For the license period beginning:	Original Alcohol Beverage Retail License Application (Submit to municipal clerk.)				Applicant's Wisconsin Seller's Permit Number 456-103/252627-09		
To the Governing Body of the: Town of Village of Vi	the second secon	7/1/	72	(120/22	FEIN Number 3354 600	4	
Check one: Individual Limited Liability Company: Class B liquor \$ Class B liquor		(iiiiii uu yyy	(9)	(mm aa yyyy)	TYPE OF LICENSE	FEE	
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Check one: Individual Limited Liability Company Corporation Corp						\$	
Partnership Corporation/Nonprofit Organization Publication fee \$ TOTAL FEE \$	Check one: Individual	☐ Limited Liab	ility Company			\$	
Name (individual / partners give test name, first, middle, corporations / limited liability companies give registered name) An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual appreach member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization area on member/manager and agent of a limited liability company. List the full name and place of residence of each person president / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Treasurer / Member Last Name (First) (Middle Name) Home				tion			
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President / Member Last Name Cirist Cirist City or Post Office, & Zip Code	by each member of a partne	ership, and by e	ach officer, directo	or and agent of a c	orporation or nonprofit orga	nization, and	
Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Secretary / Member Last Name (First) (Middle Name) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Agent Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Agent Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) 1. Trade Name Graw Kast Fast Tosa Business Phone Number 414-698-820 2. Address of Premises 675 W Worth Ave Post Office & Zip Code Graw Fast Street (Street, City or Post Office, & Zip Code) 3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Extrace to the building is a the port of the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Extrace to the building is a the port of the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Extrace to the building of buildings where alcohol beverages may be sold and stored only on the premises described.) Extrace to the building of buildings where alcohol beverages may be sold and stored only on the premises described.) Extrace to the building of buildings where alcohol beverages may be sold and stored only on the premises described.) Extrace to the building of buildings where alcohol beverages may be sold and stored only on the premises described.) Extrace to the building of buildings where alcohol beverages may be sold an				A STATE OF THE REAL PROPERTY.	PARTY OF STREET AND STREET STREET	cn person.	
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	() 00 11 11 11 11	street address is		rs 10 (rea it	Tile (abinet tor	Lyears,	
(b) If yes, under what name was license issued?	5. (a) Was this premises lice	ensed for the sale	of liquor or beer du	uring the past licens	e year?	☐ Yes	
(v) ii yee, ander milat halife was needed to the	(h) If was under what par	ne was license is	sued?			5.	
	(b) ii yes, under what har	ne was needse is	oueu :				

6.	beverage server training	agent of corporation/limited course for this license period for the long company to th	d? If yes	s, explain		Yes	; □ No
7.	Is the applicant an emplo	ye or agent of, or acting on	behalf of	anyone except the	named applican	t? \(\text{Yes}	No No
8.	business? If yes, explai	peverage retail licensee or				Yes	No
9.	(a) Corporate/limited lia of registration.	ability company applicant	s only:	nsert state Wisco	and de	7/21/22	
		on/limited liability compan					No
	member/manager or a	or any officer, director, storagent hold any interest in a	any other	alcohol beverage	license or permit	in Wisconsin? Yes	s □ No
10.	government, Alcohol and	stand they must register as Tobacco Tax and Trade Bu 882-3277]	reau (TTE	B) by filing (TTB for	m 5630.5d) befor	re beginning	□ No
11.	Does the applicant unders	stand they must hold a Wis	consin Se	eller's Permit? [pho	one (608) 266-27	76] Yes	☐ No
12.	Does the applicant unders breweries and brewpubs?	stand that they must purcha	ase alcoh	ol beverages only f	rom Wisconsin w	rholesalers,	□ No
he b han assiç Com	best of the knowledge of the sig s\$1,000. Signer agrees to opera gned to another. (Individual app	NING: Under penalty provided by iner. Any person who knowingly ate this business according to la dicants, or one member of a part access to any portion of a license rocation of this license.	provides n aw and that tnership ap	naterially false informa the rights and respon plicant must sign; one	tion on this applicat sibilities conferred to corporate officer, on	ion may be required to forfe by the license(s), if granted, he member/manager of Limit	it not more will not be ed Liability
Conte	act Person's Name (Last, First, M.I.)	1		Title/Member	UP	Pate 7-11-27	
Signature Phone Number Email Address							
_	from thew	4					
ГО Е	BE COMPLETED BY CLERK						
Date	received and filed with municipal clerk	Date reported to council / board	Date prov	sional license issued	Signature of Clerk / I	Deputy Clerk	
Date	license granted	Date license issued	License n	umber issued	7		

Save

Print

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Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

In	dividual's Full Name (please print) (last n	amol	(first paras)		(middle come)		
1""	/	/	(first name)		(middle name)		
L		wel.	Jason	<u> </u>	Charles		
Ho	ome Address (street/route)	Post Office	City	8	State Zip Code		
H	ome Phone Number		Age Date of Birth	F	Place of Birth		
L							
Th	e above named individual provides	the following informa	ation as a person who is (check one):			
	Applying for an alcohol beverage	license as an indivi	dual.	5			
10	A member of a partnership which			e license			
	Officer Agen	1 1 2	67 North	1 / (
	(Officer / Director / Member / Manag		(Name of Corporation	on, Limited Liability Company of	r Nonprofit Organization)		
	which is making application for a	alcohol beverage li			,		
	e above named individual provides						
	How long have you continuously r			1/30-011			
2.	Have you ever been convicted of			•			
	violation of any federal laws, any \			(7)			
	or municipality?						
	If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and						
	status of charges pending. (If more	room is needed, conti	nue on reverse side of this fo	rm.)			
3	Are charges for any offenses pres	ently pending agains	t you (other than traffic up	related to alcohol hev	orages)		
٥.	for violation of any federal laws, ar						
			•	•			
	municipality?						
4.	profit						
 Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol 							
	beverage license or permit? Yes						
	If yes, identify.						
	(Name, Location and Type of License/Permit)						
5.	Do you hold and/or are you an offi				ation or		
member/manager/agent of a limited liability company holding or applying for a wholesale beer permit,							
	brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?						
If yes, identify.							
	(Name of Wholesale Licensee or Permittee) (Address By City and County)						
6.	Named individual must list in chron		vo employers.				
	Employer's Name	Employer's Address	20 411 11 6	Employed From	To 7-1-23		
	Iscer Capital	WEELNS,	100/ 11/14 /Jay Ju	JJex 11-19-22	5-1-23		
	Employer's Name	Employer's Address		Employed From	To / A = 1 = 2 2		
	Marios Theateres	5200 5 19	ecked Rd New Be	din 5-1-18	10-1-22		

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Signature of Named Individual)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

9	3	,	y y		man and makes	TOOLI OTTOICH.
To the governing body of:		au watosa		County of /	Milwante.	e
The undersigned duly authorize	City d officer/member/ma		egistered Name of	7 North	-LC nization or Limited Liabilit	ly Company)
a corporation/organization or lim		-		everage licens	e for a premises kno	own as
located at 67/5 W A	Vorth Ave	(Trade Name		THE RESERVE OF THE PERSON OF T	THE LEFT HARMAN AND AND AND AND AND AND AND AND AND A	The state of the s
appoints	Jason Gr	rowe	Med Table			
to act for the corporation/organiz to alcohol beverages conducted organization/limited liability comp Yes / No If so, inc	therein. Is applicant	company with full at agent presently act ing for a beer and/or	uthority and cor ing in that capa liquor license f	city or requesti or any other loo	ing approval for any cation in Wisconsin?	corporation/
Is applicant agent subject to com	npletion of the respor	nsible beverage serv	er training cour	se? //Yes	No	The state of the s
How long immediately prior to m	aking this application	has the applicant a	gent resided co	ntinuously in W	/isconsin? 20	18601
Place of residence last year					,	
For:	67No	inta LLC		(4)	APPAR TOTAL MANAGEMENT	
Ву:	J	(Name of Corporation	n / Organization / L re of Officer / Memt		npany)	
Any person who knowingly provi \$1,000.	des materially false i				equired to forfeit not	more than
_		ACCEPTANCE BY	AGENT			DOUGH HELICAN CONTROL OF THE STREET, S
Jason Growel	(Pnnt / Type Agent's Nan	ne) .	.	nereby accept t	this appointment as	agent for the
corporation/organization/limited beverages conducted on the pre	liability company a	nd assume full resp			all business relativ	e to alcohol
Juan Growel	re of Agent)		/28/23	- Marine Marin - Marine - Mari	Agent's age	
access resources or resources	(пине хилега и	Agent)			Date of birth_	
		OF AGENT BY MU tot sign on behalf				
I hereby certify that I have check the character, record and reputa	ked municipal and st ation are satisfactory	ate criminal records and I have no obje	. To the best of ction to the age	my knowledge nt appointed.	e, with the available	information.

(Signature of Proper Local Official)

AT-104 (R. 4-18)

Approved on

(Date)

Wisconsin Department of Revenue

(Town Chair, Village President, Police Chief)