Form AB-200

Alcohol Beverage License Application

	For Municipal Use Only	
Munici	pality	
Licens	e Period	

I Samura (a) Manusanta de (con ta toro toro	4 1 1 23		r		of one construction and the construction of th	**************************************	
License(s) Requested: (up to two boxes may	· ·				Fees	-	
☐ Class "A" Beer \$ [☑ Class "B" Beer	\$_		License Fe	ees	\$	
Class A" Liquor \$ [☐ "Class B" Liquor .	\$_		Backgrour	nd Check Fee	\$	
Class A" Liquor (cider only) \$["Liquor \$_		Publication Fee \$			*	
Class C" Liquor (wine only) \$				Total Fees	<u> </u>	\$	······································
			L	E EARTH AND THE CONTRACTOR OF		I	ecano totore construente anticolore app
Part A: Premises/Business Informatio	n						
1. Legal Business Name (individual name if sole pro	prietorship)			***************************************			
Irish Festivals, Inc.							
2. Business Trade Name or DBA							
CelticMKE							
3. FEIN 39-1374611		1	n Seller's Pern 00003123				
5. Entity Type (check one)		430-0			***************************************		
Sole Proprietor Partnership	Limited Liability	v Company	□ Corr	ooration	✓ Nonprof	fit Organi	zation
6. State of Organization	7. Date of Organization	, , ,			DFI Registration		
WI	11/25/1980			610356	•	ors realined	
9. Premises Address							
1532 Wauwatosa Avenue							
10. City			1	1. State	12. Zip Code		
Wauwatosa				WI	53213		
13. County	14. Governing Municip		y 🗍 Town [Village	15. Aldermanic	District	
Milwaukee ▼	of: Miwaukee	•			5		
16. Premises Phone	17. Premises Email			18. Web			
(414) 476-3378	Cailinb@celt	~~~~			.cmke.com		
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application We have a two story building with our Ward Irish Mu rooms and a large hall with a kitchen area in the b Beverages can be consumed anywhere in our building floor and in the basement storage room. All financi documents are saved in a cloud based server, Google	including living quarters n. Attach a map or diag sic Archives on the sec asement. Beverages can depending on the event al and invoice records	s. Authorized ram and addiction floor, a be sold from description.	alcohol bevera tional sheets if concert hall a the first floo Our beverages	ge activities necessary, and offices or bar area are stored	on the first floor the downstain	records n	nference
20. Mailing Address (if different from premises address	38)						
21. City			22	2. State	23. Zip Code		~
Port Pr Overtions							
Part B: Questions							
 Has the business (sole proprietorship, partner violating federal or state laws or local ordinal 	rship, limited liability nces? Exclude traffic	y company, offenses ur	or corporatio iless related	n) been co to alcohol	onvicted of beverages. [Yes	☑ No
If yes, list the details of violation below. Attac	h additional sheets it	f necessary.					
Law/Ordinance Violated	Location			Tria	I Date		
Penalty Imposed							
			Was senter	ice comple	eted? [Yes	☐ No
Law/Ordinance Violated	Location		1	Tria	ıl Date		
Penalty Imposed			Was senten	ice comple	eted? [Yes	☐ No

Are charges for any offenses pending beverages.	against the b	usine	ss? Exclude traffic	offenses u	nless related to a	Icohol [] Yes	₽ No
If yes, describe the nature and status	of pending ch	arges	using the space b	elow. Attac	h additional shee	ts as neede	d.	
Is the applicant business or any of its individuals or entities a restricted investigation of the restrict of the restric	estor with any	≀ intere	est in an alcohol be	everage pr	oducer or distribu	r related utor?] Yes	✓ No
Is the applicant business owned by an If yes, provide the name(s) and FEIN(s)	other busines s) of the busir	ss enti ness e	ty?ntity owners below		ditional sheets as	needed.	Yes	№ No
4a. Name of Business Entity		***************************************	4b. Business	Entity FEIN	V.			
5. Have the partners, agent, or sole propi	rietor satisfied	d the r	esponsible beverag	ge server t	raining requireme	nt for		
this license period? Submit proof of co	mpletion							No
6. Is the applicant business indebted to a					•			₩ No
7. Does the applicant business owe past	aue municipa	al prop	erty taxes, assessi	ments, or c	other tees?	ــــــــــــــــــــــــــــــــــــــ	Yes	₩ No
Part C: Individual Information								
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	s, and agent of	f a corr	poration or nonprofit of	itions in the organization	applicant business , all partners of a pa	or businesse artnership, an	s listed d all me	in Part B, embers,
Include Form AB-100 for each person listed be	low. Corporati	ons an	d LLCs must appoint	an agent by	/ including Form AB	-101.		
Last Name	First Name			Title		Phone		
List Attached								
Part D: Attestation	****							
One of the following must sign and attest to					- 20			_
• sole proprietor • one general		-	•	corporate		e member o		
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that ar understand that I may be prosecuted for submitingly provides materially false information on the	usiness and no ense(s), if grant to, purchasing spection will be ny license issue tting false state	t on be ted, will alcoho e deem ed con ements	chalf of any other indi ill not be assigned to oll beverages from sta ned a refusal to allow trary to Wis. Stat. Ch and affidavits in con	vidual or er another indi ite authorize inspection. aapter 125 s nection with	ntity seeking the lice ividual or entity. I a ed wholesalers. I ur Such refusal is a m shall be void under I this application, ar	ense. Further gree to operanderstand that is demeanor penalty of stood that any penalty an	I agree ite this it lack of and gro ate law.	that the business of access ounds for I further
Last Name			First Name				M.I.	
Ward			Caitlin		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			С
Title	1	mail		1		Phone		
Executive Director Signature	C	aıt.	linw@celticm	lke.com		(414) 4	76-3	378
(buttleth Her		/		Date	05/0	5/25		
Part E: For Clerk Use Only						1		
Date Application Was Filed With Clerk License	e Number			Date Lie	cense Granted	Date Licen	se Issue	ed
Signature of Clerk/Deputy Clerk					Date Provisional L	icense Issue	d (if app	olicable)

CelticMKE Officers

Cailin Branchford - Agent - 414-807-5192
Bridget Jaskulski - President - 414-721-8207
Paul Crawford - Secretary - 262-442-2971
Gerard Campbell - Vice President - 414-629-6712
Joe McKeown - Treasurer - 847-915-2396

Form AB-100

Alcohol Beverage Individual Questionnaire

Date 05/05/2025

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
 members and agent of a limited liability company
- · all partners of a partnership

Your alo	ohol beverage applicati	on or rene	ewal is not complet	te unt	il all requi	red Indiv	idual Questionn	aires are	e submitte	d.
Part A	: Business Informa	tion					Mark to the first of the second of the secon			
1. Lega	Business Name (individua	I name if so	ole proprietor)					<u></u>		
Iri	sh Festivals,	Inc.								
2. Busin	ess Trade Name or DBA									
Cel	ticMKE									
3. Entity	Type (check one)									
S	ole Proprietor 🔲	Partnershi	p Limited	Liabil	ity Compa	iny [Corporation	V	Nonprofit	Organization
			OHEOGRAPH .	**************************************						
	: Individual Informa	tion								**
1. Last I					irst Name					3. M.I.
	nchford		The second secon	C	Cailín					R
1	onship to Business (Title)		5. Email						6. Phone	
Pro	gramming Manage	er	cailin	b@c	elticm	.ke			(414)	476-3378
POPPORT OF										
of the same of the										
-										
L.										
Part C	: Address History								······································	
		:-0								V [~~] h.
1. DO ye	ou currently live in Wisc	onsin?							• • • • • • • • • • • • • • • • • • • •	Yes No
If ves	, provide the month and	vear whe	n vou permanently	move	ed to Wisc	consin			(M	M/YYYY)
,		, y co	you porrionarionary		33 13 11.00					04/2020
2. List in	n chronological order all	of your ac	dresses within the	last 5	years. At	tach addi	itional sheets if r	necessar	у.	
	_								,	
FIEWDOS	Auuress 2			City				State	Zip Code	
				0.1,				Cidio	Zip Gode	•
Previous	Address 3		~~~~	City				State	Zip Code	
11041003	Addicas o			City				State	Zip Code	
D!	A.I.L.	***************************************							ļ	
Previous	Address 4			City				State	Zip Code	9

Previous	Address 5			City				State	Zip Code	•

3. List a	ll states and counties yo	u have liv	ed in as an adult. A	ttach	additional	l sheets if	f necessary.			
State	County	State	County		State	County	-	State	County	
WI	Milwaukee	СО	Denver		СО	Adams	3	WI	Wauke	sha
State	County	State	County		State	County		State	County	-

				·····
Part D: Criminal History				
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			. 🔽 Yes	☐ No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction D	ate
Operating While Intoxicated	11/10/2005			
Penalty Imposed		164	[- Z] \(\(\) -	
lincense suspended		Was sentence completed?	. 🔽 Yes	∐ No
Law/Ordinance Violated	Location		Conviction D	ate
Penalty Imposed		Was sentence completed?	. Nes	□No
		was sentence completed?	. [] 163	
Law/Ordinance Violated	Location		Conviction D	ate
Penalty imposed		Was sentence completed?	Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of persheets as needed.	nother state's laws or	any county or municipal	. Yes	∨ No
Part E: Attestation				
READ CAREFULLY BEFORE SIGNING: Under penaltruthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted. Signature	ting in this business d that any license issu be prosecuted for sub	ue to any involvement in another ed contrary to Wis. Stat. Chapter mitting false statements and affidalse information on this application. Date	tier of the at 125 shall be avits in conne n may be rec	Icohol e void ection
		05/05	/2025	

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date

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

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

Part A: Business Inf	ormation				4,744	
1. Legal Business Name (in	dividual name if sole perfectives, In	proprietor)			·	
2 Rusiness Trade Name or	DBA n Fest/Ce					
3. Entity Type (check one)	, 0	<u> </u>	······································			
Sole Proprietor	Partnership	☐ Limited Liability	Company	☐ Corporation	Ż	Nonprofit Organization
Part B: Individual Inf	ormation					
1. Last Name ARelationship to Business (Title)	2. First	Name Cide			3. M-L
board Presid	dent		6: Xa	fort car		Phone 14 170 200
Part C: Address Histo	ry					
				• • • • • • • • • • • • • • • • • • • •		☑ Yes ☐ No
. Do you currently live in \	Wisconsin?					
	Wisconsin?					··· Yes No
	Wisconsin?	permanently moved to	o Wisconsin	• • • • • • • • • • • • • • • • • • • •		(MM/YYYY)
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Continued →

Have you ever been convicted of any for violation of any federal, Wisconsin	offenses (excluding traffic offense	es unless related to alcohol beverage	es)
If yes to question 1, please list details	of each conviction below Attack	county or municipal ordinances?	···· 📙 Yes 📝
Law/Ordinance Violated	Location	additional sheets as needed.	
	Location		Conviction Date
Penalty Imposed			
		Was sentence completed?	
aw/Ordinance Violated	Location		Conviction Date
			January 2016
enalty Imposed			
w/Ordinance Violated		Was sentence completed?	· · · L Yes L I
w/Ordinance violated	Location		Conviction Date
enalty Imposed			
,,		Was sentence completed?	Tyes Th
Are charges for any offenses currently pheverages) for violation of any foderal		i	
If yes to question 2, describe nature an		g the space below. Attach additiona	☐ Yes ☑ N
ordinances? If yes to question 2, describe nature an sheets as needed.			
If yes to question 2, describe nature an sheets as needed. It E: Attestation	Index panelty of law 1 hours	g the space below. Attach additiona	
If yes to question 2, describe nature an sheets as needed. It E: Attestation AD CAREFULLY BEFORE SIGNING: hfully. I certify that I am not prohibited for reage industry as a restricted investor. Her penalty of state law. I further understate this application, and that any person we have a possible to the supplication, and that any person we have a possible to the supplication, and that any person we have a possible to the supplication, and that any person we have the supplication where the supplication is the supplication of the supplication where the supplication is the supplication of the supplication is the supplication of the supplication of the supplication is the supplication of the supplication is the supplication of the supplication of the supplication is the supplication of t	Under penalty of law, I have an from participating in this business and that I may be prosecuted for synchology materials.	g the space below. Attach additional graphs of the space below and the swered each of the above questions due to any involvement in another sued contrary to Wis. Stat. Chapter	ns completely and tier of the alcohol
If yes to question 2, describe nature an sheets as needed.	Under penalty of law, I have an from participating in this business and that I may be prosecuted for synchology materials.	g the space below. Attach additional graphs of the space below and the swered each of the above questions due to any involvement in another sued contrary to Wis. Stat. Chapter	ns completely and tier of the alcohol
If yes to question 2, describe nature an sheets as needed. It E: Attestation AD CAREFULLY BEFORE SIGNING: hfully. I certify that I am not prohibited for penalty of state law. I further understate this application, and that any person were penalty of state law.	Under penalty of law, I have an from participating in this business and that I may be prosecuted for synchology materials.	g the space below. Attach additional graphs of the space below and the swered each of the above questions due to any involvement in another sued contrary to Wis. Stat. Chapter	ns completely and tier of the alcohol

Form		
Α	B-1	00

Alcohol Beverage Individual Questionnaire

Date	

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

sole proprietor

• all	partners of a partners	hip	• memb	cers, direc ers and ag	tors, and ent of a	l agent of limited lia	a corporation or bility company	nonpro	fit organization	1
Your	alcohol beverage appli	ication or						nnaires	are submitted.	
,	t A: Business Infor				11 444					
1. Le	egal Business Name (indiv	idual name	if sole proprieto	r)			· · · · · · · · · · · · · · · · · · ·	·		
	Irish Fest	ivals	JINC.	''						
2. Bu	ısiness Trade Name or DĘ	A		·····		***************************************				
	Iris	nfes.	t/Celtic	MKE						
	tity Type (check one)					***************************************				
	Sole Proprietor [Partne	rship 🔲	Limited Lia	bility Cor	npany	☐ Corporation	n [Nonprofit Or	ganization
Part	B: Individual Infor	mation								
	st Name	mation								
				2	. First Nar];	3. M.I.
	(RAWFORD				Pr	tuc			1	7.
	ationship to Business (Title	9)	5. Er	nail		······································			6. Phone	
<u> </u>	ECRETARO			Danle	م 'د'	sh Co.	£		3/2	
	7. Addres - 11:-4			······································						
	C: Address History							** .		
. Do	you currently live in Wis	consin?			. <i>.</i>				X Yes	. □ No
									_	
If ye	s, provide the month ar	nd year w	hen you perma	nently mov	ved to Wi	sconsin			(MM/Y	YYY)
									0.81	2009
. List	in chronological order a	ill of your	addresses with	nin the last	5 years.	Attach ad-	ditional sheets if r	necessa	ırv.	_

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			·····						-	
evious	Address 3			City	,			State	Zip Code	
evious	Address 4	***************************************		City				State	Zin Code	***************************************
								State	Zip Code	
vious	Address 5			Cit						····
	· ·= =: • • • •			City				State	Zip Code	
₋ist a	ll states and counties ye	ou have li	ved in as an ac	dult. Attach	additiona	al sheets i	if necessarv.		····	
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e	County	State	County		01.	 				
		State	County		State	County		State	County	
R	WASHINGTON						-			
									1	

Continued \rightarrow

Part D: Criminal History			
Have you ever been convicted of any off for violation of any federal, Wisconsin, or	fenses (excluding traffic offense	s unless related to alcohol beverag	ges)
If yes to question 1, please list details of	each conviction below. Attach	edditional abosts as product	Yes N
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?.	
Law/Ordinance Violated	Location	True solitation completed:	Conviction Date
Penalty Imposed		Was sentence completed?	Tyes TiNo
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	
art E: Attestation			
EAD CAREFULLY BEFORE SIGNING: Unuthfully. I certify that I am not prohibited from everage industry as a restricted investor. I under penalty of state law. I further understandith this application, and that any person who forfeit not more than \$1,000 if convicted.	understand that any license is:	sued contrary to Wis. Stat. Chapte	er tier of the alcohol er 125 shall be void
nature		Date	120
		——————————————————————————————————————	<i>(</i>)

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date	
1	

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

- all officers, directors, and agent of a corporation or nonprofit organization
- sole proprietorall partners of a partnership

Your alcohol beverage appli	•				mited liability co		ana ankantu. I
Part A: Business Infor					quired individua	Questionnaires	are submitted.
1. Legal Business Name (indivi	dual name	if sole proprietor)					
lrisk	1 Fest	ivals, Inc.					
2. Business Trade Name or DB	A	-1 /0 13				* ************************************	
Irl:	sh te	st/Celtic	N	IKE			
3. Entity Type (check one)	.					_	
Sole Proprietor	Partner	ship Limite	ed Lia	bility Com	pany 🔲 C	orporation)	Nonprofit Organization
Part B: Individual Inforr	nation		······································			**************************************	
1. Last Name			12	. First Nam	e		3. M.I.
CAMPOEN				66R			3. M.I.
4. Relationship to Business (Title		5. Email					6. Phone
VILE PRESIDENT	- BOA	RD GERA	RDC	CIRI	SHFEST . C	on	414629-6712
7 Homo Address				-		, _	1021 6.12
Part C: Address History	****						
1. Do you currently live in Wis	consin?			***************************************	· · · · · · · · · · · · · · · · · · ·		Fa
If yes, provide the month ar	id year wh	nen you permanent	ly mov	ed to Wis	consin		(MM/YYYY)
							10411998
2. List in chronological order a	ll of your a	addresses within the	e last	5 years. A	ttach additional	sheets if necessa	ıry.
revious Address 3			<u> </u>		·		
1041003 Addi 633 3			City	,		State	Zip Code
evious Address 4				· · · · · · · · · · · · · · · · · · ·			
evious Address 4			City			State	Zip Code
ovious Addess F							
evious Address 5	evious Address 5			City		State	Zip Code
		······································					
List all states and counties yo	ou have liv	ed in as an adult. A	Attach	additiona	sheets if neces	загу.	
ate County	State	County		State	County	State	County
I MILLMUSE		_			,	Sidio	Journey
ate County	State	County		State	County	State	County
A PHILADECPHIA							'

Continued →

1. Have you ever been convicted of any offenses (exc for violation of any federal, Wisconsin, or another s If yes to question 1, please list details of each convictaw/Ordinance Violated Penalty Imposed Law/Ordinance Violated Penalty Imposed Law/Ordinance Violated Penalty Imposed 2. Are charges for any offenses currently pending again beverages) for violation of any federal, Wisconsin, or ordinances? If yes to question 2, describe nature and status of pesheets as needed.	Location Location Location Location Location Location Location	was sentence completed? Was sentence completed? Was sentence completed? ic offenses unless related to alcohor any county or municipal	Conviction Date Conviction Date Conviction Date Conviction Date Per Conviction Date Yes Conviction Date
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ordinances?	another state's laws o	I ic offenses unless related to alcoho or any county or municipal	ol 🗌 Yes 🏻
rt E: Attestation			
thfully. I certify that I am not prohibited from participal verage industry as a restricted investor. I understand der penalty of state law. I further understand that I may he this application, and that any person who knowingly forfeit not more than \$1,000 if convicted.	I that any license issu	due to any involvement in another led contrary to Wis. Stat. Chapter	tier of the alcoho 125 shall be void
ymn h		Date Apr 7M	2025
/			-

Form

AB-100

Alcohol Beverage Individual Questionnaire

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 Info	rmation					
1. Legal Business Name (ind	fividual name if sole is tivals, Inc	proprietor)	miller mille mille die schlieber schlieber der eine schlieber der eine schlieber der der eine der eine der der	Committee Committee and Committee Co	The Market And Care-Care (Care of the Care) and Care (Care of the Care of the	t ruikamman menjelammakan nasusa andas dasak kedalam kesa jeund dilaksi kuma selalah atah dalam dayu selasa sa Tarihan
2. Business Trade Name or I	DBA	is a selection of the contract	restance status of the table positives in a similar restaurable printing on a province	andria and the state of the sta	Commonwealth and the Section of the	ob Elitari Arashan ar 100 SESSANO Array gayayan ar Salashan karan adal kan baya yang kanasasa bargan kanasa kar
<u>Ini</u>	shrest/C	elticm	IKE			
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Sole Proprietor	☐ Partnership	[] Limit	ed Liability Cor	npany [Corporation	(XNonprofit Organizati
Part B: Individual Info	mation	rm versam net sett sind strosten ette kristiske bligte skine kristiske kristiske kristiske kristiske kristiske	en des Processos de Miller (sub Commisso en en Scholo) (S. Miller Processo), es debes de	kadhalanin ayuninin yakun essaya kurusi kalanin kalikula kalanin kalikula kalikula kalikula kalikula kalikula Kalikula kalikula ka	TRANSIANS AND CHANGE OF COMMUNICATION AND CHANGE OF COMMUNICATION OF COMMU	79 Merren neg til Mellejahretti se till stogsta til britarina til skoppings og skript blir medlen ette hellestill som kjængsverskadet.
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1. Have you ever been convicted of any officers			Promotypus mejembya salahan silah silah silah silah salah sampulan didak dibumah didak sebah sejer di sisabah silah sila
for violation of any federal, Wisconsin, or ano	es (excluding traffic offens ther state's laws or of an	ies unless related to alcohol beverag y county or municipal ordinances?	ges) □ Yes IVN
If yes to question 1, please list details of each			Bossess Bossess
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	Pour et extre de pretter, vener, vener este este de convircient est en la province commence de la provinció de	Was sentence completed?,	[] Yes [] N
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If yes to question 2, describe nature and status sheets as needed.	s of pending charges us	ing the space below. Attach addition	nal
art E: Attestation			
art E: Attestation READ CAREFULLY BEFORE SIGNING: Under ruthfully. I certify that I am not prohibited from paleverage industry as a restricted investor. I under not penalty of state law. I further understand that this application, and that any person who know of forfeit not more than \$1,000 if convicted.	articipating in this busine erstand that any license t I may be prosecuted for	ss due to any involvement in anoth issued contrary to Wis. Stat. Chapt is submitting false statements and aff	er tier of the alcohol er 125 shall be void

Form AB-101

Alcohol Beverage Appointment of Agent

Date
05/05/2025

4 100	NAME OF THE PROPERTY OF THE PR				-
Agent Type (check one)					
☑ Original (no fee)	Successor (\$10 fee for m	unicipal licensees only)			
Part A: Business Informati					
Legal Business Name (individual)					
Irish Festivals In					
2. Business Trade Name or DBA		***************************************			~~~
CelticMKE					
3. Entity Type (check one)				***************************************	
- ,, , , , ,	Limited Liability Company	☐ Corporation	Nonprofit Orga	anization	
4. Alcohol Beverage Business Autho	rization (check one)	5. If successor agent, provide S	State Permit or Municipal Reta	ail License	e Number
Municipal Retail License	∋ ☐ State Permit				
6. Describe the reason for appointing	a successor agent, if successor	is checked above.			14
Part B: Agent Information 1. Last Name		2. First Name		3. M	¥ I
Branchford		Cailin		0.10	R
4. Email			5. Phone		
cailinb@celticmke.	com		(414)	476-3	3378
141-WAA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA-00-WA					
					-
Part C: Agent Questions				West to a management of the	
Have you satisfied the respon Submit proof of completion.	sible beverage server training	g requirement?		✓ Yes	☐ No
Have you completed Form AB Form AB-300, Alcohol Bevera				✔ Yes	☐ No
3. Have you been a Wisconsin re See instructions for exception	esident for at least 90 continus.	ous days?	[✓ Yes	☐ No
AND THE RESIDENCE OF THE PARTY			·	Contir	 nued →

READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sure any person who knowingly provides materially if convicted.	d liability com y that I am a occessor ager bmitting false	npany with full authority and co outhorized by the above-named nt, I rescind all previous agent a e statements and affidavits in co ation on this application may be	ntrol of the pr entity to author appointments to annection with	emises and orize this ind for this prem this applicat	of all alcohol ividual to act ises. Further, ion, and that		
Last Name		First Name			M.1.		
Ward		Caitlin			С		
Title	Email			Phone			
xecutive Director caitlinw@celticmke.com			(414) 4	76-3378			
Signature Date 05/05/25							
Part E: Agent Attestation							
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more	pany and assi ess. I further on, and that a	ume full responsibility for the co understand that I may be pros any person who knowingly provi	enduct of all all ecuted for sub	cohol bevera	ige activities statements		
ast Name	1	First Name			M.I.		
Branchford / /	1	Cailin			R		
Signature .			Date		·····		
//11/18/				05/05/25	}		

Part D: Business Attestation

CelticMKE

CelticMKE, the home of Milwaukee Irish Fest, is a nonprofit organization dedicated to the preservation and promotion of Irish, Irish American, and Celtic cultures. CelticMKE hosts a variety of Celtic-themed concerts, lectures, workshops, classes, and cultural heritage projects throughout the year at its center, located in the village of Wauwatosa.

Our two story building also houses The Ward Irish Music Archives. The Ward Irish Music Archives, part of Irish Festivals Inc., is a 501 (c)(3) not-for-profit organization and is dedicated to the preservation of Irish and Irish-American music in all its forms. It is a year-round educational arm of CelticMKE, home of Milwaukee Irish Fest.

We also teach music lessons through our Milwaukee Irish Fest School of Music. The Milwaukee Irish Fest School of Music, opened in the fall of 2002 at the CelticMKE center. A dedicated faculty of musicians has come together to offer instruction in instrumental Irish traditional dance music to students of all ages.

Serving Alcohol

is proud to present this certificate to

Cailin Branchford

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats. Verify online at servingalcohol.com

Verification Code

nxP2pcvOLe

Date Issued

Mar 11th, 2025

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working. Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course

Name: Cailin Branchford

Certification Date: Mar 11th, 2025

Certificate Code: nxP2pcvOLe

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card



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

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000260

IRISH FESTIVALS INC 1532 N WAUWATOSA AVE MILWAUKEE WI 53213-2623

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

Letter ID

L1593983024



Wisconsin Business Tax Registration Certificate

Expiration date:

October 31, 2025

Legal/real name:

IRISH FESTIVALS 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.

Тах Туре	Account Type	Number	
Sales & Use Tax	Sales & Use Tax	456-0000031239-03	_
Local Exposition Tax	Local Exposition Tax	014-0000031239-02	
Withholding Tax	Withholding Tax	036-0000031239-04	