

Alcohol Beverage
Individual QuestionnaireDate
06/24/2025

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) MAGGIANO'S HOLDING CORPORATION	
2. Business Trade Name or DBA MAGGIANO'S LITTLE ITALY	
3. 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	

Part B: Individual Information

1. Last Name Sippel		2. First Name David		3. M.I. F	
4. Relationship to Business (Title) APPOINTED AGENT		5. Email mg0187mod@maggianos.com		6. Phone (414) 978-1000	
7. Home Address 11744 N Farmdale Rd					
8. City Mequon		9. State wi	10. Zip Code 53097	11. Date of Birth 10/04/19	
12. Drivers License/State ID Number s1401668536407			13. Drivers License/State ID State of Issuance wi		

Part C: Address History

1. Do you currently live in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY) 10/1985			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 11744 n farmdale rd		City mequon		State wi		Zip Code 53097	
Previous Address 2 2324 w custer ave		City glendale		State wi		Zip Code 53209	
Previous Address 3		City		State		Zip Code	
Previous Address 4		City		State		Zip Code	
Previous Address 5		City		State		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State wi	County milwaukee	State	County	State	County	State	County
State wi	County ozaukee	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

Law/Ordinance Violated Endanger Safety	Location Washington County	Conviction Date 01/25/2016
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Penalty Imposed 5 months in huber	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature 	Date 06/24/2025
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Alcohol Beverage
Appointment of AgentDate
06/24/2025

Agent Type (check one)

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

Part A: Business Information

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

MAGGIANO'S HOLDING CORPORATION

2. Business Trade Name or DBA

MAGGIANO'S LITTLE ITALY

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

RAL-000135-2024

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

A CHANGE IN APPOINTED AGENT; LENA STAVES NO LONGER EMPLOYED AT LICENSED ESTABLISHMENT.

Part B: Agent Information

1. Last Name

Sippel

2. First Name

David

3. M.I.

F

4. Email

mg0187mod@maggianos.com

5. Phone

(414) 978-1000

6. Home Address

11744 N farmdale rd

7. City

mequon

8. State

wi

9. Zip Code

53097

10. Date of Birth

10/04/1985

11. Drivers License/State ID Number

s1401668536407

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 ☐ No3. 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 FULLER		First Name DANIEL	M.I. S
Title VICE PRESIDENT	Email Becky.Johnson@brinker.com	Phone (972) 770-4199	
Signature 		Date June 26, 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 Sippel		First Name David	M.I. F
Signature 		Date 06/24/2025	

Wisconsin Responsible Beverage Seller/Server Training

DAVID SIPPEL

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL195405

Date of Completion: 06/24/2025

Kelly Bailey

Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613