



License Committee Regular Meeting Agenda

Tuesday, June 2, 2026 at 7:00 PM

Council Chambers and Virtual

In-Person Attendance:
City Hall Council Chambers
2nd Floor City Hall
335 S Broadway

Electronic Meeting Access:
<https://www.gotomeet.me/DePere>

Telephonic Meeting Access:
(866) 899-4679 -or- (312) 757-3117
Access Code: 154-883-28

1. Call to Order

2. Roll Call

3. Public Comments

Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC

4. New Business

- A. Approval of the minutes of the May 19, 2026 License Committee meeting.
- B. Renewal applications for the licensing period of July 1, 2026 through June 30, 2027.
 - i. Class "A" Fermented Malt Beverage license.*
 - ii. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor licenses.*
 - iii. Class "B" Fermented Malt Beverage/"Class C" Wine licenses.*
 - iv. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor licenses.*

5. Future Agenda Items

6. Adjournment

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk's office at 920-339-4050 by noon on the previous day so that arrangements can be made.

The Public or members of the License Committee, which may count toward an official quorum, may attend the meeting either in person in the Council Chambers or telephonically or electronically via video conferencing or other appropriate

technological means.

This meeting may also be rebroadcast on TV throughout the week and available on demand at <https://deperewi.portal.civicclerk.com/>.



City of De Pere, Wisconsin

4.A

Request for License Committee Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Approval of the minutes of the May 19, 2026 License Committee meeting.
Recommendation: Motion to approve.

Attachments:
5-19-26 License Committee minutes_draft



License Committee

Regular Meeting

Minutes

335 South Broadway
De Pere, WI 54115
www.deperewi.gov

Tuesday, May 19, 2026

7:00 PM

City Hall, Council Chambers 335 S. Broadway

1. Call to Order

The meeting was called to order at 7:00 PM by Alderperson Gantz.

2. Roll Call

Present: Pamela Gantz, Devin Perock, Dustin Thill

Also present: City Attorney Joanne Bungert and City Clerk Carey Danen.

3. Public Comments

Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC

None.

4. New Business

A. Approval of the minutes of the May 5, 2026 License Committee meeting.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Pamela Gantz
SECONDER:	Dustin Thill
AYES:	Pamela Gantz, Devin Perock, Dustin Thill

B. Renewal applications for the licensing period of July 1, 2026 through June 30, 2027.

i. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor Licenses.*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Pamela Gantz
SECONDER:	Devin Perock
AYES:	Pamela Gantz, Devin Perock, Dustin Thill

ii. Class "B" Fermented Malt Beverage License.*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Pamela Gantz
SECONDER:	Dustin Thill

AYES: Pamela Gantz, Devin Perock, Dustin Thill

iii. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Licenses.*

RESULT: APPROVED [UNANIMOUS]
MOVER: Pamela Gantz
SECONDER: Devin Perock
AYES: Pamela Gantz, Devin Perock, Dustin Thill

iv. Reserve Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor License.*

RESULT: APPROVED [UNANIMOUS]
MOVER: Pamela Gantz
SECONDER: Dustin Thill
AYES: Pamela Gantz, Devin Perock, Dustin Thill

5. Future Agenda Items

None.

6. Adjournment

Aldersperson Gantz moved, seconded by Aldersperson Perock to adjourn the meeting at 7:05 PM. Upon vote, motion carried unanimously.

Respectfully submitted,
Carey Danen, City Clerk



Request for License Committee Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Renewal applications for the licensing period of July 1, 2026 through June 30, 2027.

Recommendation:

The Police Department conducts background checks twice a month for all applications received during the previous two weeks. Due to the timing of this practice, results have not been received as of the agenda publication deadline. If approved, the Clerk's office will not renew the licenses until the background check results have been confirmed.

Attachments:

None



City of De Pere, Wisconsin

4.B.i

Request for License Committee Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Class "A" Fermented Malt Beverage license.*
Recommendation: Motion to approve.

1. Wal-Mart Stores East, LP (DBA Walmart #5090), 1415 Lawrence Dr. Agent: Frank Van Vonderen, Jr., De Pere WI.

Attachments:
Walmart #5090

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

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

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

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

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

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

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

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

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

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

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

Last Name Little		First Name Sarah		M.I. C
Title Assistant Secretary		Email [REDACTED]	Phone [REDACTED]	
Signature [Signature]			Date 3/16/2026	

Part E: For Clerk Use Only

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

Form
AB-101

**Alcohol Beverage
Appointment of Agent**

Date
05/07/2026

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Wal-Mart Stores East, LP

2. Business Trade Name or DBA
Walmart #5090

3. Entity Type (check one)
 Partnership Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name: Van Vonderen, Jr. 2. First Name: Frank 3. M.I.: J

4. Email: [REDACTED] 5. Phone: [REDACTED]

6. Home Address: 3991 Agatha Christie Ave

7. City: De Pere 8. State: WI 9. Zip Code: 54115 10. Date of Birth: [REDACTED]

11. Driver's License/State ID Number: [REDACTED] 12. Driver's License/State ID State of Issuance: WI

Part C: Agent Questions

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

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

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

Continued →

Part D: Business Attestation			
<p>READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>			
Last Name	First Name	MI	
Little	Sarah	C	
Title	Email	Phone	
Assistant Secretary	[REDACTED]	[REDACTED]	
Signature		Date	
[Signature]		3/14/2026	

Part E: Agent Attestation			
<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>			
Last Name	First Name	MI	
Van Vonderen, Jr.	Frank	J	
Signature		Date	
[Signature]		5-7-26	



Request for License Committee Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor licenses.*
Recommendation: Motion to approve.

1. Bhawani Mart LLC (DBA De Pere Minimart), 821 George St. Agent: Karuna Kunwar, Green Bay WI.
2. The Day Spa, LTD (DBA The Day Spa), 600 N 10th St. Agent: Kathy Schmaltz, De Pere WI.
3. Krist Oil Company (DBA Krist Food Mart #92), 1218 Grant St. Agent: Rebecca Armstrong, De Pere WI.
4. Kwik Trip, Inc. (DBA Kwik Trip 127), 746 Main Av. Agent: Robert Gartzke, Green Bay WI.
5. Kwik Trip, Inc. (DBA Kwik Trip 1060), 1620 Lawrence Dr. Agent: Daniel Schmidt, Wrightstown WI.
6. Saeva Johnson Liquor LLC (DBA The Wine Cellar), 813 Main Av. Agent: Patrick Johnson, Green Bay WI.
7. Trackside Fort LLC (DBA Fairground BP), 1605A Fort Howard Av. Agent: Emraj Sen, De Pere WI.
8. Wal-Mart Stores East, LP (DBA Walmart #5090 – Liquor Store), 1415 Lawrence Dr. Agent: Frank Van Vonderen, Jr., De Pere WI.

Attachments:

De Pere MiniMart, The Day Spa, Krist Food Mart #92, Kwik Trip 127, Kwik Trip 1060, The Wine Cellar, Fairground BP, Walmart #5090 Liquor Store

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

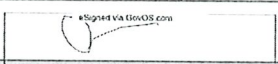
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations,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

Part D: Attestation

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

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

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

Last Name Bogati	First Name Min	M.I. B
Title owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 04-06-2026

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Bhawani Mart LLC	
2. Business Trade Name or DBA De pere Mini mart	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	


Part B: Agent Information			
1. Last Name kunwar	2. First Name Karuna	3. M.I.	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 1782 Eldorado dr Apt 2			
7. City Green Bay	8. State wi	9. Zip Code 54302	10. Age 31
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance wi	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name Bogati		First Name Min	M.I. B
Title mbr	Email [REDACTED]		Phone [REDACTED]
Signature  <small>Key: 20e8a663-bfcc-43b7-ab11-01ee971a8d77</small>			Date 05112026

Part E: Agent Attestation

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

Last Name Kunwar		First Name Karuna	M.I.
Signature K <small>SIGNED BY KARUNA</small>		Date	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type <i>(check one)</i>									
<input type="checkbox"/> Initial (New) <input checked="" type="checkbox"/> Renewal									
License(s) Requested: (up to two boxes may be checked)	Fees								
<input checked="" type="checkbox"/> Class "A" Beer \$ _____ <input type="checkbox"/> Class "B" Beer \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">License Fee(s)</td> <td style="width: 30%;">\$</td> </tr> <tr> <td>Background Check Fee</td> <td>\$</td> </tr> <tr> <td>Publication Fee</td> <td>\$30.00</td> </tr> <tr> <td>Total Fees</td> <td>\$30</td> </tr> </table>	License Fee(s)	\$	Background Check Fee	\$	Publication Fee	\$30.00	Total Fees	\$30
License Fee(s)	\$								
Background Check Fee	\$								
Publication Fee	\$30.00								
Total Fees	\$30								
<input checked="" type="checkbox"/> "Class A" Liquor \$ _____ <input type="checkbox"/> Regular "Class B" Liquor \$ _____									
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____									
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____									

Act 209398

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) The Day Spa, LTD			
2. Business Trade Name or DBA The Day Spa			
3. FEIN 39-1740936		4. Wisconsin Seller's Permit Number 456-0000091613-03	
5. Entity Type <i>(check one)</i> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization WI		8. Date of Organization July 1992	9. Wisconsin DFI Registration Number
10. Premises Address 600 N 10th street			
11. City DePere		12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere		16. Aldermanic District
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website [REDACTED]	
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>			
21. Mailing Address (if different from premises address)			
22. City		23. State	24. Zip Code

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

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

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

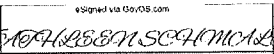
I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

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

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

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

Last Name schmaltz	First Name kathleen	M.I. f
Title owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05-13-2026

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) The Day Spa, LTD	
2. Business Trade Name or DBA The Day Spa	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number WI
6. Describe the reason for appointing a successor agent, if successor is checked above.	

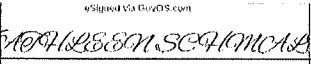
Part B: Agent Information				
1. Last Name SCHMALTZ		2. First Name KATHY		3. M.I. f
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 600 n 10th st				
7. City DEPERE		8. State wi	9. Zip Code 54115	10. Age 62
11. Drivers License/State ID Number [REDACTED]			12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name SCHMALTZ		First Name KATHY	M.I. f
Title owner	Email [REDACTED]	Phone [REDACTED]	
Signature 	Date 05/13/26		

Part E: Agent Attestation

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

Last Name SCHMALTZ		First Name KATHY	M.I. f
Signature KS	Date		

#92

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	DePere
License Period	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked) <input checked="" type="checkbox"/> Class "A" Beer \$ <u>594</u> <input type="checkbox"/> Class "B" Beer \$ _____ <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>549</u> <input type="checkbox"/> Regular "Class B" Liquor \$ _____ <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Fees	
	License Fee(s)	\$ <u>1,143</u>
	Background Check Fee	\$ _____
	Publication Fee	\$ _____ 30
	Total Fees	\$ <u>1,173</u>

Part A: Premises/Business Information

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

2. Business Trade Name or DBA
Krist Food Mart #92

3. FEIN
38-1798214

4. Wisconsin Seller's Permit Number
465-0000345170-03

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

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

7. State of Organization
MICHIGAN

8. Date of Organization
04/01/1965

9. Wisconsin DFI Registration Number
2K00554

10. Premises Address
1218 Grant Street

11. City
De Pere

12. State
WI

13. Zip Code
54115

14. County
Brown

15. Governing Municipality: City Town Village
of: DePere

16. Aldermanic District

17. Premises Phone
[REDACTED]

18. Premises Email
[REDACTED]

19. Website
[REDACTED]

20. Premises Description

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

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

One story concrete building. Convenience store. Doored coolers for self service

21. Mailing Address (if different from premises address)
303 Selden Road

22. City
Iron River

23. State
MI

24. Zip Code
49935

Part B: Questions

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

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

#92k

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

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

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

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

One of the following must sign and attest to this application:
• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Atanasoff		First Name Krist		M.I. D
Title Vice President	Email [REDACTED]		Phone [REDACTED]	
Signature 		Date 4/23/24		

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date
04/23/2026

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Krist Oil Company	
2. Business Trade Name or DBA Krist Food Mart #92	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Armstrong		2. First Name Rebecca		3. M.I. J
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 1380 Scheuring Road #17				
7. City De Pere	8. State WI	9. Zip Code 54115	10. Date of Birth [REDACTED]	
11. State ID Number [REDACTED]		12. Driver's License/State ID State of Issuance WI		


Part C: Agent Questions

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

Continued →

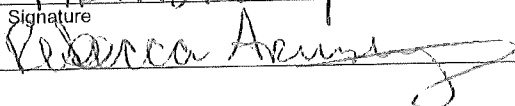
Part D: Business Attestation

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

Last Name Atanasoff		First Name Krist	M.I. D
Title Vice President	Email [REDACTED]		Phone [REDACTED]
Signature 		Date 4/27/26	

Part E: Agent Attestation

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

Last Name Armstrong		First Name Rebecca	M.I. J
Signature 		Date 4-24-26	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality De Pere City of
License Period 7/1/2026 to 6/30/2027

Application Type (check one)

Initial (New) Renewal

P# 209420

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

<input checked="" type="checkbox"/> Class "A" Beer \$ <u>100</u>	<input type="checkbox"/> Class "B" Beer \$ _____
<input checked="" type="checkbox"/> "Class A" Liquor \$ <u>449</u>	<input type="checkbox"/> Regular "Class B" Liquor \$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$ <u>549</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>30</u>
Total Fees	\$ <u>579-</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.			
2. Business Trade Name or DBA Kwik Trip 127			
3. FEIN 39-1036365		4. Wisconsin Seller's Permit Number 456-0000287614-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. -N/A-			
7. State of Organization WI	8. Date of Organization 10/07/1964	9. Wisconsin DFI Registration Number 1K04801	
10. Premises Address 746 Main Ave			
11. City De Pere	12. State WI	13. Zip Code 54115	
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere City of		16. Aldermanic District -----
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website [REDACTED]	
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/> One-story frame construction with storage in lockable walk-in cooler & cabinetry on the sales floor & behind sales counter.			
21. Mailing Address (if different from premises address) Kwik Trip - Legal Dept., P.O. Box 2107			
22. City La Crosse	23. State WI	24. Zip Code 54602-2107	

Part B: Questions

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

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

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

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

Last Name Zietlow	First Name Scott	M.I. P
Title CEO & President	Email [REDACTED]	Phone [REDACTED]
Signature <i>Scott P. Zietlow</i>		Date 02 / 27 / 2026

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date: 5-8-25

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor) Kwik Trip, Inc.	
2. Business Trade Name or DBA Kwik Trip 127	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above. - N/A -	

Part B: Agent Information			
1. Last Name Gartzke	2. First Name Robert	3. M.I. Allen	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 1151 Porlier St			
7. City Green Bay	8. State WI	9. Zip Code 54301	10. Date of Birth [REDACTED]
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name Zietlow		First Name Scott	M.I. Paul
Title CEO/President	Email [REDACTED]	Phone [REDACTED]	
Signature <i>Scott P. Zietlow</i>		Date 03/01/2025	

Part E: Agent Attestation

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

Last Name Gartzke		First Name Robert	M.I. Allen
Signature <i>Robert A Gartzke</i>		Date 5-8-2025	

Wisconsin Alcohol & Tobacco Violations

STORE	CITY	COUNTY	STATE	TYPE	E-LIQUID	DATE OF FAILED CHECK
Kwik Trip #181	Appleton	Outagamie	WI	Tobacco	E-Liquid	7/10/25
Kwik Trip #110	Ashland	Ashland	WI	Tobacco	E-Liquid	5/28/23
Kwik Trip #657	Baraboo	Sauk	WI	Alcohol		10/20/22
Kwik Trip #1197	Belmont	Waukesha	WI	Tobacco	E-Liquid	4/10/23
Kwik Trip #621	Bonduel	Shawano	WI	Tobacco		2/9/26
Kwik Trip #1512	Cottage Grove	Dane	WI	Tobacco		5/31/23
Kwik Trip #1510	DeForest	Dane	WI	Tobacco	E-Liquid	10/23/22
Kwik Trip #1510	DeForest	Dane	WI	Tobacco	E-Liquid	6/27/23
Kwik Trip #210	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #398	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #459	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #472	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #573	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #633	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1110	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1149	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1161	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1162	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #675	Edgerton	Eau Claire	WI	Tobacco		10/28/25
Kwik Trip #957	Fitchburg	Dane	WI	Tobacco		5/20/23
Kwik Trip #613	Fond du Lac	Fond du Lac	WI	Alcohol		4/29/25
Stop-N-Go #1502	Fort Atkinson	Jefferson	WI	Tobacco	E-Liquid	3/24/25
Kwik Trip #887	Grand Chute	Outagamie	WI	Alcohol		8/19/21
Kwik Trip #452	Grand Chute	Outagamie	WI	Tobacco	E-Liquid	4/4/23
Kwik Trip #205	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #359	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #412	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #887	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #700	Green Bay	Brown	WI	Alcohol		1/31/22
Kwik Trip #938	Kenosha	Kenosha	WI	Alcohol		2/24/25
Kwik Trip #954	Madison	Dane	WI	Tobacco		8/19/21
Tobacco Outlet Plus #514	Madison	Dane	WI	Tobacco	E-Liquid	3/17/22
Kwik Trip #952	Madison	Dane	WI	Tobacco	E-Liquid	7/16/24
Kwik Trip #627	Manitowoc	Manitowoc	WI	Tobacco	E-Liquid	10/29/24
Kwik Trip #627	Manitowoc	Manitowoc	WI	Tobacco	E-Liquid	4/2/25
Tobacco Outlet Plus #541	Marshfield	Wood	WI	Tobacco	E-Liquid	10/8/21
Kwik Trip #336	Mayville	Dodge	WI	Tobacco		2/13/23
Kwik Trip #488	Mayville	Dodge	WI	Tobacco		6/6/24
Kwik Trip #1106	Medford	Taylor	WI	Tobacco		9/15/25
Kwik Trip #244	Menomonee Falls	Waukesha	WI	Tobacco		10/28/21
Kwik Trip #244	Menomonee Falls	Waukesha	WI	Tobacco		3/9/24
Kwik Trip #164	Menomonie	Dunn	WI	Alcohol		4/20/23
Kwik Trip #386	Merrill	Lincoln	WI	Tobacco	E-Liquid	11/11/23
Kwik Trip #550	Middleton	Dane	WI	Alcohol		10/24/22
Kwik Trip #768	Mineral Point	Iowa	WI	Tobacco		3/29/23
Kwik Trip #966	Monona	Dane	WI	Alcohol		4/10/23
Kwik Trip #626	Montello	Marquette	WI	Tobacco		5/31/25
Kwik Trip #580	Mount Pleasant	Racine	WI	Tobacco		8/1/23
Kwik Trip #282	Mukwonago	Waukesha	WI	Tobacco		7/23/23
Kwik Trip #399	Necedah	Juneau	WI	Tobacco	E-Liquid	12/17/23

Kwik Trip #534	New Berlin	Waukesha	WI	Alcohol		8/11/21
Kwik Trip #971	New Berlin	Waukesha	WI	Alcohol		8/18/23
Kwik Trip #731	Oregon	Dane	WI	Tobacco		7/8/23
Kwik Trip #1083	Osceola	Polk	WI	Alcohol		11/21/25
Kwik Trip #742	Oshkosh	Winnebago	WI	Alcohol		6/29/22
Kwik Trip #457	Oshkosh	Winnebago	WI			6/10/25
Kwik Trip #307	Prairie du Chien	Crawford	WI	Tobacco		11/18/23
Kwik Trip #946	Pulaski	Brown	WI	Tobacco	E-Liquid	9/16/21
Kwik Trip #392	Ripon	Fond du Lac	WI	Tobacco	E-Liquid	9/13/24
Kwik Trip #319	Spencer	Marathon	WI	Alcohol		10/18/23
Kwik Trip #505	Stevens Point	Portage	WI	Tobacco		5/16/23
Kwik Trip #739	Stoughton	Dane	WI	Alcohol		6/30/21
Kwik Trip #1521	Sun Prairie	Dane	WI	Tobacco	E-Liquid	3/31/22
Kwik Trip #496	Sun Prairie	Dane	WI	Tobacco	E-Liquid	10/30/22
Kwik Trip #1523	Sun Prairie	Dane	WI	Tobacco		4/23/23
Kwik Trip #658	Watertown	Dodge	WI	Alcohol		9/27/24
Kwik Trip #373	Waukesha	Waukesha	WI	Tobacco		4/21/23
Kwik Trip #425	Waukesha	Waukesha	WI	Tobacco		4/29/23
Tobacco Outlet Plus #563	Waukesha	Waukesha	WI	Tobacco		4/29/23
Kwik Trip #373	Waukesha	Waukesha	WI	Alcohol		12/11/24
Kwik Trip #968	Waukesha	Waukesha	WI	Alcohol		12/11/24
Stop-N-Go #1207	Waupun	Dodge	WI	Tobacco	E-Liquid	5/30/24
Tobacco Outlet Plus #501	Wausau	Marathon	WI	Tobacco	E-Liquid	1/30/22
Tobacco Outlet Plus #501	Wausau	Marathon	WI	Tobacco	E-Liquid	8/20/22
Kwik Trip #728	Wausau	Marathon	WI	Alcohol		6/27/23
Kwik Trip #140	Weston	Marathon	WI	Alcohol		12/21/23
Kwik Trip #1023	Windsor (Village of Windsor)	Dane	WI	Tobacco	E-Liquid	2/2/22
Kwik Trip #331	Wisconsin Rapids	Wood	WI	Tobacco		2/16/25

**5-years as of 2/24/2026

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	De Pere City of
License Period	7/1/2026 to 6/30/2027

Application Type (check one)

Initial (New) Renewal

RF# 209420

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

Class "A" Beer \$ 100 Class "B" Beer \$ _____

"Class A" Liquor \$ 449 Regular "Class B" Liquor \$ _____

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

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

Fees

License Fee(s)	\$ <u>549</u> ✓
Background Check Fee	\$ _____
Publication Fee	\$ <u>30</u> ✓
Total Fees	\$ <u>579-</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.		
2. Business Trade Name or DBA Kwik Trip 1060		
3. FEIN 39-1036365	4. Wisconsin Seller's Permit Number 456-0000287614-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. -N/A-		
7. State of Organization WI	8. Date of Organization 10/07/1964	9. Wisconsin DFI Registration Number 1K04801
10. Premises Address 1620 Lawrence Dr		
11. City De Pere	12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere City of	16. Aldermanic District -----
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website [REDACTED]
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/> One-story frame construction with storage in lockable walk-in cooler & cabinetry on the sales floor & behind sales counter.		
21. Mailing Address (if different from premises address) Kwik Trip - Legal Dept., P.O. Box 2107		
22. City La Crosse	23. State WI	24. Zip Code 54602-2107

Part B: Questions

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

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

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

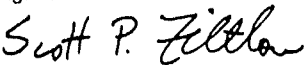
I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

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

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

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

Last Name Zietlow	First Name Scott	M.I. P
Title CEO & President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 02 / 27 / 2026

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date: 5/16/25

Agent Type (check one)

Original license (no fee) Renewal (no fee for municipal licenses only)

Part A: Business Information

1. Business Name (include suffix if not proprietor)

Kwik Trip, Inc.

2. Business Address

Kwik Trip 1060

3. Business Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. License/Permit (check one) Beer and Wine Retail License Beer and Wine Retail License - State Beer and Wine Retail License - Municipal Beer and Wine Retail License - State Beer and Wine Retail License - Municipal Beer and Wine Retail License - State Beer and Wine Retail License - Municipal

Municipal Retail License State Permit

5. Reason for appointment (check one) Initial appointment Renewal Successor agent if business is sold or otherwise

- N/A -

Part B: Agent Information

1. Last Name
Schmidt

2. First Name
Daniel

3. Last Name
John

5. Phone
[Redacted]

6. Street Address
317 Louise Dr

8. City
Wrightstown

9. Zip Code
54180

10. Date of Birth
[Redacted]

7. City

12. Drivers License/State ID State of Issuance
WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
2. If not, provide the information:

Yes No

3. Have you completed Form AB-100 *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-101 *Alcohol Beverage Personal Questionnaire* (permittee)?

Yes No



4. Have you been a Wisconsin resident for at least 90 continuous days?
5. Provide instructions for exceptions:

Yes No

Continued


Part D: Business Attestation

I, the undersigned, being the **SOLE SIGNING OFFICER** of the **Undersigned**, authorize the above-named individual to act for the above-named corporation, partnership, or limited liability company with full authority and control of the premises and of all agent appointments for the premises. I certify that I am authorized by the above-named entity to authorize this individual to act for the above-named entity regarding a successor agent. I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Zietlow First Name: **Scott** Last Name: **Paul**
Signature:  Date: 
CEO/President
Scott P. Zietlow Date: **03/01/2025**

Part E: Agent Attestation

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

Schmidt First Name: **Daniel** Last Name: **John**
Signature:  Date: **5/16/25**

Wisconsin Alcohol & Tobacco Violations

STORE	CITY	COUNTY	STATE	TYPE	E-LIQUID	DATE OF FAILED CHECK
Kwik Trip #181	Appleton	Outagamie	WI	Tobacco	E-Liquid	7/10/25
Kwik Trip #110	Ashland	Ashland	WI	Tobacco	E-Liquid	5/28/23
Kwik Trip #657	Baraboo	Sauk	WI	Alcohol		10/20/22
Kwik Trip #1197	Belmont	Waukesha	WI	Tobacco	E-Liquid	4/10/23
Kwik Trip #621	Bonduel	Shawano	WI	Tobacco		2/9/26
Kwik Trip #1512	Cottage Grove	Dane	WI	Tobacco		5/31/23
Kwik Trip #1510	DeForest	Dane	WI	Tobacco	E-Liquid	10/23/22
Kwik Trip #1510	DeForest	Dane	WI	Tobacco	E-Liquid	6/27/23
Kwik Trip #210	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #398	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #459	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #472	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #573	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #633	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1110	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1149	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1161	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1162	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #675	Edgerton	Eau Claire	WI	Tobacco		10/28/25
Kwik Trip #957	Fitchburg	Dane	WI	Tobacco		5/20/23
Kwik Trip #613	Fond du Lac	Fond du Lac	WI	Alcohol		4/29/25
Stop-N-Go #1502	Fort Atkinson	Jefferson	WI	Tobacco	E-Liquid	3/24/25
Kwik Trip #887	Grand Chute	Outagamie	WI	Alcohol		8/19/21
Kwik Trip #452	Grand Chute	Outagamie	WI	Tobacco	E-Liquid	4/4/23
Kwik Trip #205	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #359	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #412	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #887	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #700	Green Bay	Brown	WI	Alcohol		1/31/22
Kwik Trip #938	Kenosha	Kenosha	WI	Alcohol		2/24/25
Kwik Trip #954	Madison	Dane	WI	Tobacco		8/19/21
Tobacco Outlet Plus #514	Madison	Dane	WI	Tobacco	E-Liquid	3/17/22
Kwik Trip #952	Madison	Dane	WI	Tobacco	E-Liquid	7/16/24
Kwik Trip #627	Manitowoc	Manitowoc	WI	Tobacco	E-Liquid	10/29/24
Kwik Trip #627	Manitowoc	Manitowoc	WI	Tobacco	E-Liquid	4/2/25
Tobacco Outlet Plus #541	Marshfield	Wood	WI	Tobacco	E-Liquid	10/8/21
Kwik Trip #336	Mayville	Dodge	WI	Tobacco		2/13/23
Kwik Trip #488	Mayville	Dodge	WI	Tobacco		6/6/24
Kwik Trip #1106	Medford	Taylor	WI	Tobacco		9/15/25
Kwik Trip #244	Menomonee Falls	Waukesha	WI	Tobacco		10/28/21
Kwik Trip #244	Menomonee Falls	Waukesha	WI	Tobacco		3/9/24
Kwik Trip #164	Menomonie	Dunn	WI	Alcohol		4/20/23
Kwik Trip #386	Merrill	Lincoln	WI	Tobacco	E-Liquid	11/11/23
Kwik Trip #550	Middleton	Dane	WI	Alcohol		10/24/22
Kwik Trip #768	Mineral Point	Iowa	WI	Tobacco		3/29/23
Kwik Trip #966	Monona	Dane	WI	Alcohol		4/10/23
Kwik Trip #626	Montello	Marquette	WI	Tobacco		5/31/25
Kwik Trip #580	Mount Pleasant	Racine	WI	Tobacco		8/1/23
Kwik Trip #282	Mukwonago	Waukesha	WI	Tobacco		7/23/23
Kwik Trip #399	Necedah	Juneau	WI	Tobacco	E-Liquid	12/17/23

Kwik Trip #534	New Berlin	Waukesha	WI	Alcohol		8/11/21
Kwik Trip #971	New Berlin	Waukesha	WI	Alcohol		8/18/23
Kwik Trip #731	Oregon	Dane	WI	Tobacco		7/8/23
Kwik Trip #1083	Osceola	Polk	WI	Alcohol		11/21/25
Kwik Trip #742	Oshkosh	Winnebago	WI	Alcohol		6/29/22
Kwik Trip #457	Oshkosh	Winnebago	WI			6/10/25
Kwik Trip #307	Prairie du Chien	Crawford	WI	Tobacco		11/18/23
Kwik Trip #946	Pulaski	Brown	WI	Tobacco	E-Liquid	9/16/21
Kwik Trip #392	Ripon	Fond du Lac	WI	Tobacco	E-Liquid	9/13/24
Kwik Trip #319	Spencer	Marathon	WI	Alcohol		10/18/23
Kwik Trip #505	Stevens Point	Portage	WI	Tobacco		5/16/23
Kwik Trip #739	Stoughton	Dane	WI	Alcohol		6/30/21
Kwik Trip #1521	Sun Prairie	Dane	WI	Tobacco	E-Liquid	3/31/22
Kwik Trip #496	Sun Prairie	Dane	WI	Tobacco	E-Liquid	10/30/22
Kwik Trip #1523	Sun Prairie	Dane	WI	Tobacco		4/23/23
Kwik Trip #658	Watertown	Dodge	WI	Alcohol		9/27/24
Kwik Trip #373	Waukesha	Waukesha	WI	Tobacco		4/21/23
Kwik Trip #425	Waukesha	Waukesha	WI	Tobacco		4/29/23
Tobacco Outlet Plus #563	Waukesha	Waukesha	WI	Tobacco		4/29/23
Kwik Trip #373	Waukesha	Waukesha	WI	Alcohol		12/11/24
Kwik Trip #968	Waukesha	Waukesha	WI	Alcohol		12/11/24
Stop-N-Go #1207	Waupun	Dodge	WI	Tobacco	E-Liquid	5/30/24
Tobacco Outlet Plus #501	Wausau	Marathon	WI	Tobacco	E-Liquid	1/30/22
Tobacco Outlet Plus #501	Wausau	Marathon	WI	Tobacco	E-Liquid	8/20/22
Kwik Trip #728	Wausau	Marathon	WI	Alcohol		6/27/23
Kwik Trip #140	Weston	Marathon	WI	Alcohol		12/21/23
Kwik Trip #1023	Windsor (Village of Windsor)	Dane	WI	Tobacco	E-Liquid	2/2/22
Kwik Trip #331	Wisconsin Rapids	Wood	WI	Tobacco		2/16/25

**5-years as of 2/24/2026

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type (check one)

Initial (New) Renewal

<p>License(s) Requested: (up to two boxes may be checked)</p> <p><input checked="" type="checkbox"/> Class "A" Beer \$ _____ <input type="checkbox"/> Class "B" Beer \$ _____</p> <p><input checked="" type="checkbox"/> "Class A" Liquor \$ _____ Regular "Class B" Liquor \$ _____</p> <p><input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____</p> <p><input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; font-size: small;">Fees</th> </tr> <tr> <td style="font-size: x-small;">License Fee(s)</td> <td style="font-size: x-small;">\$</td> </tr> <tr> <td style="font-size: x-small;">Background Check Fee</td> <td style="font-size: x-small;">\$</td> </tr> <tr> <td style="font-size: x-small;">Publication Fee</td> <td style="font-size: x-small;">\$30.00</td> </tr> <tr> <td style="font-size: x-small;">Total Fees</td> <td style="font-size: x-small;">\$30</td> </tr> </table>	Fees		License Fee(s)	\$	Background Check Fee	\$	Publication Fee	\$30.00	Total Fees	\$30
Fees											
License Fee(s)	\$										
Background Check Fee	\$										
Publication Fee	\$30.00										
Total Fees	\$30										

A# 209661

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Saeva Johnson Liquor LLC			
2. Business Trade Name or DBA The Wine Cellar			
3. FEIN 86-2061505	4. Wisconsin Seller's Permit Number 456-1030558750-04		
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization	8. Date of Organization	9. Wisconsin DFI Registration Number	
10. Premises Address 813 Main Ave			
11. City De Pere	12. State WI	13. Zip Code 54115	
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere		16. Aldermanic District
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website [REDACTED]	
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input type="checkbox"/>			
21. Mailing Address (if different from premises address)			
22. City	23. State	24. Zip Code	

Part B: Questions

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

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

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

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


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

Part D: Attestation

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

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

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

Last Name Johnson	First Name Patrick	M.I.
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05-23-2026

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Saeva Johnson Liquor LLC	
2. Business Trade Name or DBA Wine Cellar	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number Wisconsin
6. Describe the reason for appointing a successor agent, if successor is checked above.	


Part B: Agent Information			
1. Last Name Johnson	2. First Name Patrick	3. M.I.	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 125 Arrowhead Drive			
7. City Green Bay	8. State WI	9. Zip Code 54301	10. Age 50
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name Johnson		First Name Patrick		M.I.
Title Owner	Email [REDACTED]		Phone [REDACTED]	
Signature	 <small>Key: 30e6d4d4c-43d7-ab1f0feeb71a6d77</small>		Date 05/23/2026	

Part E: Agent Attestation

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

Last Name Johnson		First Name Patrick		M.I.
Signature	PJ		Date	

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

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

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

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Sen		First Name Emraj		M.I.
Title Member	Email [REDACTED]		Phone [REDACTED]	
Signature [Signature]			Date 05/25/26	

Part E: For Clerk Use Only

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

Form
AB-101

**Alcohol Beverage
Appointment of Agent**

Date
05/25/26

Agent Type (check one)

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

Part A: Business Information

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

2. Business Trade Name or DBA
FAIRGROUND BP

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

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

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
SEN EMRAJ

4. Email 5. Phone
[REDACTED] [REDACTED]

6. Home Address
1729 OHEARN LN

7. City 8. State 9. Zip Code 10. Date of Birth
DE PERE WI 54115 [REDACTED]

11. Driver's License/State ID Number 12. Driver's License/State ID State of Issuance
[REDACTED] WI

Part C: Agent Questions

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

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

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

Continued →

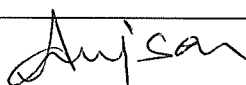
Part D: Business Attestation

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

Last Name SEN		First Name EMRAJ		M.I.
Title MEMBER	Email [REDACTED]		Phone [REDACTED]	
Signature			Date 05/25/26	

Part E: Agent Attestation

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

Last Name SEN		First Name EMRAJ		M.I.
Signature 			Date 05/25/26	

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

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

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

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

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

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Little		First Name Sarah		M.I. C
Title Assistant Secretary		Email [REDACTED]	Phone [REDACTED]	
Signature [Signature]			Date 3/16/2026	

Part E: For Clerk Use Only

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

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
05/07/2026

Agent Type <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Wal-Mart Stores East, LP	
2. Business Trade Name or DBA Walmart #5090 (Liquor Store)	
3. Entity Type <i>(check one)</i> <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above. N/A	

Part B: Agent Information			
1. Last Name Van Vonderen, Jr.	2. First Name Frank	3. M.I. J	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 3991 Agatha Christie Ave			
7. City De Pere	8. State WI	9. Zip Code 54115	10. Date of Birth [REDACTED]
11. Driver's License/State ID Number [REDACTED]		12. Driver's License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
See instructions for exceptions.	

Continued →

Part D: Business Attestation

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

Last Name Little	First Name Sarah	MI C
Title Assistant Secretary	Email [REDACTED]	Phone [REDACTED]
Signature [Signature]		Date 3/14/2026

Part E: Agent Attestation

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

Last Name Van Vonderen, Jr.	First Name Frank	MI J
Signature [Signature]		Date 5-7-24



City of De Pere, Wisconsin

4.B.iii

Request for License Committee Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Class "B" Fermented Malt Beverage/"Class C" Wine licenses.*
Recommendation: Motion to approve.

1. Aurora Rose LLC (DBA Delights Bakery Café), 143 N Wisconsin St. Agent: Heather Weisspeters, Denmark WI.
2. Pages and Pours (DBA Pages and Pours), 415 Main Av. Agent: Mark Hank, Green Bay WI.

Attachments:
Delights Bakery Cafe, Pages and Pours

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type (check one)

Initial (Now) Renewal

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

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

Fees	
License Fee(s)	\$
Background Check Fee	\$
Publication Fee	\$30.00
Total Fees	\$30

Part A: Premises/Business Information

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

2. Business Trade Name or DBA
Delights Bakery Cafe

3. FEIN
85-3875283

4. Wisconsin Seller's Permit Number
456-1030502420-04

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

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

7. State of Organization
Wisconsin

8. Date of Organization
11/20/2020

9. Wisconsin DFI Registration Number

10. Premises Address
143 N Wisconsin Street

11. City
De Pere

12. State
WI

13. Zip Code
54115

14. County
Brown

15. Governing Municipality: City Town Village
of: De Pere

16. Aldermanic District

17. Premises Phone
[REDACTED]

18. Premises Email
[REDACTED]

19. Website
[REDACTED]

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

Part B: Questions

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

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

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

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

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

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

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

Part C: Individual Information

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

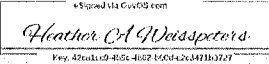
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations,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

Part D: Attestation

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

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

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

Last Name Weisspeters	First Name Heather	M.I. A
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05-21-2026

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Aurora Rose LLC	
2. Business Trade Name or DBA Delights Bakery Cafe	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number Wisconsin
6. Describe the reason for appointing a successor agent, if successor is checked above.	

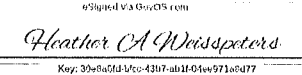
Part B: Agent Information			
1. Last Name Weisspeters	2. First Name Heather	3. M.I. A	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 5131 County Road R			
7. City Denmark	8. State WI	9. Zip Code 54208	10. Age 47
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance Wisconsin	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name Weisspeters		First Name Heather		M.I. A
Title Owner		Email [REDACTED]	Phone [REDACTED]	
Signature	 <small>eSigned V.3.0-v.05.com Key: 39e9a5d1-1fc0-4317-ab11-01ee971a0d77</small>		Date 05/21/2026	

Part E: Agent Attestation

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

Last Name Weisspeters		First Name Heather		M.I. A
Signature HAW		Date		

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality City of De Pere	
License Period	2026-27

Application Type (check one)

Initial (New) Renewal

<p>License(s) Requested: (up to two boxes may be checked)</p> <p>Class "A" Beer \$ _____ <input checked="" type="checkbox"/> Class "B" Beer \$ _____</p> <p><input type="checkbox"/> "Class A" Liquor \$ _____ <input type="checkbox"/> Regular "Class B" Liquor \$ _____</p> <p><input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____</p> <p><input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____</p>	<p>Fees</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>License Fee(s)</td> <td>\$</td> </tr> <tr> <td>Background Check Fee</td> <td>\$</td> </tr> <tr> <td>Publication Fee</td> <td>\$30.00</td> </tr> <tr> <td>Total Fees</td> <td>\$30</td> </tr> </table>	License Fee(s)	\$	Background Check Fee	\$	Publication Fee	\$30.00	Total Fees	\$30
License Fee(s)	\$								
Background Check Fee	\$								
Publication Fee	\$30.00								
Total Fees	\$30								

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Pages and Pours		
2. Business Trade Name or DBA Pages and Pours		
3. FEIN 99-3665900	4. Wisconsin Seller's Permit Number 456-1031792894-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization Wisconsin	8. Date of Organization 06/12/2024	9. Wisconsin DFI Registration Number P091996
10. Premises Address 415 Main Avenue		
11. City De Pere	12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere	
16. Aldermanic District	17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]
19. Website [REDACTED]		
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>		
21. Mailing Address (if different from premises address) 710 Aerostar Lane		
22. City Green Bay	23. State WI	24. Zip Code 54313

Part B: Questions

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

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

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

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

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

Part C: Individual Information

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

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

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

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

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

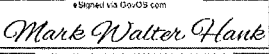
Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Hank	First Name Mark	M.I. W.
-------------------	--------------------	------------

Title Owner	Email [REDACTED]	Phone [REDACTED]
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Signature 	Date 05-11-2026
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Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
---------------------------------------	----------------	----------------------	---------------------

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)
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Alcohol Beverage Appointment of Agent

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Pages and Pours	
2. Business Trade Name or DBA Pages and Pours	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number Wisconsin
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Hank		2. First Name Mark		3. M.I. W
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 710 Aerostar Lane				
7. City GREEN BAY		8. State WI	9. Zip Code 54313-6987	10. Age 60
11. Drivers License/State ID Number [REDACTED]			12. Drivers License/State ID State of Issuance Wisconsin	


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name Hank		First Name Mark	M.I. W
Title Owner	Email [REDACTED]		Phone [REDACTED]
Signature	 <small>Key: 39e9e6fd-bfcc-43b7-abb1-914e971e0377</small>		Date 05/11/2026

Part E: Agent Attestation

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

Last Name Hank		First Name Mark	M.I. W
Signature	MWH		Date



Request for License Committee Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor licenses.*
Recommendation: Motion to approve.

1. Bullseye 708 LLC (DBA Bourbon and Rye), 338 Main Av. Agent: Leslie Conard, De Pere WI.
2. Caliente, Inc. (DBA Caliente), 623 George St. Agent: Ann DeCleene, De Pere WI.
3. DC Restaurants, Inc. (DBA Chicago Street Pub/Swan Club), 875 Heritage Rd. Agent: Greg DeCleene, De Pere WI.
4. Dina L Duarte Reyes (DBA El Bistro Taco), 400 Reid St Suite M. Agent: Dina Duarte Reyes, Green Bay WI.
5. El Maya Mexican Restaurant Inc. (DBA El Maya), 1049 Main Av. Agent: Fe Montalvo, Kaukauna WI.
6. George Street Bar LLC (DBA McGeorge's Pub), 415 George St. Leslie Conard, De Pere WI.
7. Green Room Theatre LLC (DBA ComedyCity Theatre), 365 Main Av Suite E. Agent: Nicholas Wallander, Green Bay WI.
8. La Catrina Restaurant & Tortilleria (DBA La Catrina Restaurant), 310 N Wisconsin St Suite F. Agent: Samuel Eason, De Pere WI.
9. Oakley's (DBA Oakley's), 614 George St. Agent: Eric Hunsader, Green Bay WI.
10. Union Hotel Corporation (DBA Union Hotel & Restaurant), 200 N Broadway. Agent: McKim Boyd, De Pere WI.

Attachments:

Bourbon and Rye, Caliente, Chicago Street Pub-Swan Club, El Bistro Taco, El Maya, McGeorge's Pub, ComedyCity Theatre, La Catrina, Oakley's, Union Hotel

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type (check one)			
<input type="checkbox"/> Initial (New)	<input checked="" type="checkbox"/> Renewal		
License(s) Requested: (up to two boxes may be checked)			
<input type="checkbox"/> Class "A" Beer	<input checked="" type="checkbox"/> Class "B" Beer		
<input type="checkbox"/> "Class A" Liquor	<input checked="" type="checkbox"/> Regular "Class B" Liquor		
<input type="checkbox"/> "Class A" Liquor (cider only)	<input type="checkbox"/> Reserve "Class B" Liquor		
<input type="checkbox"/> "Class C" Liquor (wine only)	<input type="checkbox"/> Above-Quota "Class B" Liquor		
		Fees	
		License Fee(s)	\$
		Background Check Fee	\$
		Publication Fee	\$30.00
		Total Fees	\$30

Att# 209319

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Bullseye 708 LLC			
2. Business Trade Name of DBA Pub - Bourbon And Rye			
3. FEIN 46-4513994		4. Wisconsin Seller's Permit Number 456-102820796-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization WI		8. Date of Organization 2019	9. Wisconsin DFI Registration Number B076814
10. Premises Address 338 main Ave			
11. City DePere		12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere		16. Aldermanic District
17. Premises Phone	18. Premises Email	19. Website	
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>			
21. Mailing Address (if different from premises address) 2011 Dollar Rd			
22. City DePere		23. State WI	24. Zip Code 54115

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

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

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

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

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Conard		First Name Leslie		M.I. M
Title owner		Email [REDACTED]		Phone [REDACTED]
Signature Leslie Conard			Date 5-12-26	

Part E: For Clerk Use Only

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

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

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

Bulls-eye 708 US

2. Business Trade Name or DBA

Bourbon & Rye

3. Entity Type (check one)

Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name

Conard

2. First Name

Leslie

3. M.I.

M

4. Email

[Redacted]

5. Phone

[Redacted]

6. Home Address

2011 Dollar Rd

7. City

Deperre

8. State

WI

9. Zip Code

54115

10. Age

42

11. Drivers License/State ID Number

[Redacted]

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

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

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

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

Continued →

Part D: Business Attestation

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

Last Name Conard	First Name Leslie	M.I. M
Title owner	Email [REDACTED]	Phone [REDACTED]
Signature Conard	Date 5-12-26	

Part E: Agent Attestation

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

Last Name Conard	First Name Leslie	M.I. M
Signature Conard	Date 5-12-26	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type (check one)	
<input type="checkbox"/> Initial (New)	<input checked="" type="checkbox"/> Renewal
License(s) Requested: (up to two boxes may be checked)	Fees
Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ _____
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____
Total Fees	
\$30	

R# 209416

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Caliente, Inc.			
2. Business Trade Name or DBA Caliente			
3. FEIN 20-0743906		4. Wisconsin Seller's Permit Number 456-0001673023-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization Wisconsin		8. Date of Organization May 2003	9. Wisconsin DFI Registration Number
10. Premises Address 623 George Street			
11. City De Pere		12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere		16. Aldermanic District
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website [REDACTED]	
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/> First Floor, Front & Back Patio, Front Sidewalk, Side of Building Sidewalk, Second Floor, Basement, Kitchen			
21. Mailing Address (if different from premises address)			
22. City		23. State	24. Zip Code

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

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

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

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

Part C: Individual Information

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

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

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


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

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

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name DeCleene		First Name Ann		M.I. M
Title Agent/Secretary		Email [REDACTED]	Phone [REDACTED]	
Signature 			Date 05-14-2026	

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date
05142026

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Caliente, Inc.	
2. Business Trade Name or DBA Caliente	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name DeCleene		2. First Name Ann		3. M.I. M
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 236 Crestview Lane				
7. City De Pere	8. State WI	9. Zip Code 54115	10. Age 62	
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance Wisconsin		

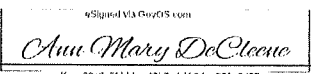
Part C: Agent Questions

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

Continued →

Part D: Business Attestation

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

Last Name DeCleene		First Name Ann	M.I. M
Title Agent/Secretary	Email [REDACTED]		Phone [REDACTED]
Signature	 <small>Key: 29e35f6d-bcc-43d7-ab1f61-e971e6d77</small>		Date 05/14/2026

Part E: Agent Attestation

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

Last Name DeCleene		First Name Ann	M.I. M
Signature AMD			Date

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality City of De Pere	
License Period	2026-27

Application Type (check one)

Initial (New) Renewal

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

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

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

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

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

Fees	
License Fee(s)	\$
Background Check Fee	\$
Publication Fee	\$30.00
Total Fees	\$30

Att 209415

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) DC Restaurants, Inc.		
2. Business Trade Name or DBA Chicago Street Pub / Swan Club		
3. FEIN 93-4825661	4. Wisconsin Seller's Permit Number 456-1031549281-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization Wisconsin	8. Date of Organization December 2023	9. Wisconsin DFI Registration Number
10. Premises Address 875 Heritage Road		
11. City De Pere	12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere	
16. Aldermanic District	17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]
19. Website [REDACTED]	20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/> Chicago Street Pub Restaurant & Patio, (Old) Island Sushi Restaurant & Patio, Swan Club Event Space & Patio, Swan Club & Chicago Street Pub Kitchens, Basement Area, Canopy & Parking Lot For Outdoor Events.	
21. Mailing Address (if different from premises address)		
22. City	23. State	24. Zip Code

Part B: Questions

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

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

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

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

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

Part C: Individual Information

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

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

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

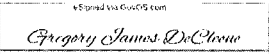
(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

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

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name DeCleene		First Name Greg		M.I. J
Title Agent/Secretary		Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 05-14-2026		

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) DC Restaurants, Inc.	
2. Business Trade Name or DBA Chicago Street Pub / Swan Club	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name DeCleene		2. First Name Greg		3. M.I. J
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 236 Crestview Lane				
7. City De Pere	8. State WI	9. Zip Code 54115	10. Age 62	
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI		

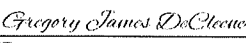
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name DeCleene		First Name Greg		M.I. J
Title Co-Owner		Email [REDACTED]	Phone [REDACTED]	
Signature	 <small>eSigned via GoSign.com Key: 30e0e2fd-8cc-43d7-af1f-046e971e0d77</small>		Date 05/14/2026	

Part E: Agent Attestation

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

Last Name DeCleene		First Name Greg		M.I. J
Signature	GJD		Date	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality City of De Pere
License Period 2026-27

Application Type <i>(check one)</i>	
<input type="checkbox"/> Initial (New)	<input checked="" type="checkbox"/> Renewal
License(s) Requested: (up to two boxes may be checked)	Fees
<input type="checkbox"/> Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ _____
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____
	License Fee(s) \$
	Background Check Fee \$
	Publication Fee \$30.00
	Total Fees \$30

A# 209607

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) EL BISTRO TACO			
2. Business Trade Name or DBA DINA L DUARTE REYES DBA EL BISTRO TACO			
3. FEIN 84-3498321		4. Wisconsin Seller's Permit Number 456-1022418372-04	
5. Entity Type <i>(check one)</i> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization		8. Date of Organization	9. Wisconsin DFI Registration Number
10. Premises Address 400 REID ST SUTE M			
11. City DE PERE		12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere		16. Aldermanic District
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website N/A	
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>			
21. Mailing Address (if different from premises address)			
22. City		23. State	24. Zip Code

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

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

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

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

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

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

Part C: Individual Information

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

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

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

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


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

Part D: Attestation

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

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

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

Last Name DUARTE REYES	First Name DINA	M.I. L
Title OWNER	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05-19-2026

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date
05212026

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) El Bistro Taco	
2. Business Trade Name or DBA Dina L Duarte Reyes DBA El Bistro Taco	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Duarte Reyes		2. First Name Dina		3. M.I. L
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 2525 Heather Rd				
7. City Green Bay	8. State WI	9. Zip Code 54311	10. Age 42	
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance Wisconsin		


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →


Part D: Business Attestation

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

Last Name Duarte Reyes		First Name Dina	M.I. L
Title owner	Email [REDACTED]	Phone [REDACTED]	
Signature  <small>eSigned via GovOS.com Key: 30e8af6d-bfcc-43b7-ab1f-04ee971a5d77</small>	Date 05/21/2026		

Part E: Agent Attestation

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

Last Name Duarte Reyes		First Name Dina	M.I. L
Signature DLDR  DUARTE REYES	Date		

5/22/26

Form AB-200

Alcohol Beverage License Application

Table with 2 columns: For Municipal Use Only, Municipality (CITY OF DEPERE), License Period

Application Type (check one)

Initial (New) Renewal

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

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

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

R#209096

Part A: Premises/Business Information

Form sections 1-24: 1. Legal Business Name (EL MAYA MEXICAN RESTAURANT INC), 2. Business Trade Name, 3. FEIN (46-1083149), 4. Wisconsin Seller's Permit Number (456-1028200099-02), 5. Entity Type (Corporation), 6. If the applicant business is an LLC... No, 7. State of Organization (WI), 8. Date of Organization, 9. Wisconsin DFI Registration Number, 10. Premises Address (1049 MAIN AVE), 11. City (DEPERE), 12. State (WI), 13. Zip Code (54115), 14. County (Brown), 15. Governing Municipality (City of DEPERE), 16. Aldermanic District, 17. Premises Phone, 18. Premises Email, 19. Website, 20. Premises Description, 21. Mailing Address, 22. City, 23. State, 24. Zip Code

Part B: Questions

1. Has the business... been convicted of violating federal or state laws or local ordinances? No. Includes table for Law/Ordinance Violated, Location, Trial Date, and Was sentence completed?

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

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

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

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

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

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

Part C: Individual Information

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

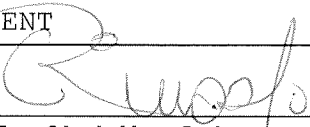
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations,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

Part D: Attestation

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

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

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

Last Name RIVAS	First Name MARY	M.I.
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05/11/26

Part E: For Clerk Use Only

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

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
EL MAYA MEXICAN RESTAURANT, INC.

2. Business Trade Name or DBA

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

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

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
MONTALVO FE

4. Email 5. Phone

6. Home Address
1808 VANDENBERG LN

7. City 8. State 9. Zip Code 10. Date of Birth
KAUKAUNA WI 54130

11. Driver's License/State ID Number 12. Driver's License/State ID State of Issuance
WI

Part C: Agent Questions

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

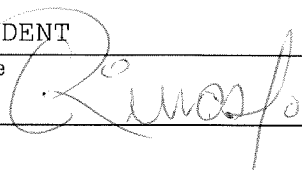
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

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

Continued →

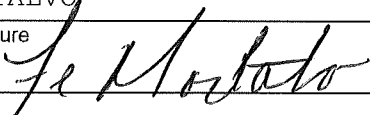
Part D: Business Attestation

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

Last Name RIVAS		First Name MARY	M.I.
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 05/11/26	

Part E: Agent Attestation

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

Last Name MONTALVO		First Name FE	M.I.
Signature 		Date 05/11/26	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
City of De Pere
License Period 2026-27

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)	Fees
<input type="checkbox"/> Class "A" Beer \$ _____	License Fee(s) \$
<input checked="" type="checkbox"/> Class "B" Beer \$ _____	Background Check Fee \$
<input type="checkbox"/> "Class A" Liquor \$ _____	Publication Fee \$30.00
<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____	Total Fees \$30
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	
<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	
<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	

R# 209319

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
George Street Bar LLC

2. Business Trade Name or DBA
McGeorges Pub

3. FEIN 45-3029105 4. Wisconsin Seller's Permit Number 456-1026204228-02

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

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

7. State of Organization WI 8. Date of Organization Sept 2010 9. Wisconsin DFI Registration Number G1046226

10. Premises Address
415 George St

11. City DePere 12. State WI 13. Zip Code 54115

14. County Brown 15. Governing Municipality: City Town Village 16. Aldermanic District of: De Pere

17. Premises Phone [REDACTED] 18. Premises Email [REDACTED] 19. Website _____

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)
2011 Dollar Rd

22. City DePere 23. State WI 24. Zip Code 54115

Part B: Questions

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

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

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

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

Last Name Conard	First Name Leslie	M.I. M
Title owner	Email [REDACTED]	Phone [REDACTED]
Signature Leslie Conard		Date 5-12-24

Part E: For Clerk Use Only

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

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
George Street Bar LLC

2. Business Trade Name of DBA
McGeorges Pub

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name: Conard 2. First Name: Leslie 3. M.I.: M

4. Email: [REDACTED] 5. Phone: [REDACTED]

6. Home Address: 2011 Dollar Rd

7. City: DePere 8. State: WI 9. Zip Code: 54115 10. Age: 42

11. Drivers License/State ID Number: [REDACTED] 12. Drivers License/State ID State of Issuance: WI

Part C: Agent Questions

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

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

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

Continued →

Part D: Business Attestation

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

Last Name Conard	First Name Leslie	M.I. M
Title owner	Email [REDACTED]	Phone [REDACTED]
Signature [Signature]	Date 5-12-26	

Part E: Agent Attestation

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

Last Name Conard	First Name Leslie	M.I. M
Signature [Signature]	Date 5-12-26	

Form
AB-200

**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)		Fees	
Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ _____	License Fee(s)	\$ _____
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____	Background Check Fee	\$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	Publication Fee	\$30.00
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Total Fees	\$30

#209483

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Green Room Theatre LLC

2. Business Trade Name or DBA
ComedyCity Theatre

3. FEIN
46-1332825

4. Wisconsin Seller's Permit Number
456-1028055060-02

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

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

7. State of Organization
WI

8. Date of Organization
11/05/2012

9. Wisconsin DFI Registration Number
G048020

10. Premises Address
365 Main Ave, Suite E

11. City
De Pere

12. State
WI

13. Zip Code
54115

14. County
Brown

15. Governing Municipality: City Town Village
of: De Pere

16. Aldermanic District

17. Premises Phone
[REDACTED]

18. Premises Email
[REDACTED]

19. Website
[REDACTED]

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

Part B: Questions

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

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

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

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

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

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

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

Part C: Individual Information

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

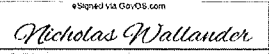
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations,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

Part D: Attestation

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

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

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

Last Name Wallander	First Name Nicholas	M.I. G
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05-18-2026

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Green Room Theatre LLC	
2. Business Trade Name or DBA ComedyCity Theatre	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number WI
6. Describe the reason for appointing a successor agent, if successor is checked above.	

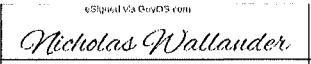
Part B: Agent Information			
1. Last Name Wallander	2. First Name Nicholas	3. M.I.	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 1981 S Point Rd.			
7. City Green Bay	8. State WI	9. Zip Code 54115	10. Age 44
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name Wallander		First Name Nick	M.I.
Title Owner	Email [REDACTED]		Phone [REDACTED]
Signature	 <small>eSigned Via CertES.com Key: 39c6c5d8-bfcc-43d7-ab3f-01e-e971e6d77</small>		Date 5/19/2026

Part E: Agent Attestation

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

Last Name Wallander		First Name Nick	M.I.
Signature NW			Date

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type (check one)

Initial (New) Renewal

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

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

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

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

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

Fees	
License Fee(s)	\$
Background Check Fee	\$
Publication Fee	\$30.00
Total Fees	\$30

R# 209617

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship)
La Catrina Restaurant & Tortilleria

2. Business Trade Name or DBA
La Catrina Restaurant

3. FEIN
93-2765749

4. Wisconsin Seller's Permit Number
456-1031466889-04

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

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

7. State of Organization
Wisconsin

8. Date of Organization
06-16-2023

9. Wisconsin DFI Registration Number
L078344

10. Premises Address
310 N. Wisconsin St. Ste. F

11. City
De Pere

12. State
Wi.

13. Zip Code
54115

14. County
Brown

15. Governing Municipality: City Town Village
of: De Pere

16. Aldermanic District

17. Premises Phone
[REDACTED]

18. Premises Email
[REDACTED]

19. Website
N/A

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

Part B: Questions

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

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

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

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

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

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

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

Part C: Individual Information

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

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

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

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

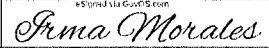
I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

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

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

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

Last Name Morales	First Name Irma	M.I.
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05-20-2026

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date
05202026

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor) La Catrina Restaurant & Tortilleria	
2. Business Trade Name or DBA La Catrina Restaurant	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number WI
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Eason		2. First Name Samuel		3. M.I. G
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 620 N. Michigan St.				
7. City De Pere		8. State WI	9. Zip Code 54115	10. Age 52
11. Drivers License/State ID Number [REDACTED]			12. Drivers License/State ID State of Issuance NV	


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

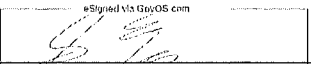
Part D: Business Attestation

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

Last Name Morales		First Name Irma	M.I.
Title Owner	Email [REDACTED]		Phone [REDACTED]
Signature 	Date 05-20-2026		

Part E: Agent Attestation

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

Last Name Eason		First Name Samuel	M.I. G
Signature 	Date 5/20/2026		

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
City of De Pere
License Period 2026-27

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)		Fees	
<input checked="" type="checkbox"/> Class "A" Beer	\$ _____	<input checked="" type="checkbox"/> Class "B" Beer	\$ _____
<input type="checkbox"/> "Class A" Liquor	\$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor	\$ _____
<input type="checkbox"/> "Class A" Liquor (cider only)	\$ _____	<input type="checkbox"/> Reserve "Class B" Liquor	\$ _____
<input type="checkbox"/> "Class C" Liquor (wine only)	\$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor	\$ _____
		License Fee(s)	\$
		Background Check Fee	\$
		Publication Fee	\$30.00
		Total Fees	\$30

AT# 208352

Part A: Premises/Business Information

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

2. Business Trade Name or DBA
Oakley's

3. FEIN
93-2735590

4. Wisconsin Seller's Permit Number
456-1031464481-04

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

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

7. State of Organization
WI

8. Date of Organization
8-4-2023

9. Wisconsin DFI Registration Number
0043350

10. Premises Address
614 George Street

11. City
De Pere

12. State
WI

13. Zip Code
54115

14. County
Brown

15. Governing Municipality: City Town Village
of: De Pere

16. Aldermanic District

17. Premises Phone
[REDACTED]

18. Premises Email
[REDACTED]

19. Website
[REDACTED]

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.
 Oakley's is an elevated brunch restaurant which serves beer and alcoholic beverages between the hours of 07:30 - 15:00.

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

Part B: Questions

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

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

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

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

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

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

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

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

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

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

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

Last Name Hunsader	First Name Eric	M.I. T
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature <i>Eric T Hunsader</i>		Date 04-08-2026

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Oakleys	
2. Business Trade Name or DBA Oakleys	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number 25-20
6. Describe the reason for appointing a successor agent, if successor is checked above.	

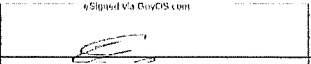
Part B: Agent Information			
1. Last Name Hunsader	2. First Name Eric	3. M.I. T	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 1656 Crooks Street			
7. City Green Bay	8. State WI	9. Zip Code 54302	10. Age 33
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name Hunsader		First Name Eric	M.I. T
Title Owner	Email [REDACTED]	Phone [REDACTED]	
Signature 	Date 5/23/2026		

Key: 30-656d1fc-43d7-ab1f04-e971e077

Part E: Agent Attestation

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

Last Name Hunsader		First Name Eric	M.I. T
Signature EH	Date		

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

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

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

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

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

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

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

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

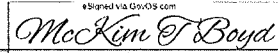
One of the following must sign and attest to this application:

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

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

Last Name Boyd	First Name McKim	M.I. T
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Title owner/secretary/treasurer	Email [REDACTED]	Phone [REDACTED]
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Signature 	Date 04-28-2026
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Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date
4282026

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Union Hotel Corporation	
2. Business Trade Name or DBA Union Hotel & Restaurant	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Boyd		2. First Name McKim		3. M.I. T
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 1075 Misty Meadow Circle #1				
7. City De Pere	8. State WI	9. Zip Code 54115	10. Age 67	
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI		


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

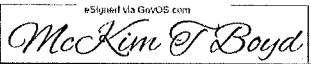
Part D: Business Attestation

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

Last Name Boyd		First Name McKim		M.I. T
Title owner/secretary/treasurer		Email [REDACTED]	Phone [REDACTED]	
Signature  <small>eSigned via GovOS.com Key: 30e6a6d1-1cc7-3b77-ab1f-01ee971e6d77</small>			Date 4/28/2026	

Part E: Agent Attestation

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

Last Name Boyd		First Name McKim		M.I. T
Signature  <small>eSigned via GovOS.com Key: 6d52e106-4010-42f6-a519-e0c3e693466a</small>			Date 4/28/2026	