ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number: 46-4257008
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$

For the license period beginning JULY 1 20 21 ;
ending JUNE 30 20 22

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of } STOUGHTON

County of DANE Aldermanic Dist. No. _____ (if required by ordinance)

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☑ CORPORATION/NONPROFIT ORGANIZATION
   hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ STOUGHTON OPERA HOUSE FRIENDS ASSOCIATION
   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 limited liability company.** List the name, title, and place of residence of each person.

	Title	Name	Home Address	Post Office & Zip Code
President/Member	PRESIDENT	PAUL LAWRENCE	[redacted]	
Vice President/Member	VICE PRESIDENT	MARY-CAREL VERDEN	[redacted]	
Secretary/Member	SECRETARY	CHRIS ZIEMBA 4	[redacted]	
Treasurer/Member	TREASURER	ERIC FRANCKSEN	[redacted]	9
Agent ▶	AGENT	WILLIAM BREHM	122 [redacted]	
Directors/Managers	DIRECTOR	WILLIAM BREM	1 [redacted]	

3. Trade Name ▶ STOUGHTON OPERA HOUSE FRIENDS ASSOCIATIO Business Phone Number 608-877-4400
4. Address of Premises ▶ 381 E MAIN ST STOUGHTON WI Post Office & Zip Code ▶ 53589
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 alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☑ No
   (c) Does the corporation, or any officer, director, stockholder 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
   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises 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 may be sold and stored only on the premises described.) FIRST FLOOR AND BASEMENT OF STOUGHTON OPERA HOUSE
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☑ No
    (b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20 ____

_____ (Clerk/Notary Public)

My commission expires _____

Paul [signature] 5/20/21
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Ellen Zilliaba 5/20/21
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

/
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
BREHM	WILLIAM	HUNT

Home Address *(street/route)*	Post Office	City	State	Zip Code
1[redacted]				
H[redacted]				
6[redacted]				

The *above named individual* provides the following information as a person who is *(check one)*:

☐ Applying for an alcohol beverage license as an **individual.**

☐ A member of a **partnership** which is making application for an alcohol beverage license.

☑ AGENT of STOUGHTON OPERA HOUSE FRIENDS ASSOCIATION
(Officer / Director / Member / Manager / Agent) *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 45 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☑ Yes ☐ No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
   I HAVE TWO DUIS IN WI. THE MOST RECENT IN 2009.
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☑ No
   If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☑ No
   If yes, identify.
   (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☑ No
   If yes, identify.
   (Name of Wholesale Licensee or Permittee) *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
CITY OF STOUGHTON	207 S. FORREST ST	05/04/2004	05/19/2021
Employer's Name	Employer's Address	Employed From	To
SELF EMPLOYED	122 N FIFTH ST	10/20/2000	05/20/2004

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

(Signature of Named Individual)

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 the officer(s) of the corporation/organization or members/managers 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(s)/members/managers of STOUGHTON OPERA HOUSE FRIENDS ASSOCIA
(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

STOUGHTON OPERA HOUSE
(trade name)

located at 381 E MAIN ST

appoints WILLIAM BREHM
(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? 45

Place of residence last year [redacted]

For: STOUGHTON OPEN HOUSE FRIENDS ASSOCIATION
(name of corporation/organization/limited liability company)

By: 5/28/21
PAUL LAWRENCE *(signature of Officer/Member/Manager)*

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, WILLIAM BREHM, 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 of agent) 5/19/2021 *(date)* Agent's age [redacted]

[redacted]

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 _____ *(date)* by _____ *(signature of proper local official)* Title _____ *(town chair, village president, police chief)*

Excise Tax Unit
Wisconsin Department of Revenue
PO Box 8900
Madison WI 53708-8900
(608) 266-6701
Fax (608) 261-7049

AT-105: Application for Airport/Public Facility Permit

DEPARTMENT USE ONLY

Tax Account Number
Date of Issuance

Date	Telephone Number	Seller's Permit Number	Federal Employer Identification Number (FEIN)	Social Security Number (If you do not have a FEIN number)
05/20/21	(608)877-4400		46-4257008	or ___-__-____

SECTION 1 – To be completed by Chairperson and Clerk of Municipality or County

Under the provisions of secs. 125.51(5)(b), Wis. Stats. and a resolution passed by the governing body of (municipality) STOUGHTON or (county) DANE (a copy of which is attached), application is being made for a "Class B" intoxicating liquor permit for use on the following described premises which is:

A.

Owned and Operated by	Known as		
CITY OF STOUGHTON	STOUGHTON OPERA HOUSE		
Address of Premises: 381 E. MAIN ST	Located in the: *(Check One)* ☐ Town ☐ Village ☑ City of STOUGHTON		
Mailing Address	City	State	Zip
381 E. MAIN ST	STOUGHTON	WI	53589

From the 1 day of JULY 20 21 through the 30 day of JUNE 20 22

B. APPLICANT: ☐ Individual ☐ Partnership ☑ Corporation ☐ Limited Liability Company (LLC)

INDIVIDUAL OR PARTNERSHIP: (If a partnership, all partners must be listed)

Name (Last)	(First)	(M.I.)	SS#	Home Address
Name (Last)	(First)	(M.I.)	SS#	Home Address
Name (Last)	(First)	(M.I.)	SS#	Home Address

Name of Corporation/Limited Liability Company	State and Date of Incorporation/Registration
STOUGHTON OPERA HOUSE FRIENDS ASSOCIATION (SOHFA	

Is applicant corporation a subsidiary of any other corporation or Limited Liability Company?

☐ Yes ☐ No If Yes, indicate corporate name or name of Limited Liability Company:

OFFICERS AND DIRECTORS – AN AGENT MUST BE APPOINTED.

President/Member Last Name	(First)	(M.I.)	SS#	Home Address
LAWRENCE	PAUL		3[redacted]	
Vice President/Member Last Name	(First)	(M.I.)	SS[redacted]	
VERDEN	MARY-CAREL		3[redacted]	
Secretary/Member Last Name	(First)	(M.I.)	SS[redacted]	
ZIEMBA	CHRIS		3[redacted]	
Treasurer/Member Last Name	(First)	(M.I.)	SS[redacted]	
FRANCKSEN	ERIC		3[redacted]	
Agent Last Name	(First)	(M.I.)	SS[redacted]	
BREHM	WILLIAM		3[redacted]	

Premises 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 may be sold and stored only on the premises described.)
BEVERAGES WILL BE SOLD AND CONSUMED ON THE FIRST FLOOR OF THE 4-STORY (INCLUDING BASEMENT) STOUGHTON OPERA HOUSE. BEVERAGES WILL BE STORED ON THE FIRST FLOOR OR THE BASEMENT IN SPACE SET ASIDE FOR STORAGE OF BEVERAGES.

The fee in the amount of $600 is payable every 2 years to the Wisconsin Department of Revenue. Also include $20 BTR fee (if applicable). The fee for a permit for less than 12 months shall be prorated according to the number of months or fraction thereof for which the permit is issued.

Declaration

PAUL LAWRENCE, Chairperson of the governing body of SOHFA and CHRIS ZIEMBA, Clerk of said body, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Chairperson	Clerk	Date
	Chris Ziemba	5/20/21

(Continued on Reverse Side)

SECTION 2 – To be completed by Concessionaire

Name owner of bar fixtures and state terms of lease or Rental.

STOUGHTON OPERA HOUSE FRIENDS ASSOCIATION IS THE OWNER OF BAR FIXTURES OUTRIGHT. THERE ARE NO TERMS OF LEASE.

Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade bureau (TTB) by filing (TTB Form 5630.5d) before beginning business? [phone 1-877-832-3277] ☑ Yes ☐ No

Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? Explain Yes answer in detail. ☐ Yes ☑ No

Does the applicant, any member of the partnership, officer, director, stockholder, member, or agent hold any interest in any other retail beer and/or liquor license or wholesale beer permit or liquor permit in Wisconsin? ☐ Yes ☑ No

If Yes, identify:

Name	Location	Type of License/Permit

Does any retail alcohol beverage Licensee, wholesale beer permittee or wholesale liquor permittee or any officer, director, stockholder, member, of such permittee or licensee have any interest in this permit? ☐ Yes ☑ No

If Yes, identify:

Name	Location	Type of License / Permit

Does the applicant understand that any permit issued will be void and subject to revocation if indebted in excess of 15 days for fermented malt beverages or 30 days for intoxicating liquors? ☑ Yes ☐ No

5/20/21

(Signature of President of one Corp or one Partner/Individual/Member of Limited Liability Company)

SECTION 3 – Approval by Law Officer

I, _____, chief law enforcement officer of

_____, have searched the records maintained
(Municipality in which the airport or public facility is located)

by my department and have contacted the Wisconsin Crime Information Bureau. I know of no reason a retail "Class B" intoxicating liquor permit should not be issued to _____ to operate at the
(Name of corporate officer(s), member(s) / manager(s) of limited liability company or agent to be permitted)

_____.
(Name of airport or public facility)

_____
(Signature of Officer)

_____
(Title of Officer)

AuthentiSign ID: 0AAF7D49-010C-421A-9431-A0F95F3AACAC

AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title
Lawrence	Paul	C	President

	Business or Occupation for Past Three Years
D[redacted]	Real estate

☐ Yes ☑ No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated ➔ ☐ Federal ☐ State ☐ Municipal Ordinance
(Attach explanation of any Yes answer.)

☐ Yes ☑ No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶	Authenticated Paul Lawrence 5/17/2021 5:20:15 PM CDT	Date

AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title

Date of Birth	Place of Birth	Business or Occupation for Past Three Years

☐ Yes ☐ No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated ➔ ☐ Federal ☐ State ☐ Municipal Ordinance
(Attach explanation of any Yes answer.)

☐ Yes ☐ No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶		Date

AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title
VERDEN	MARY-CAREL	W	

Date of Birth	Place of Birth	Business or Occupation for Past Three Years
[redacted]		DESIGNER

☐ Yes ☑ No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated ➔ ☐ Federal ☐ State ☐ Municipal Ordinance
(Attach explanation of any Yes answer.)

☐ Yes ☑ No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ *Mary-Carel Verden* Date 5-18-2021

AT-105 (R. 11-19) Wisconsin Department of Revenue

AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title

Date of Birth	Place of Birth	Business or Occupation for Past Three Years

☐ Yes ☐ No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated ➔ ☐ Federal ☐ State ☐ Municipal Ordinance
(Attach explanation of any Yes answer.)

☐ Yes ☐ No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ Date

AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title
FRANCKSEN	ERIC	G	TREASURER

[redacted]	Business or Occupation for Past Three Years
	PROJECT MANAGER, AMERICAN FAMILY INSURANCE

☐ Yes ☑ No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated ➔ ☐ Federal ☐ State ☐ Municipal Ordinance
(Attach explanation of any Yes answer.)

☐ Yes ☑ No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ [signature] Date 5/18/2021

AT-105 (R. 11-19) Wisconsin Department of Revenue

AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title

Date of Birth	Place of Birth	Business or Occupation for Past Three Years

☐ Yes ☐ No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated ➔ ☐ Federal ☐ State ☐ Municipal Ordinance
(Attach explanation of any Yes answer.)

☐ Yes ☐ No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ Date

AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title
Ziemba	Christopher	S	

Date of Birth	Place of Birth	Business or Occupation for Past Three Years
[redacted]		Donor Relations Manager

☐ Yes ☑ No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated ➔ ☐ Federal ☐ State ☐ Municipal Ordinance
(Attach explanation of any Yes answer.)

☐ Yes ☑ No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ Christopher S. Ziemba Date 5/17/21

AT-105 (R. 11-19) Wisconsin Department of Revenue

AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title

Date of Birth	Place of Birth	Business or Occupation for Past Three Years

☐ Yes ☐ No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated ➔ ☐ Federal ☐ State ☐ Municipal Ordinance
(Attach explanation of any Yes answer.)

☐ Yes ☐ No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ Date

AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title
BREHM	WILLIAM	H	BOARD MEMBER

Date of Birth	Place of Birth	Business or Occupation for Past Three Years
[redacted]		DIRECTOR - STOUGHTON OPERA HOUSE

☑ Yes ☐ No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated ➔ ☐ Federal ☒ State ☐ Municipal Ordinance
(Attach explanation of any Yes answer.)

☐ Yes ☑ No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ [signature] Date 5/18/2021

AT-105 (R. 11-19) Wisconsin Department of Revenue

AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title

Date of Birth	Place of Birth	Business or Occupation for Past Three Years

☐ Yes ☐ No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated ➔ ☐ Federal ☐ State ☐ Municipal Ordinance
(Attach explanation of any Yes answer.)

☐ Yes ☐ No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ Date

Schedule for Appointment of Agent

Each corporation or Limited Liability Company applying for a permit to sell intoxicating liquor must appoint an agent pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, the appointment must be signed by the president or one member of a Limited Liability Company, and the appointment must be made by the proper local official.

Name (Last)	(First)	(M.I.)	A[redacted]
BREHM	WILLIAM	H	1[redacted]

Name of Corporation/Limited Liability Company
STOUGHTON OPERA HOUSE FRIENDS ASSOCIATION

Occupation
DIRECTOR - STOUGHTON OPERA HOUSE

Have you been a continuous resident of Wisconsin for at least 90 days prior to the date of appointment as agent? ☑ Yes ☐ No

Have you been convicted of violating federal or state laws or local ordinances other than traffic violations unrelated to alcohol beverages? ☑ Yes ☐ No

If Yes, check type: ☐ Federal ☐ State ☐ Local Ordinances

Indicate details of the violation, including nature of violation, date, place, court, and disposition:
I HAVE BEEN CONVICTED OF TWO DUI IN WISCONSIN. THE MOST RECENT IN 2009.

Have you completed the responsible beverage server training course? ☑ Yes ☐ No

I declare under the penalties of law that the above information is true, correct and complete.

AGENT SIGN HERE	Signature	Date
		5/18/2021

Appointment of Agent

PAUL LAWRENCE appoints WILLIAM BREHM

as agent in accordance with sec. 125.04(6), Wis. Stats., subject to the approval of the Department of Revenue.

PRESIDENT/MEMBER SIGN HERE	Signature	Date
	PAUL LAWRENCE	5/20/21

Acceptance by Agent

I hereby accept appointment as agent for STOUGHTON OPERA HOUSE FRIENDS ASSOCIATION and assume full responsibility for the conduct of the business relative to fermented malt beverages and intoxicating liquor.

AGENT SIGN HERE	Signature	Date
		5/18/2021

Approval of Agent

The agent appointed above must be approved by the licensing authority per sec. 125.04(6)(a), Wis. Stats.

The appointment above is herewith approved.

_____ WI, _____ 20 ___

(Signature of Official)

(Title)