

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

Date
01/19/20

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)

Tosa Hotel, LLC

2. Trade Name or DBA

Residence Inn by Marriott Milwaukee West

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

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

Dianne Heuvelmans

2. Relationship to Registered Entity (Title)

General Manager

3. Email

4. Phone

5. Home Address

6. City

7. State

8. Zip Code

9. Date of Birth

10. Drivers License/State ID Number

11. Drivers License/State ID State of Issuance

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

Tosa Hotel, LLC

Employer's Address

1300 Discovery Pkwy, Wauwatosa WI 53226

Dates Employed (MM/YYYY - MM/YYYY)

12/2021-Current

Employer's Name

Bielinski Homes

Employer's Address

1830 Meadow Lane Suite A, Pewaukee, WI 53072

Dates Employed (MM/YYYY - MM/YYYY)

8/2021-12/2021

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
------------------------	------------

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

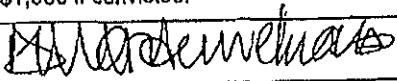
[Redacted]

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 3	Months 11
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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 01/19/24
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Submit this form to your licensing authority with a \$10 processing fee.

If there is a change in agent, each club, corporation, or limited liability company that holds a retail license to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent and have the appointment approved by the licensing authority pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, and the appointment must be signed by an officer of the corporation/organization or one member of the limited liability company (only one signature is required).

Section 1: Licensee Information and Acknowledgement

Licensee Name

Anthony S Beer

Reason for Cancellation of Appointed Agent

Resigned from company

The undersigned appoints Dianne Heuvelmans as
agent in accordance with sec. 125.04(6), Wis. Stats.

X 
Signature of President / Member

1/18/2024
Date

Section 2: Agent Information and Acknowledgement

Agent Name

Dianne Heuvelmans

Mailing Address

City or Post Office

State

Zip Code

Agent Questions

1. Are you of legal drinking age?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of a federal law violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you ever been convicted of a state law violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you ever been convicted of a local ordinance violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.? ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>

UNDER PENALTY OF LAW, I declare that my answers above are true and correct to the best of my knowledge and belief.

I hereby accept appointment as agent for Tosa Hotel, LLC and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Signature of Agent

1/18/2024
Date

Section 3: Licensing Authority Approval

Municipality Name

City of Wauwatosa

Signature of Official

Date

Title of Official