

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- ☐ Class "A" Beer \$ _____
- ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____
- ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____
- ☒ Reserve "Class B" Liquor \$ 15000
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>15</u>
Publication Fee	\$ <u>8</u>
Total Fees	\$ <u>15,623</u>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>NORTH 48 MIKE LLC</u>			
2. Business Trade Name or DBA <u>NORTH 48 MIKE LLC</u>			
3. FEIN <u>99-5102642</u>		4. Wisconsin Seller's Permit Number <u>456-1031834209-04</u>	
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. State of Organization <u>WISCONSIN</u>		7. Date of Organization <u>09/20/2024</u>	
8. Wisconsin DFI Registration Number <u>N062673</u>			
9. Premises Address <u>7603 W. STATE ST.</u>			
10. City <u>WAUWATOSA</u>		11. State <u>WI</u>	12. Zip Code <u>53213</u>
13. County <u>MILWAUKEE</u>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: _____		15. Aldermanic District <u>6B</u>
16. Premises Phone		17. Premises Email <u>NORTH48BAR@GMAIL.COM</u>	
		18. Website <u>WWW.NORTH48BARS.COM</u>	
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. <u>MAIN FLOOR, SEATING AREA, BAR, BEHIND BAR, STORAGE ROOM, UPSTAIRS WALK IN COOLER, BASEMENT WALK IN COOLER, BASEMENT STORAGE ROOM, BEHIND BAR COOLERS, UNDER BAR RACKS</u>			
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. <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 . . ☐ 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
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
COLE	JORDAN	OWNER	414.405.3773

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 COLE	First Name JORDAN	M.I. Z.
Title OWNER	Email NORTH 48 BAR@GMAIL.COM	Phone 414.405.3773
Signature 		Date 11.12.2025

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 11.12.25

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)

NORTH 48 MKE LLC

2. Business Trade Name or DBA

NORTH 48 MKE LLC

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

COLE

2. First Name

JORDAN

3. M.I.

Z.

4. Email

NORTH 48 BAR @ GMAIL.COM

5. Phone

414.405.3773

6. Home Address

7. City

8. State

WI

9. Zip Code

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WISCONSIN

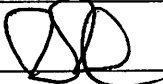
Part C: Agent Questions

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 COLE		First Name JORDAN		M.I. Z.
Title OWNER	Email NORTH 48 BAR @ GMAIL . Com		Phone 414.405.3773	
Signature 			Date 11.12.2025	

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		First Name		M.I.
Signature			Date	

Alcohol Beverage
Individual Questionnaire

Date 11.12.25

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)

NORTH 48 MILE LLC

2. Business Trade Name or DBA

NORTH 48 MILE LLC

3. Entity Type (check one)

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

1. Last Name

COLE

2. First Name

JORDAN

3. M.I.

Z.

4. Relationship to Business (Title)

OWNER

5. Email

NORTH 48 BAR@GMAIL.COM

6. Phone

414.405.3773

7. Home Address

8. City

9. State

WI

10. Zip Code

11. Date of Birth

12. Driver's License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

02/1984

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	WI	OSHAUKEE	WI	WASHINGTON		
State	County	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	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 11.12.2025
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North 48 MKE LLC is the third location in the North 48° family of craft cocktail and beer bars. Building on the success of our Cedarburg and Oconomowoc locations, the Wauwatosa venue will deliver the same high-quality experience with a locally tailored twist. Our brand is known for its welcoming atmosphere, expertly crafted drinks, and strong community engagement. Our goal is to create a vibrant, community driven bar experience that blends exceptional hospitality with bold, creative branding. North 48 MKE will serve as a neighborhood hub for connection, celebration, and craft excellence.

Hours of operation

Monday through Friday 12pm to 2am

Saturday 11am to 230am

Sunday 11am to 12am

Hours may change with seasons or special events

Employees

Owner Jordan Cole

General manager Heather Loving

5 to 8 bartenders depending on their availability

We would also like to note that although we dont offer food we do welcome food being brought in or delivered by other businesses close by like we do at both other locations. We donate and support local charities, schools and non profits as well as fundraising for great causes! As a higher end establishment we do not have any issues at either existing location including customers nor employees, so feel free to contact both police departments in Cedarburg and Oconomowoc for reference.

Thank you again for your help and support

Jordan Cole

North 48 Inc.

414.405.3773

north48bar@gmail.com



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

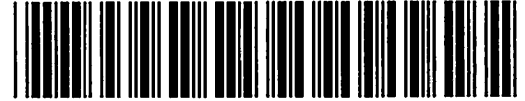
Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000114

JORDAN COLE
NORTH 48° MKE LLC
W62N599 WASHINGTON AVE OFC NONE
CEDARBURG WI 53012-1941

Letter ID L1513162416



Wisconsin Business Tax Registration Certificate

Expiration date: September 30, 2026
Legal/real name: NORTH 48° MKE LLC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1031834209-04

The following is a list of the business locations that you have
registered with the Department of Revenue.

456-1031834209-04
NORTH 48° MKE LLC
7603 W STATE ST
WAUWATOSA WI 53213-2658



City of Cedarburg
Combination Form
"Class B" Retail License

License no:
I/B2526- 2
Fee:
\$600.00

For the sale of FERMENTED MALT BEVERAGES and INTOXICATING LIQUORS

WHEREAS, the local governing body of the City of Cedarburg, County of Ozaukee, Wisconsin, has, upon application duly made, granted and authorized the issuance of a Retail Class "B" License to:

North 48 Inc., Jordan Z. Cole, Agent

W62 N599 Washington Avenue
Cedarburg, WI 53012

to sell Fermented Malt Beverages as drafted by and pursuant to Section 125.26 of the Statutes of the State of Wisconsin and Local Ordinances and the said applicant has paid to the treasurer the sum of \$100.00 for such Class "B" Retailers Fermented Malt Beverage License as required by Local ordinances,

AND WHEREAS, the local governing body has granted and authorized the issuance of a "Class B" Intoxicating Liquor License to said applicant to sell intoxicating liquor as defined in and pursuant to Chapter 125 of the Statutes of the State of Wisconsin and local ordinances and the said applicant has paid to the Treasurer the sum of \$500.00 for such "Class B" Intoxicating Liquor License as provided by local ordinances and has complied with all the requirements necessary for obtaining such licenses,

LICENSES ARE HEREBY ISSUED to said applicant to sell, deal and traffic in, at retail, Fermented Malt Beverages and Intoxicating Liquors at the following described premises:

North 48
W62 N599 Washington Avenue
Cedarburg, WI 53012

Location:
Main floor, Liquor Room, Basement, Coolers,
Festivals in front of business,
Patio hours Sun - Thurs to 11 p.m./Fri & Sat to
12 a.m., back 2 party rooms.

for the period from 7/01/2025 to 6/30/2026.

Given under my hand and the Corporate Seal of the City of Cedarburg,
County of Ozaukee, WI this 9th day of June, 2025.



Tracie Sette, City Clerk

This license must be FRAMED and POSTED IN A CONSPICUOUS PLACE in the room where Fermented Malt Beverages and Intoxicating Liquors are sold or served.