

# Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- |                                                                 |                                                              |
|-----------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Class "A" Beer . . . . . \$ _____      | <input type="checkbox"/> Class "B" Beer . . . . . \$ _____   |
| <input type="checkbox"/> "Class A" Liquor . . . . . \$ _____    | <input type="checkbox"/> "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) \$ _____  |                                                              |

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship)			
2. Business Trade Name or DBA			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type ( <i>check one</i> )			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address			
10. City		11. State	12. Zip Code
13. County		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone		17. Premises Email	18. Website
19. Premises Description - 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.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. 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 . .  Yes  No beverages.

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 distributor? . .  Yes  No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

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

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

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone

**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	First Name	M.I.
Title	Email	
Signature		Date

**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)  
Fortune Wisconsin, LLC

2. Business Trade Name or DBA  
Empire Fish Company

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.  
Eakes      Quinn      T

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

6. Home Address  
[REDACTED]

7. City      8. State      9. Zip Code      10. Age  
[REDACTED]      [REDACTED]      [REDACTED]      [REDACTED]

11. Drivers License/State ID Number      12. Drivers License/State ID State of issuance  
[REDACTED]      [REDACTED]

**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? .....  Yes     No  
Submit a completed Form AB-100 with this form.

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 <i>Byrne</i>	First Name <i>Andrew</i>	M.I. <i>M</i>
Title <i>UP &amp; GM Fortune WI</i>	Email [REDACTED]	Phone [REDACTED]
Signature <i>[Signature]</i>	Date <i>8/27/24</i>	

**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 <i>Eakes</i>	First Name <i>Quinn</i>	M.I. <i>T</i>
Signature <i>[Signature]</i>	Date <i>08/26/24</i>	

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) Fortune Wisconsin, LLC	
2. Business Trade Name or DBA Empire Fish	
3. 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	

Part B: Individual Information			
1. Last Name Eakes	2. First Name Quinn	3. M.I. T	
4. Relationship to Business (Title) Store Manager	5. Email	6. Phone	
7. Home Address			
8. City	9. State	10. Zip Code	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	

Part C: Address History							
1. Do you currently reside in Wisconsin? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Years</td> <td style="width: 30%;">Months</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> </table>	Years	Months	5	5
Years	Months						
5	5						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
Previous Address 2	City	State	Zip Code				
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	County	State	County	State	County	State	County
WI	Milwaukee	MN	Hennepin	MN	Ramsey	MI	Washtenaw
MI	Wayne	MI	Houghton				

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

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	08/22/2024
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WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-224-5761  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

000087

Letter ID L0897168944

FORTUNE WISCONSIN LLC  
PO BOX 288  
WINDSOR WI 53598-0288

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** FORTUNE WISCONSIN LLC

**Business name:**  
4350 DURAFORM LN  
WINDSOR WI 53598-9671

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
Sales & Use Tax	Seller's Permit	456-1030440500-04



**State of Wisconsin • DEPARTMENT OF REVENUE**

Personal Wallet Copy

Seller's Permit: 456-1030440500-04

Legal/Real Name: FORTUNE WISCONSIN LLC

Signature \_\_\_\_\_

**We are here to serve you**

Wisconsin Department of Revenue  
PO Box 8902  
Madison, WI 53708-8902

Ph: 608-266-2776

Fax: 608-264-6884

Email: [dorbusinessstax@revenue.wi.gov](mailto:dorbusinessstax@revenue.wi.gov)

Web: [www.revenue.wi.gov](http://www.revenue.wi.gov)

Main office: 2135 Rimrock Rd., Madison

We currently have a Class A Liquor license.  
We'd like to add a Class A Beer license to it.

Thank you.