

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 \$ 300
 Class "B" Beer \$ _____
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 300
Background Check Fee	\$ 15
Publication Fee	\$ 8
Total Fees	\$ 323

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) Roettgers Company, Inc.			
2. Business Trade Name or DBA Tosa Mobil			
3. FEIN 39-1805952		4. Wisconsin Seller's Permit Number 456-0000035067-04	
5. 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			
6. State of Organization WI		7. Date of Organization 11/25/1994	8. Wisconsin DFI Registration Number R030208
9. Premises Address 8806 W North Avenue			
10. City Wauwatosa		11. State WI	12. Zip Code 53226
13. County Milwaukee	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Wauwatosa</u>		15. Aldermanic District 6
16. Premises Phone (414) 774-9444	17. Premises Email ARC009@arc-rci.com		18. Website arc-rci.com
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. Beer will be stored in a walk-in cooler that is seperated from the main store through access only being granted through the back room. Cases that are not in cooler will be in front of register on shelf and always visible by cashier. Deliveries would be weekly therefore not much storage other than inside the walk-in cooler. All doors with alcohol behind it will be lockable for non-sale hours.			
20. Mailing Address (if different from premises address) 5816 W. Hemlock St.			
21. City Milwaukee		22. State WI	23. Zip Code 53223

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 beverages. Yes No
 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.

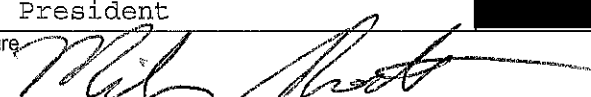
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Roettgers	David	Owner	[REDACTED]
Roettgers	Michael	Vice President	[REDACTED]
Miller	Michael	Agent	[REDACTED]

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 Roettgers	First Name Michael	M.I. D
Title Vice President	Email [REDACTED]	Phone [REDACTED]
Signature 	Date 05/01/24	

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

Agent Type <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Roettgers Company, Inc.	
2. Business Trade Name or DBA Tosa Mobil	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number N/A
6. Describe the reason for appointing a successor agent, if successor is checked above. N/A	

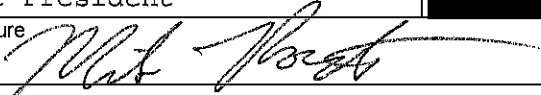
Part B: Agent Information			
1. Last Name Miller	2. First Name Michael	3. M.I. P	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address [REDACTED]			
7. City [REDACTED]	8. State [REDACTED]	9. Zip Code [REDACTED]	10. Age [REDACTED]
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance [REDACTED]	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 Roettgers	First Name Michael	M.I. D
Title Vice President	Email [REDACTED]	Phone [REDACTED]
Signature 	Date 05/01/24	

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 Miller	First Name Michael	M.I. P
Signature 	Date 05/01/24	

Alcohol Beverage Individual Questionnaire

Date 5/1/24

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) Roettgers Company, Inc.	
2. Business Trade Name or DBA Tosa Mobil	
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 Michael	2. First Name Miller	3. M.I. P	
4. Relationship to Business (Title) Agent	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City [REDACTED]	9. State [REDACTED]	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance [REDACTED]	

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 45</td> <td>Months</td> </tr> </table>	Years 45	Months
Years 45	Months				
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		
[REDACTED]					
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
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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
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

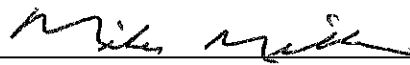
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, 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 05/01/2024
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Alcohol Beverage Individual Questionnaire

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

- sole proprietor
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- all officers, directors, and agent of a corporation or nonprofit organization
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Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Roettgers Company, Inc.	
2. Business Trade Name or DBA Tosa Mobil	
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 Roettgers		2. First Name Michael		3. M.I. D
4. Relationship to Business (Title) Vice President		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City [REDACTED]		9. State [REDACTED]	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance [REDACTED]	

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?				Years 3	Months
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	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	
Previous Address 2		City	State	Zip Code	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	
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
[REDACTED]		[REDACTED]		[REDACTED]	
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

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Signature 	Date 05/01/2024
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Alcohol Beverage Individual Questionnaire

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

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Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Roettgers Company, Inc.	
2. Business Trade Name or DBA Tosa Mobil	
3. Entity Type (<i>check one</i>)	
<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 Roettgers	2. First Name David	3. M.I. J	
4. Relationship to Business (Title) Owner	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City [REDACTED]	9. State [REDACTED]	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance [REDACTED]	

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: 50%; text-align: center;">Years 67</td> <td style="width: 50%; text-align: center;">Months</td> </tr> </table>	Years 67	Months
Years 67	Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
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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		
[REDACTED]					
State	County	State	County		

Continued →

Part D: Criminal History

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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	

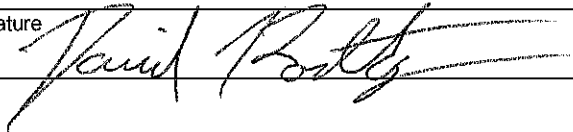
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

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Signature



Date

05/01/2024

Wisconsin Responsible Beverage Seller/Server Training

MICHAEL MILLER

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

Certification Number: SL184280

Date of Completion: 05/03/2024



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.

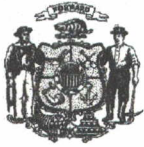
Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

Tosa Mobil Plan of Operations

Objective: To provide an additional convenient solution to local residents and/or visitors to the city of Wauwatosa by selling beer at the Tosa Mobil Convenience Store.

We plan to operate in the same fashion as many of our other stores that are able to sell alcohol. We have found residents enjoy the convenience aspect.

We will require training for our employees and age verification of customers during purchase.



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

001041

ROETTIGERS COMPANY, INC.
 5816 W HEMLOCK ST
 MILWAUKEE WI 53223-4714

Letter ID L2105306832



Wisconsin Business Tax Registration Certificate

Expiration date: December 31, 2024
Legal/real name: ROETTIGERS COMPANY, INC.

- 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	456-0000035067-04
Local Exposition Tax	Local Exposition Tax	014-0000035067-03
Withholding Tax	Withholding Tax	036-0000035067-05
Excise Cigarette	WI Cigarette Mult Retail	402-0000035067-07

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

456-0000035067-04
ROETTGER COMPANY, INC.
1513 E CAPITOL DR
SHOREWOOD WI 53211-1926

456-0000035067-04
ROETTGER COMPANY, INC.
5169 N 37TH ST
MILWAUKEE WI 53209-5333

456-0000035067-04
ROETTGER COMPANY, INC.
BROOKFIELD PLACE
3075 N 124TH ST
BROOKFIELD WI 53005-3857

456-0000035067-04
ROETTGER COMPANY, INC.
BROWN DEER BP
5125 W BROWN DEER RD
BROWN DEER WI 53223-2321

456-0000035067-04
ROETTGER COMPANY, INC.
EAST TROY SELF SERVE
2097 DIVISION ST
EAST TROY WI 53120-1238

456-0000035067-04
ROETTGER COMPANY, INC.
FRANKLIN SELF SERVE
7103 S 27TH ST
FRANKLIN WI 53132-9469

456-0000035067-04
ROETTGER COMPANY, INC.
GLENDALE BP
525 W SILVER SPRING DR
GLENDALE WI 53217-5050

456-0000035067-04
ROETTGER COMPANY, INC.
MEQUON SELF SERVE
11155 N WAUWATOSA RD
MEQUON WI 53097-3431

456-0000035067-04
ROETTGER COMPANY, INC.

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

PORT BP
7010 N PORT WASHINGTON RD
GLENDALE WI 53217-3838

456-0000035067-04
ROETTGERS COMPANY, INC.
SILVER SPRING HWY 45 SELF SRV
5501 N LOVERS LANE RD
MILWAUKEE WI 53225-3007

456-0000035067-04
ROETTGERS COMPANY, INC.
SUSSEX SELF SERV
N62W23456 SILVER SPRING DR
SUSSEX WI 53089-3831

456-0000035067-04
ROETTGERS COMPANY, INC.
THIENSVILLE SELF SERVE
301 N MAIN ST
THIENSVILLE WI 53092-1210

456-0000035067-04
ROETTGERS COMPANY, INC.
TOSA SELF SERVE
8806 W NORTH AVE
WAUWATOSA WI 53226-2726

456-0000035067-04
ROETTGERS COMPANY, INC.
WATERFORD SELF SERVE
200 N MILWAUKEE ST
WATERFORD WI 53185-4312

402-0000035067-07
ROETTGERS COMPANY, INC.
5169 N 37TH ST
MILWAUKEE WI 53209-5333

402-0000035067-07
ROETTGERS COMPANY, INC.
11155 N Wauwatose Rd
Mequon WI 53097

402-0000035067-07
ROETTGERS COMPANY, INC.

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

3075 N 124th St
Brookfield WI 53055

402-0000035067-07
ROETTGER COMPANY, INC.
5125 W Brown Deer Rd
Brown Deer WI 53223

402-0000035067-07
ROETTGER COMPANY, INC.
2097 Division St
East Troy WI

402-0000035067-07
ROETTGER COMPANY, INC.
525 W Silver Springs Dr
Glendale WI 53217

402-0000035067-07
ROETTGER COMPANY, INC.
5501 N Lovers Lane
Milwaukee WI 53225

402-0000035067-07
ROETTGER COMPANY, INC.
7010 N Port Washington Rd
Glendale WI 53217

402-0000035067-07
ROETTGER COMPANY, INC.
5169 N 37TH ST
MILWAUKEE WI 53209

402-0000035067-07
ROETTGER COMPANY, INC.
1513 E Capitol Dr
Shroewood WI 53211

402-0000035067-07
ROETTGER COMPANY, INC.

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

301 N Main St
Theinsville WI

402-0000035067-07
ROETTGER'S COMPANY, INC.
8806 W North Ave
Wauwatose WI 53226