

Alcohol Beverage License Application  
Supplemental QuestionnaireDate  
9-28-23

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

**Part A: Premises/Business Information**

1. Registered Entity Name (or individual name if sole proprietor)

MAYFAIR INC

2. Trade Name or DBA

MAYFAIR LIQUOR

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Name (Last, First, M.I.)

PATEL, RIDDHI, S

2. Relationship to Registered Entity (Title)

President

3. Email

4. Phone

5. Home Address

6. City

7. State

WI

8. Zip Code

9. Date of Birth

10. Drivers License/State ID Number

11. Drivers License/State ID State of Issuance

WISCONSIN

**Part C: Address History**

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

**Part D: Employment History**

List in chronological order your last two employers within the last 5 years.

Employer's Name

Capitol Family Dental Clinic

Employer's Address

8422 W Capitol Dr, Milwaukee, WI 53222

Dates Employed (MM/YYYY - MM/YYYY)

6-2016 - present

Employer's Name

Employer's Address

Dates Employed (MM/YYYY - MM/YYYY)

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial 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	Trial 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 (other than traffic offenses unrelated 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 F: Questions**

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. . . . . ☐ Yes ☒ No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 7	Months 9
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** 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 09-28-2023
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