<u>53718</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>NIRBHAI S. PANGLI</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name Monona Mart Business Phone Number (608) 221-8109
 2. Address of Premises 1220 E. Broadway, Monona Post Office & Zip Code 53716

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Gas Station (only) store with cooler etc.
5. Legal description (omit if street address is given above): _____
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 12th day of March, 20 12
Joan Anderson (Clerk/Notary Public)
 My commission expires 4-20-15
Nirbhai S. Pangli (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Nirbhai S. Pangli (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3-12/12</u>	Date reported to council/board <u>LRC 5/2 cc 6/4</u>	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Monona
 Village of }
 City of }
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-0000455404-05</u>	
Federal Employer Identification Number (FEIN): <u>36-1924025</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 500.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500.00
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>1,015.00</u>

Complete A or B. All must complete C.

Include Date of Birth and middle initials

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____
 N/A

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Walgreen Co.
 Address of Corporation/Limited Liability Company (if different from licensed premises) 300 Wilmot Road, Deerfield, IL 60015
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Gregory D. Wasson, President/CEO</u>	<u>1724 RFD Holly Court</u>	<u>Long Grove, IL 60047</u>
Vice President/Member	<u>Kathleen Wilson-Thompson, Senior Vice President</u>	<u>1907 N. Burling</u>	<u>Chicago, IL 60614</u>
Secretary/Member	<u>John A. Mann, Assistant Secretary</u>	<u>1409 Royal Oak Lane</u>	<u>Glenview, IL 60025</u>
Treasurer/Member	<u>Jason M. Dubinsky, Treasurer</u>	<u>1156 Cherry Street</u>	<u>Deerfield, IL 60015</u>
Agent	<u>Jeremy J. Iverson, Store Manager</u>	<u>2676 Osmundsen Rd.</u>	<u>Fitchburg, WI 53711</u>

C. 1. Trade Name Walgreens #04830 Business Phone Number 608/226-9920
 2. Address of Premises 5300 Monona Drive Post Office & Zip Code Monona, WI 53716

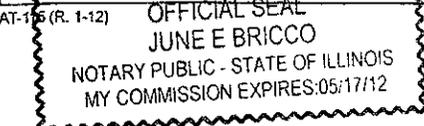
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Per Walgreens: Beer is located in a cooler
5. Legal description (omit if street address is given above): A wine is in a cage near the coolers. Each take
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 21st day of March, 2012
[Signature]
(Clerk/Notary Public)
 My commission expires 05/17/12

[Signature] John A. Mann
 Assistant Secretary
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>4-5-12</u>	Date reported to council/board <u>LRC 5/2 CC 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



*OK - W. Mann 4/16/12
 Agent of Police*

Wisconsin Department of Revenue

MAR 06 2012

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/12 ending: 06/30/13
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Wal-Mart Stores East, LP 702 SW 8th Street, Licensing Dept 8916, Bentonville, AR 72716-0500

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>See List Attached</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Sarah K. Voegeli, W9020 County Road B, Browntown, WI 52522</u>	<u>D.O.B. [REDACTED]</u>	
Directors/Managers	<u>See List Attached</u>		

C. 1. Trade Name Walmart #3857 Business Phone Number (608) 226-0913

2. Address of Premises 2151 Royal Avenue Post Office & Zip Code Monona, WI 53713

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers? 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 room, 1 story, approximately 111,093 sq. ft.

5. Legal description (omit if street address is given above): N/A

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, corporation 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 reverse side 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 reverse side 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. Change of 1 officer 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of April, 2012

[Signature]
(Clerk/Notary Public)

My commission expires 9/7/20

[Signature] Andrea Lazenby-Assistant Secretary
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature] Amy Thrasher-Assistant Secretary
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-10-12</u>	Date reported to council/board <u>LRC 5/1 CC 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 3-09)
OK - W. [Signature] 4/11/12
copy of [Signature]

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

Applicant's Wisconsin Seller's Permit Number: <u>004-0000252670-01</u>	
Federal Employer Identification Number (FEIN): <u>392006155</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>1000.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

TO THE GOVERNING BODY of the: Town of } Monona
 Village of }
 City of }
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)
 CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C. **Include Date of Birth and middle initials**

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) PATRICK A AUGUSTINE Home Address 2028 ALICE PAULINE DR. OREGON, WI 53915 Post Office & Zip Code 53915

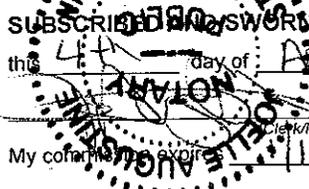
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company _____
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ANGELOS Business Phone Number 608-222-1464
 2. Address of Premises 5801 MONONA DRIVE Post Office & Zip Code MONONA, WI 53716

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) GREY BUILDING CORNER OWNED MONONA BAR
5. Legal description (omit if street address is given above): 1ST + LOWER LEVEL STORAGE LOWER LEVEL ROOM
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 the 4th day of April, 2012


Clerk/Notary Public
 My commission expires 11/2016



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

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

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board <u>LR 5/2 CC 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 1-12)
 OK - W. D. 4/11/12
 CLERK OF COURT

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2012 ending: 6/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } MONONA
 County of DANE Aldermanic Dist. No. MA (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C. Include Birth Dates!

Applicant's Wisconsin Seller's Permit Number: <u>0456-0001719898-02</u>	
Federal Employer Identification Number (FEIN): <u>20-0880836</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>615</u>

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BOURBON STREET GRILLE
 Address of Corporation/Limited Liability Company (if different from licensed premises) 6312 METROPOLITAN LANE
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member PATRICK KEVIN MACKESKY 434 CONNIE ST COTTAGE GRANGE WI
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent _____
 Directors/Managers _____

- C. 1. Trade Name BOURBON STREET GRILLE Business Phone Number 608-222-4410
 2. Address of Premises 6312 METROPOLITAN LANE Post Office & Zip Code MONONA, WI 53716
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers? 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, and/or storage of alcohol beverages and records. MAIN FLOOR BAR
 (Alcohol beverages may be sold and stored only on the premises described.) Game Room, Dining Room, Banquet Room,
 5. Legal description (omit if street address is given above): PENATE BAR, STORAGE ROOM, KEG CLOSET, PARKING AREA, REAR DECK + BAR
 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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 9th day of April 20 12
Joan Andrusz
(Clerk/Notary Public)
 My commission expires 9-20-15

Patrick Mackesky
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Patrick Mackesky
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Patrick Mackesky
(Additional Partner's/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>4-9-12</u>	Date reported to council/board <u>LRC 5/1 CC 6/4</u>	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

AT-115 (R 3-09)
OK - W. B. ... 4/16/12
Chief of Police

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

456-00043266203

TO THE GOVERNING BODY of the: Town of } Monona
 Village of }
 City of }
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>39-1373200</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$ <u>500.00</u>
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

Complete A or B. All must complete C. **Include Date of Birth and middle initials**

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
NOELTNER, William DWAN 4812 WINNEQUAH RD MONONA WI 53716 [REDACTED]

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company
 Address of Corporation/Limited Liability Company (if different from licensed premises)
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

C. 1. Trade Name BRIDGE LOUNGE Business Phone Number 608 221-3992
 2. Address of Premises 6414 BRIDGE RD Post Office & Zip Code MONONA WI 53713

- 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONCRETE BLOCK BAR AREA Pool tables.
- Legal description (omit if street address is given above): APRDX 2000 SQ FT + 180 SQ FT OUTDOOR SMOKING + DRINKING ROOM
- 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, corporation 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 reverse side 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 reverse side Yes No
- 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
- 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
- Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
- 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
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 5th day of March, 20 12
Jean Anderson (Clerk/Notary Public) 9-20-15
William D Noeltner 3-5-12 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 My commission expires _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3-5-12</u>	Date reported to council/board <u>LRC 5/2 CC 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2012 ending: 06 30 2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Monona
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-102528153002</u>	
Federal Employer Identification Number (FEIN): <u>71-1016983</u>	
LICENSE REQUESTED ▶	
TYPE	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 checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 15
TOTAL FEE	\$ 615

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ _____		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Wings on Monona LLC 53593
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 411 E Verona Ave Verona WI
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Greg G Meyers</u>	<u>2984 Cassidy Ct Fitchburg WI 53711</u>	DOB <u>[REDACTED]</u>
Vice President/Member	<u>Paul M Berlin</u>	<u>5347 Idlewild Whitefish Bay WI 53217</u>	<u>[REDACTED]</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	▶ <u>Paul M Berlin</u>		
Directors/Managers	_____		

C. 1. Trade Name ▶ Buffalo Wild Wings Grill and Bar Business Phone Number 608 237 8686
 2. Address of Premises ▶ 6544 Monona Dr Post Office & Zip Code ▶ Monona 53716

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Dining room w/ 23' bar on E side, 15x36 patio on W side

5. Legal description (omit if street address is given above): _____

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, corporation 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 reverse side** 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 reverse side** 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

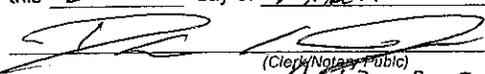
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

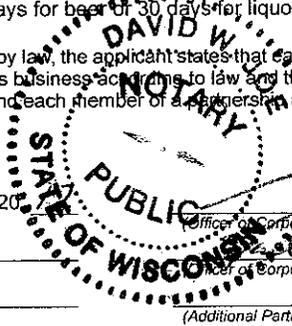
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of March, 2013

(Clerk/Notary Public)
 My commission expires April 23, 2013



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

Officer of Corporation/Member/Manager of Limited Liability Company /Partner

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>3-30-12</u>	<u>LRC 5-1 CC 6-4</u>	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 1-12)
 OK - W. Dept 2/19/12
 CLERK OF REC'D

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-0000274736-02</u>	
Federal Employer Identification Number (FEIN): <u>430337619</u>	
LICENSE REQUESTED	
<input checked="" type="checkbox"/> Class A beer	\$ <u>100.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$

Complete A or B. All must complete C. **Include Date of Birth and middle initials**

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) BLAKE DAVID A Home Address 3235 Forest Ridge Madison WI 53704 Post Office & Zip Code 53704

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company DAVIDS JAMAICAN CUISINE
 Address of Corporation/Limited Liability Company (if different from licensed premises) 5734 MONONA DR 53716
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>DAVID ALEXANDER BLAKE</u>		
Directors/Managers			

C. 1. Trade Name DAVIDS JAMAICAN CUISINE Business Phone Number 608-222-8109
 2. Address of Premises 5734 MONONA DR Post Office & Zip Code 53716

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar, Kitchen
5. Legal description (omit if street address is given above): DAVIDS JAMAICAN CUISINE
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 26th day of March, 2012
Joan Andrews
(Clerk/Notary Public)
 My commission expires 9-20-15

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK	
Date received and filed with municipal clerk <u>3-26-12</u>	Date reported to council/board <u>LRC 5/2 CC 6/4</u>
License number issued	Date license issued
	Signature of Clerk / Deputy Clerk

AT-115 (R. 1-12)
 OK - by [Signature] 3/10/12
 Clerk of Police

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Include Date of Birth and middle initials

Applicant's Wisconsin Seller's Permit Number: <u>456-1020024353-03</u>	
Federal Employer Identification Number (FEIN): <u>39-0755517</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ East Side Club
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Kim E. Schwenn</u> ✓	<u>3645 Wilshire Lane</u>	<u>Madison, WI</u>
Vice President/Member	<u>George D. Gosda</u> ✓	<u>1414 Droster Rd.</u>	<u>Madison, WI 53716</u>
Secretary/Member	<u>Ann M. Badeau</u> ✓	<u>1108 Birch Haven Circle</u>	<u>Monona, WI 53716</u>
Treasurer/Member	<u>Paul R. Reilly</u>	<u>1218 Alexandria La.</u>	<u>Madison, WI 53718</u>
Agent	<u>John M. Fadness (310-194)</u> ✓		
Directors/Managers	<u>See attached for Directors; Manager - Andrea T. Mikulice 418 Cantwell Ct.</u>		

C. 1. Trade Name ▶ East Side Club, Inc. Business Phone Number 608-222-9131 Madison, WI 53716
 2. Address of Premises ▶ 3735 Monona Dr., Madison, WI Post Office & Zip Code ▶ Madison, WI 53714

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, and/or storage of alcohol beverages and records. 2 story Bldg - service area dining room up 5232 sq. ft.; bar/dining room down 4306 sq. ft.
 (Alcohol beverages may be sold and stored only on the premises described.)
5. Legal description (omit if street address is given above): TKL bar bldg 15 sq. ft and service 26,400 sq. ft. of lawn; Storage 114 sq. ft. doz.
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, corporation 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 reverse side 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 reverse side 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. See attached rechange of officers and directors 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 4th day of April, 2012
Barbara J. Wensle
(Clerk/Notary Public)
 My commission expires 4/12/15

Kim E. Schwenn
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	<u>4-4-12</u>	Date reported to council/board	<u>LRC 5/2 CC 6/4</u>	Date license granted	
License number issued		Date license issued		Signature of Clerk / Deputy Clerk	

AT-115 (R. 1-12)
OK - W. D. J. 4/9/12
CLERK OF POLICE

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Include Date of Birth and middle initials

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) JUN LUO Home Address 6309 Monona Dr. Monona Post Office & Zip Code 53716

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company MR. LUO LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) 6309 Monona Dr. Monona, WI 53716

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>JUN LUO</u>	<u>6309 Monona Dr Monona, WI</u>	<u>53716</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			

C. 1. Trade Name Edo Garden Japanese restaurant

Business Phone Number 608-226-9828

2. Address of Premises 6309 Monona Dr. Monona, WI Post Office & Zip Code 53716

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar in the building, 3410 sq ft, waiting Area

5. Legal description (omit if street address is given above): w/10 seat bar, dining room, w/habachi grill, private room, traditional clothing room, kitchen

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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 13th day of April, 2012

Juan Andrus
(Clerk/Notary Public)

My commission expires 9-20-15

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

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-13-12</u>	Date reported to council/board <u>LRC 5/2 CC 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

OK - Cl. [Signature] 4/16/12
 chief of police

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

Applicant's Wisconsin Seller's Permit Number: <u>456-000005663-03</u>	
Federal Employer Identification Number (FEIN): <u>39-1954327</u>	
LICENSE REQUESTED	
TYPE	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 checked="" type="checkbox"/> Class B liquor	\$ <u>500 -</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$

TO THE GOVERNING BODY of the: Town of } Monona
 Village of }
 City of }
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C. Include Date of Birth and middle initials

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company FAT JACKS MONONA, INC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	DOB:	Home Address	Post Office & Zip Code
President/Member	<u>Daniel J. BARYENBRUCH</u>	<u>(redacted)</u>	<u>127 ASH ST</u>	<u>ORIBON, WI 53575</u>
Vice President/Member	_____	_____	_____	_____
Secretary/Member	_____	_____	_____	_____
Treasurer/Member	_____	_____	_____	_____
Agent	<u>MARY S. BARYENBRUCH</u>	<u>(redacted)</u>	<u>127 ASH ST</u>	<u>ORIBON, WI 53575</u>
Directors/Managers	_____	_____	_____	_____

C. 1. Trade Name FAT JACKS Business Phone Number 608-221-4220
 2. Address of Premises 6207 MONONA DR. Post Office & Zip Code 53716 MONONA

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 3,000 SQFT ONE-STORY FREE-STANDING.
5. Legal description (omit if street address is given above): _____
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 5th day of April, 20 12
Joan Andrus
(Clerk/Notary Public)
 My commission expires 9-20-15

Daniel J. Baryenbruch
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Mary S. Baryenbruch
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-5-12</u>	Date reported to council/board <u>LRC 5/2 CC 6/4</u>	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

AT-115 (R. 1-12)
 OK - W. C. [Signature] 4/9/12
 Clerk of Council

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-0000143672-02</u>	
Federal Employer Identification Number (FEIN): <u>27-2298204</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

Complete A or B. All must complete C. **Include Date of Birth and middle initials**

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Conway Joseph M. [redacted] 1910 Tarragon Dr. Madison WI 53716
Conway Barbara D. [redacted] 1910 Tarragon Dr Madison WI 53716

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Joe's Fire Station LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 900 E Broadway Monona WI 53716
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Barbara D. Conway</u>	<u>1910 Tarragon Dr. Madison WI 53716</u>	
Vice President/Member	<u>Joseph M. Conway Sr.</u>	<u>1910 Tarragon Dr. Madison, WI 53716</u>	
Secretary/Member			
Treasurer/Member			
Agent			

 Directors/Managers

C. 1. Trade Name Joe's Fire Station LLC Business Phone Number 608-222-5474
 2. Address of Premises 900 E Broadway Post Office & Zip Code Monona, WI 53716

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, and/or storage of alcohol beverages and records.
(Alcohol beverages may be sold and stored only on the premises described.) Frame Building, Bar Room 800 sq. FT. - Store room upstairs 20 sq. FT. - Basement 15x16 Colder - 30 sq. FT. - Basement Store Room 252 sq. FT. - outside patio 250 sq. FT. 10x25'6"
5. Legal description (omit if street address is given above): 307 FT. Basement Store Room 252 sq. FT. - outside patio 250 sq. FT. 10x25'6"
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 5th day of April, 20 12
Joan Andrusz
(Clerk/Notary Public)
 My commission expires 9-15-20

Barbara D. Conway
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Joseph M. Conway Sr.
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-5-12</u>	Date reported to council/board <u>LRC 5/2 CC 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 1-12)
 OK - W. [Signature] 4/9/12
 CLERK OF CLERK

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

Applicant's Wisconsin Seller's Permit Number: <u>062552</u>	
Federal Employer Identification Number (FEIN): <u>49-0924612</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>300.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

TO THE GOVERNING BODY of the: Town of } Monona
 Village of }
 City of }
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C. **Include Date of Birth and middle initials**

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
MONONA GARDEN FAMILY RESTAURANT INC.
6501 BRIDGE RD MONONA WI 53713

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company SAME
 Address of Corporation/Limited Liability Company (if different from licensed premises) SAME

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>NEDZMI SEMOUSKI</u>	<u>6102 FREDERICKSBURG LN MADISON WI 53718</u>	<u>[REDACTED]</u>
Vice President/Member	<u>VASVI ZYTEJA</u>	<u>3224 CONSERVANCY ESTATES S-PRAIRIE WI 53590</u>	<u>[REDACTED]</u>
Secretary/Member	<u>NEDZMI SEMOUSKI</u>	<u>6102 FREDERICKSBURG LN MADISON WI 53718</u>	<u>[REDACTED]</u>
Treasurer/Member	<u>VASVI ZYTEJA</u>	<u>3224 CONSERVANCY ESTATE S-PRAIRIE WI 53590</u>	<u>[REDACTED]</u>
Agent	<u>ANDREW A. ANDERSON</u>	<u>3803 MONONA DR #115 MONONA WI 53714</u>	<u>[REDACTED]</u>
Directors/Managers	<u>NEDZMI SEMOUSKI & VASVI ZYTEJA</u>		

C. 1. Trade Name MONONA GARDEN RESTAURANT Business Phone Number (608) 223-9707
 2. Address of Premises 6501 BRIDGE RD MONONA WI. Post Office & Zip Code 53713

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) TABLE SERVICE IN DINING & BANQUET AREA & BAR SERVICE

5. Legal description (omit if street address is given above):

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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 2 day of April, 2012
Judy Borch
(Clerk/Notary Public)
 My commission expires 25 March 2015

NOTARY PUBLIC
 STATE OF WISCONSIN
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-3-12</u>	Date reported to council/board <u>LRC 5/2 CC 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 1-12)
 OK - W. City 4/9/12
 City of Monona

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Monona
 Village of }
 City of }
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>4561020041646070</u> 3	
Federal Employer Identification Number (FEIN): <u>91-0847486</u>	
LICENSE REQUESTED	
TYPE	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 checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 15.00
TOTAL FEE	\$ <u>615.00</u>

Complete A or B. All must complete C.

Include Date of Birth and middle Initials

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Red Robin International Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) 6312 S. Fiddlers Crn Cir #200N
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

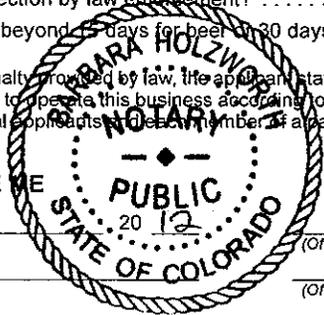
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Eric Carl Houseman</u>	<u>11591 Bent Oaks St Parker CO 80134</u>	<u>DOB [REDACTED]</u>
Vice President/Member	<u>Douglas Lee Christman</u>	<u>2719 High Lane Summit LA Lafayette CO 80026</u>	<u>DOB [REDACTED]</u>
Secretary/Member	<u>John W Grant</u>	<u>8376 Green Island Cir Lone Tree CO 80124</u>	<u>DOB [REDACTED]</u>
Treasurer/Member	<u>NA Michael F. Manders</u>		
Agent	<u>Michael Manders</u>	<u>884 Willow Brook Trl Sun Prairie WI 53590</u>	<u>DOB [REDACTED]</u>

C. 1. Trade Name Red Robin American's Gourmet Burgers & Spirits Business Phone Number 605 223 1390
 2. Address of Premises 6522 Monona Dr Monona WI Post Office & Zip Code 53716

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar Area, Dining Room, Keg cooler, Storage Room
5. Legal description (omit if street address is given above): N/A
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, corporation 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 reverse side 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 reverse side 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. Extension Filled Due in 9/12 Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 16th day of MARCH
Barbara Holzwang (Clerk/Notary Public)
 My commission expires 4/17/2013
Eric (Office of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Doug (Office of Corporation/Member/Manager of Limited Liability Company /Partner)
John (Office of Corporation/Member/Manager of Limited Liability Company /Partner)
 My Commission Expires 04/17/2013



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk: <u>3-28-12</u>	Date reported to council/board: <u>LRC 5/2 CC 6/4</u>	Date license granted:
License number issued:	Date license issued:	Signature of Clerk / Deputy Clerk:

AT-115 (R. 1-12)
 OK - cc 4/9/12
 CHIEF OF CLERK

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

Applicant's Wisconsin Seller's Permit Number: <u>456-102011441603</u>	
Federal Employer Identification Number (FEIN): <u>39-2032510</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

TO THE GOVERNING BODY of the: Town of } Monona
 Village of }
 City of }

County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C. Include Date of Birth and middle initials

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Snicks Sportsmans Bar LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Monica Ann Quale</u>	<u>2004 Barber Dr.</u>	<u>Stoughton 53589</u>
Vice President/Member	<u>[REDACTED]</u>		
Secretary/Member			
Treasurer/Member			
Agent ▶			

C. 1. Trade Name ▶ Snicks Sportsmans Bar LLC Business Phone Number 608 442 5620
 2. Address of Premises ▶ 4605 Monona Dr. Post Office & Zip Code ▶ 53716

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____
5. Legal description (omit if street address is given above): 4605 Monona Dr.
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 7th day of March, 2012
Jean Anderson
(Clerk/Notary Public)
 My commission expires 9-20-15

Monica A. Quale
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Monica A. Quale
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3-7-12</u>	Date reported to council/board <u>LRC 5/2 cc 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 1-12)
OK - W. Quale 3/12/12
 Police Chief

Snicks Sportsman's Bar LLC

4605 Monona Dr. 53716

tel. 608.442.5620

Premises description;

Three rooms with Bar on first floor,
10' x 23' outdoor smoking area deck,
basement storage area.

Owner; Monica A. Quale

cell 608.216.5348

Home 608 873.4013

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Include Date of Birth and Middle Initials

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company
 Address of Corporation/Limited Liability Company (if different from licensed premises)

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Bryant Alan Schaefer</u>	<u>117 E. Milwaukee St. #10</u>	<u>Janesville, WI 53545</u>
Vice President/Member			<u>DOB: [REDACTED]</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Bryant Alan Schaefer</u>		
Directors/Managers			

C.1. Trade Name The Tasting Room Business Phone Number 608/223-1641
 2. Address of Premises 6000 Monona Dr. Suite 103 Post Office & Zip Code Monona, WI 53716

- 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Single Room Retail Store 1900 sq. ft.
- Legal description (omit if street address is given above):
- 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, corporation 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 reverse side 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 reverse side Yes No
- 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
- 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
- Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
- 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
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 23rd day of March, 20 12
Joan Anderson
(Clerk/Notary Public)
 My commission expires 9-30-15

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board <u>LRC 5/2 CC 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

OK - W. Dept 4/10/12
copy of beer

Applicant's Wisconsin Seller's Permit Number:	<u>456-0000642710-03</u>
Federal Employer Identification Number (FEIN):	<u>02-0673090</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Monona
 Village of }
 City of }
 County of Dane Aldermanic Dist. No. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Include Date of Birth and middle initials

Applicant's Wisconsin Seller's Permit Number: <u>456-0001910482-02</u>	
Federal Employer Identification Number (FEIN): <u>26-0752284</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company WILTZIUS LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>BARBARA A WILTZIUS</u>	<u>5250 SUMMER RIDGE DR</u>	<u>MADISON WI 53704</u>
Vice President/Member	<u>BRIAN R WILTZIUS</u>	<u>"</u>	<u>"</u>
Secretary/Member			
Treasurer/Member			
Agent			

 Directors/Managers _____

C. 1. Trade Name TOWER 100 Business Phone Number 608 222 2855
 2. Address of Premises 1000 E BROADWAY Post Office & Zip Code MADISON WI 53704

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR AREA - KITCHEN - OFFICE - COOLER
5. Legal description (omit if street address is given above): _____
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, corporation 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 reverse side 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 reverse side 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [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

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 26th day of March, 20 12
Joan Andrews
(Clerk/Notary Public)
 My commission expires 9-20-15

Bar Wiltzius member
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Brian Wiltzius member
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3-26-12</u>	Date reported to council/board <u>LR 5/2 CC 6/4</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 1-12)
OK - W. Dept 4/10/12
Chief of Police