For the license period beginning	ORIGINAL ALCOHOL E	BEVERAGE RETAIL LI	Applicant's WI Seller's Permit No.: FEIN Number:			
TO THE GOVERNING BODY of the Village or	Submit to municipal clerk.		LICENSE REQUESTED)		
TO THE GOVERNING BODY of the Village or	For the license period beginn	ing 9.20.19	20 [7];	1_	FEE	
TO THE GOVERNING BODY of the Village or	end	ing $(\rho - 30)$	20 (8			
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Country of Changer Aldermanic Dist. No. (if required by ordinance) Class B liquid S	TO THE GOVERNING BODY (or the: Village or 7	Photos			
Country of DYPELEYETTY Addermance Dist. No. (in required by ordinance) Reserve Class B liquid	K⊈ City of •					
The named INDIVIDUAL PARTNERSHIP LIMITED LIABLITY COMPANY Class B (wine only) wintery S Publication fee S Company wintery S Publication fee S Company wintery S Publication fee S Company wintery S Publication fee S Table S Ta	County of DI HAMMIN	← Aldermanic Dist. No.	(if required by ordinance)			
CORPORATIONNOMPROFIT ORGANIZATION Pout Extended above Pout Organization fee S	00000	,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		т	
CORPORATIONNONPROFIT ORCANIZATIÓN Publication relacion to the elected above. TOTAL FEE \$	1 The named INDIVIDUA	A)	M LIMITED LIABILITY COMPANY			
Name (individual)partners give last name, first, middle; corporationslimited liability companies give registered name; An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, tile, and place of residence of each passon. Home Address Post Office & Zip Code President/Vember Secretary/Member Treasurer/Member Agent			7 '	Publication fee	***************************************	
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a comporation or nonprofit organization, and by each member manager and agent of a limited liability company, List the frains, (tip), and place of residence of each person. Title President/Vember President/Vember President/Vember President/Vember None President/Vember Secretary/Member Treasure/Member Treasur				TOTAL FEE	\$	
partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/imanager and agent of a limited liability company. List the name, title, and place of residence of each person. Title President/Member President/Member Secretary/Member Treasuror/Member Treasuror/Member Agent Advancy 425 @ could be 425 @ could be 577111 Directors/Member Agent Advancy 425 @ could be 425 @ could be 57711 Directors/Member Treasuror/Member Agent Advancy 425 @ could be 425 @ could be 57716 Tread to a post Office & 2/p Code 57716		- ,,		egistered name): ▶ ⊤ん D	row LLC	
Treasuror/Member Agent Directors/Managers Business Business	partnership, and by each of liability company. List the na T President/Member Vice President/Member	ficer, director and agent of a corp ame, title, and place of residence o itle	poration or nonprofit organization, f each person.	and by each member/manager ar	nd agent of a limited	
Agent Alons Alons Alons Alons Alons Alons Alons Business Phone Number 420 2 cs 0/25 3. Trade Name Business Phone Number 420 2 cs 0/25 4. Address of Premises 800 S Lowe Alpha Post Office & Zip Code 5/46/5 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No 7. Does any other alcoholb beverage retail ficensee or wholesale permittee have any interest in or control of this business? Yes No 8. (a) Corporate/limited liability company subjectants only; Insert state Lower Alons Yes Alons 8. (a) Corporate/limited liability company subjectants only; Insert state Lower Alons Yes No 9. Premises description: any other alcohol beverage license or permit in Wisconsin? Yes No 10. Does the corporation, or any officer, director, steckholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No 10. Framises 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 any be sold and stored only on the premises described) March Calley Yes No 10. Legal description (omit if streat address is globen above). Yes No 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No 12. Does the applicant understand they must pruchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No 13. Does the applicant understand they must purchase alcohol beverages only from Wisconsin wholesalers, breweries	Secretary/Member	<u> </u>				
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(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?						
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Wisconsin Department of Revenue

AT-106 (R. 9-16)