Stone

Form

AB-200

Alcohol Beverage License Application

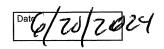
For Municipal Use Only
Appleto N
License Period

be checked)	red) Fees				
Class "B" Beer \$	License Fees	\$ 700			
Glass B" Liquor \$	Background Check	Fee \$ 1			
Reserve "Class B" Liquor \$	Publication Fee	\$ 60			
	Total Fees	\$760			
1					
orietorship)	1 1	1 / .			
Mexican Ke	estavrant C	LC			
estavrant + Sc	permar Ret	_			
4. Wisconsin S	eller's Permit Number				
1936-1	020457170	-02			
Limited Liability Company		Ionprofit Organization			
1	8. Wisconsin DFI Re	gistration Number			
11 27	11. State 12. Zip	Code			
	WI	54911			
of: Apple + or	☐ Town ☐ Village	ermanic District			
buildings where alcohol beverages are	produced, sold, stored, or cons	sumed, and related records			
n. Attach a map or diagram and additio	nal sheets if necessary.	_			
s, walkn look	er, growing	areq			
ss)		-			
	22. State 23. Zip	Code			
If yes, list the details of violation below. Attach additional sheets if necessary. Law/Ordinance Violated Location Trial Date					
Location	Trial Date				
Penalty Imposed Was sentence completed? Yes No					
	Was sentence completed?.	Yes No			
Location	Was sentence completed?.	Yes No			
	Reserve "Class B" Liquor \$	Class "B" Beer			

		on on our announced to the	cohol 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	ampleudes aumare ar ather	rolotod	
individuals or entities a restricted investigation in the restricted investigation in the restrict in the rest	stor with any interest in an alcohol I	beverage producer or distribu	tor? Yes No	
 Is the applicant business owned by and If yes, provide the name(s) and FEIN(s 			Yes No needed.	
4a. Name of Business Entity	•	ss Entity FEIN		
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the responsible bever	age server training requiremen	nt for Yes No	
6. Is the applicant business indebted to an				
7. Does the applicant business owe past of	·	*		
Part C: Individual Information				
List the name, title, and phone number for each	person or entity holding the following po	ositions in the applicant business	or businesses listed in Part B,	
Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compa	s, and agent of a corporation or nonprofi any. Attach additional sheets if necessan	t organization, all partners of a pa y.	rtnership, and all members,	
Include Form AB-100 for each person listed bel	ow. Corporations and LLCs must appoin	nt an agent by including Form AB-	·101.	
Last Name	First-Name	Title	Phone	
Joanes	redro	Owner		
		and provide a supply option of the set plant for the SCO in the SCO provide and the set of the set set of the	Company of the Compan	
Part D: Attestation				
One of the following must sign and attest t		ne corporate officer • on	a member of an LLC	
One of the following must sign and attest to sole proprietor • one general	I partner of a partnership • on	•	e member of an LLC	
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Undid am acting solely on behalf of the applicant but	I partner of a partnership er penalty of law, I have answered each usiness and not on behalf of any other ir	n of the above questions complete adividual or entity seeking the lice	ely and truthfully. I agree that ense. Further, I agree that the	
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Form **AB-101**

Alcohol Beverage Appointment of Agent



Agent Type (check one)			
☑ Original (no fee) ☐ Successor (\$10 fee for mu	ınicipal licen	sees only)	
Part A: Business Information			
1. Legal Business Name (Individual name if sole proprietor) WWW. March 1. Legal Business Name (Individual name if sole proprietor)	can b	Lestavant	llc
1. Legal Business Name (Individual name if sole proprietor) Lindo Michaella name of DBA Lindo Mexican Resta	Oran	f + Supern	narket
3. Entity Type (check one) Limited Liability Company		Corporation 1	Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit	5. If successo	r agent, provide State Permit or	r Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor	is checked at	ove.	
Part B: Agent Information			
1. Last Name Jume 2	2. First Name	mg)	3. M.I.
4. Fmail	100		5 Phone
7. '(Idii			
6. Home Address			
1017 Grove St			
7. City Munasha	8. State	9. Zip Code 54452	10. Age
11 Drivers License/State ID Number		12. Drivere ' `anse/State	ID State of Issuance
Part C: Agent Questions			
Have you satisfied the responsible beverage server training.	a requirema	unt?	
Submit proof of completion.	ig requireme	31(
Have you completed Form AB-100, Alcohol Beverage India Submit a completed Form AB-100 with this form.	ividual Ques	tionnaire?	TYYes \ No
Have you been a Wisconsin resident for at least 90 contin See instructions for exceptions.	uous days?		🖟 Yes 🗌 No

READ CAREFULLY BEFORE SIGNING: I, the Undersig corporation, nonprofit organization, or limited liability collibeverage activities on such premises. I certify that I am on behalf of the entity. If I am appointing a successor age I understand that I may be prosecuted for submitting fals any person who knowingly provides materially false inform if convicted.	mpany with full authority and control of the authorized by the above-named entity to a ent, I rescind all previous agent appointmer se statements and affidavits in connection v	e premises and of all alcohol uthorize this individual to act its for this premises. Further, with this application, and that
Last Name Juanez	First-Name	M.I.
Titlouny		Phone
Signature 7	uate (4/	20/2024
of the second se		
Part E: Agent Attestation		
READ CAREFULLY BEFORE SIGNING: I, the Agent , he nonprofit organization, or limited liability company and as on the premises for the above-named business. I furthe and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,000.	ssume full responsibility for the conduct of a or understand that I may be prosecuted for t any person who knowingly provides mater	Il alcohol beverage activities submitting false statements
Last Name (Cane;	First Name	M.I.
Signature	Date C/	70/2024

Part D: Business Attestation