

Part A: Producer Information		
1. Business Legal Name (individual name if sole proprietor) Stone Arch Brewpub, Inc.		
2. Business Name or DBA Stone Arch Brewpub	3. Agent Name Steven T. Lonsway	
4. FEIN [REDACTED]	5. Wisconsin Seller's Permit Number 456-0002131926-03	
6. Wisconsin Producer Permit Number BRWISTO15000	7. Producer Type <input checked="" type="checkbox"/> Brewery <input type="checkbox"/> Winery <input type="checkbox"/> Liquor Manufacturer/Rectifier	
8. Contact Person's First Name Steven	9. Last Name Lonsway	10. M.I. T.
11. Contact Person's Phone [REDACTED]	12. Contact Person's Email steve@stonearchbrewpub.com	

Part B: Production Quantity		
Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.		
Brewery	Manufacturer/Rectifier	Winery
<input type="checkbox"/> Less than 250 barrels <input checked="" type="checkbox"/> 250 - 2,499 barrels <input type="checkbox"/> 2,500 - 7,499 barrels <input type="checkbox"/> 7,500 or more barrels	<input type="checkbox"/> Less than 1,500 liters <input type="checkbox"/> 1,500 - 4,999 liters <input type="checkbox"/> 5,000 - 34,999 liters <input type="checkbox"/> 35,000 or more liters	<input type="checkbox"/> Less than 1,000 gallons <input type="checkbox"/> 1,000 - 4,999 gallons <input type="checkbox"/> 5,000 - 24,999 gallons <input type="checkbox"/> 25,000 or more gallons
Calendar year: 2025	Calendar year:	Calendar year:
Quantity: 1,444	Quantity:	Quantity:

Complete only ONE of Part C, D or E.

Part C: Request for Full-Service Retail Sales at the Production Premises				
1. Start Date		2. Production Premises Address		
3. City			4. State	5. Zip Code
6. County			7. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	

Part D: Request for Fixed Full-Service Retail Outlet				
1. Are you transferring one fixed full-service retail outlet to a new location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete boxes 2 through 9.				
2. Current Outlet Name				
3. Current Outlet Premises Address				
4. City			5. State	6. Zip Code
7. County		8. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		9. Premises Phone Number

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)

New Fixed Retail Outlet Information (complete boxes 10 through 23)

10. Start Date		11. New Outlet Name	
12. New Outlet Premises Address			
13. City		14. State	15. Zip Code
16. County	17. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		18. Premises Phone Number
19. Premises Description - Describe the building or buildings and any outside areas 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.			
20. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. What alcohol beverages will be offered for sale? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
22. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
23. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

Part E: Request for Unlimited Transfer Full-Service Retail Outlet

1. Name of Event (if applicable) Art In The Park		
2. Dates of Operation (attach a schedule, if necessary) July 25th & 26th., 2026		3. Hours of Operation 9:00 am to 5:00 pm
4. Premises Address Appleton City Park - 500 East Franklin Street		
5. City Appleton		6. State WI
		7. Zip Code 54911
8. County Outagamie		9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>
10. Organizer of Event (if not the named applicant) Sarah Niesen Shimek		11. Email and/or Phone Number for Organizer of Event sniesenshimek@troutmuseumart.org
12. Organizer Website www.troutmuseumart.org		13. Event Website www.troutmuseumart.org
14. Premises Description - Describe the building or buildings and any outside areas 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. We will serve product from our refrigerated trailer parked in the center of Appleton City Park near the half stone wall which is our power source. The coordinates are 44.264900, -88.399865. Map of location is also attached.		
15. On-Site Contact (Last Name, First Name) Lonsway, Steve		16. On-Site Contact Phone [REDACTED]
		17. On-Site Contact Email steve@stonearchbrewpub.com
18. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. What alcohol beverages will be offered for sale? (check all that apply) <input checked="" type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
20. What alcohol beverages does the permittee produce? (check all that apply) <input checked="" type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
21. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input checked="" type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption		

Part F: Attestation

Who must sign this application?

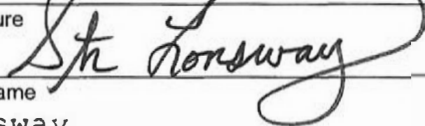
- sole proprietor • general partner of a partnership • corporate officer • member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, 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 authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin 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 03/10/2026	
Last Name Lonsway		First Name Steve	
Title President		M.I. T.	
Email steve@stonearchbrewpub.com		Phone	

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)

1. Will the municipality limit the scope of alcohol beverages offered for sale?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Will the municipality impose any requirements or restrictions for the full-service retail outlet?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Describe municipal restrictions indicated in questions 1 or 2 above.			
4. Last Name of Municipal Official		5. First Name	
7. Signature of Municipal Official		8. Date	
9. Date Application was Filed with Clerk 4/24/2026		10. Date Full-Service Retail Outlet Approved by Governing Body	
6. M.I.			

