RESOLUTION OF THE COMMON COUNCIL			
Authorizing and directing the proper city official(s) to appoint Puree Hill as the agent for KPW Hospitality, d/b/a Tru by Hilton, located at 2500 Jackson St.			
File Number:	R-118-2023	**Date Introduced:**	July 25, 2023

WHEREAS the City Clerk's office has received a Schedule for Successor of Agent and Schedule for Appointment of Agent for KPW Hospitality, and

WHEREAS, the application was forwarded to the Police Chief for review, now therefore

BE IT RESOLVED the Common Council of the City of Stoughton that the proper city official(s) be hereby directed and authorized to appoint Puree Hill the agent for KPW Hospitality.

Council Action: ☐ **Adopted** ☐ **Failed** **Vote** _____

Mayoral Action: ☐ **Accept** ☐ **Veto**

_____

Tim Swadley, Mayor Date

Council Action: _____ ☐ **Override** **Vote** _____

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.

To the governing body of: ☐ Town ☐ Village ☒ City of Stoughton County of Dane

The undersigned duly authorized officer/member/manager of KRW Hospitality
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Two Bay Hilton
(Trade Name)

located at 2500 Jackson Street · Stoughton WI 53589

appoints Renee Hill
(Name of Appointed Agent)

[redacted]
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 21 yr

Place of residence last year Same as above

For: KRW Hospitality
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Renee Hill, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 7-7-23 Agent's age [redacted]
(Signature of Agent) (Date)

[redacted] Date of birth [redacted]
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 07/13/2023 (Date) by Daniel W. Jenkins (Signature of Proper Local Official) Title Police Chief (Town Chair, Village President, Police Chief)

Date

Form **AT-103**

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)
KRW Hospitality LLC

2. Trade Name or DBA
Tru By Hilton

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.)
-Hill Puree J

2. Relationship to Registered Entity (Title)

3. Email [redacted]

4. Phone [redacted]

5. Home Address [redacted]

6. City [redacted]

7. State [redacted]

8. Zip Code [redacted]

9. Date of Birth [redacted]

10. Drivers License/State ID Number [redacted]

11. Drivers License/State ID State of Issuance [redacted]

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name
SL Hospitality

Employer's Address
230 Horizon Dr Verona WI 53593

Dates Employed (MM/YYYY - MM/YYYY)
02-2022 - Present

Employer's Name
UW Health

Employer's Address
1880 Fish Hatchery Rd Madison WI 53715

Dates Employed (MM/YYYY - MM/YYYY)
07-2021 - 02-2022

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ..... ☒ Yes ☐ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ..... ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

2005 Damage to Property
Trespassing
Disorderly Conduct
resisting or obstructing an officer

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ..... ☐ Yes ☒ No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state 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
	07-04-2025

Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Puree Hill

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

www.Wisconsin-Bartending.com
Training Provider

Training Date