2nd form - updated

Rect. # 100058888

RECEIVED DEC 09 2021 CITY OF STOUGHTON

RECEIVED JAN 11 2021 CITY OF STOUGHTON

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2021 (mm dd yyyy) ending: 07/01/2022 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☐ City of } Stoughton

County of Dane

Aldermanic Dist. No. _____ (if required by ordinance)

Check one: ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

[redacted]

TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$ 500.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20.00 PO
TOTAL FEE	$ 520.00

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Ashlie's, LLC

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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Ashlie's LLC Business Phone Number 608-843-4029
2. Address of Premises 217 S fourth St Stoughton Post Office & Zip Code 53589
3. 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.)
   mailed in.
4. Legal description (omit if street address is given above): _____
5. (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? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ..... ☒ Yes ☐ No

TRAINING Completion included.

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ..... ☒ Yes ☐ No
If yes, explain.

owner

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ..... ☐ Yes ☒ No

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 10/14/2021 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ..... ☐ 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
If yes, explain.

10. 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 1-877-882-3277] ..... ☒ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ..... ☒ Yes ☐ No

12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Kirch, Ashley, A	owner	12-9-21
Signature	**Phone Number**	**Email Address**
Ashley Kirch	608-843-4029	kirch-ashley@yah

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
Dec. 9, 2021			
Date license granted	**Date license issued**	**License number issued**	

AT-106 (R. 3-19)

#2 Revised/updated map

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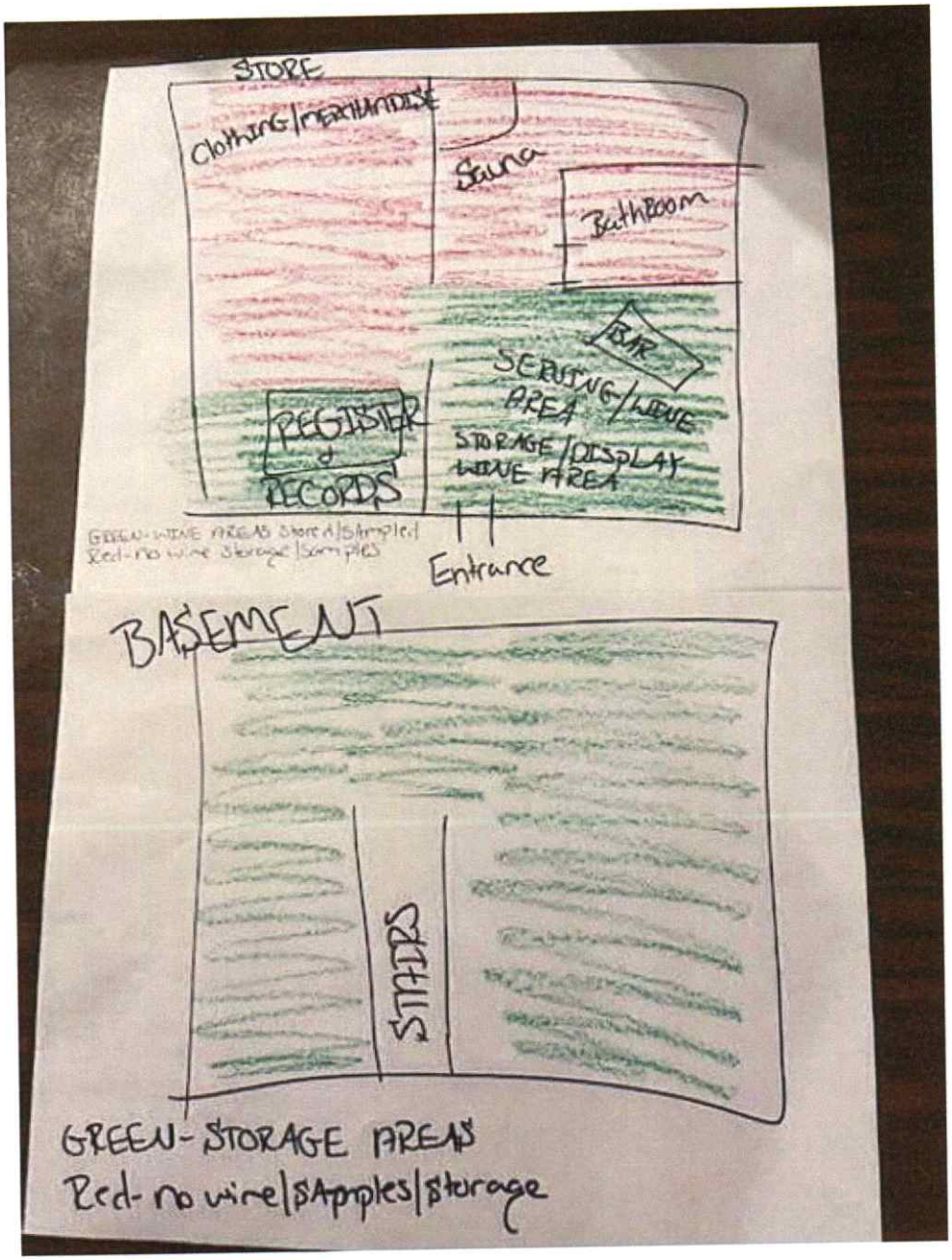
JAN 10 2022
CITY OF STOUGHTON



Storage location/Samples
main floor & basement
Porch -> attached to house.

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BY

The main floor & basement are approximately 1,100 sq ft each. The basement is all open with storage along outer walls. See map.

Overstock of wire will be stored in basement areas that are highlighted in yellow.

main floor is divided into 3-4 areas.

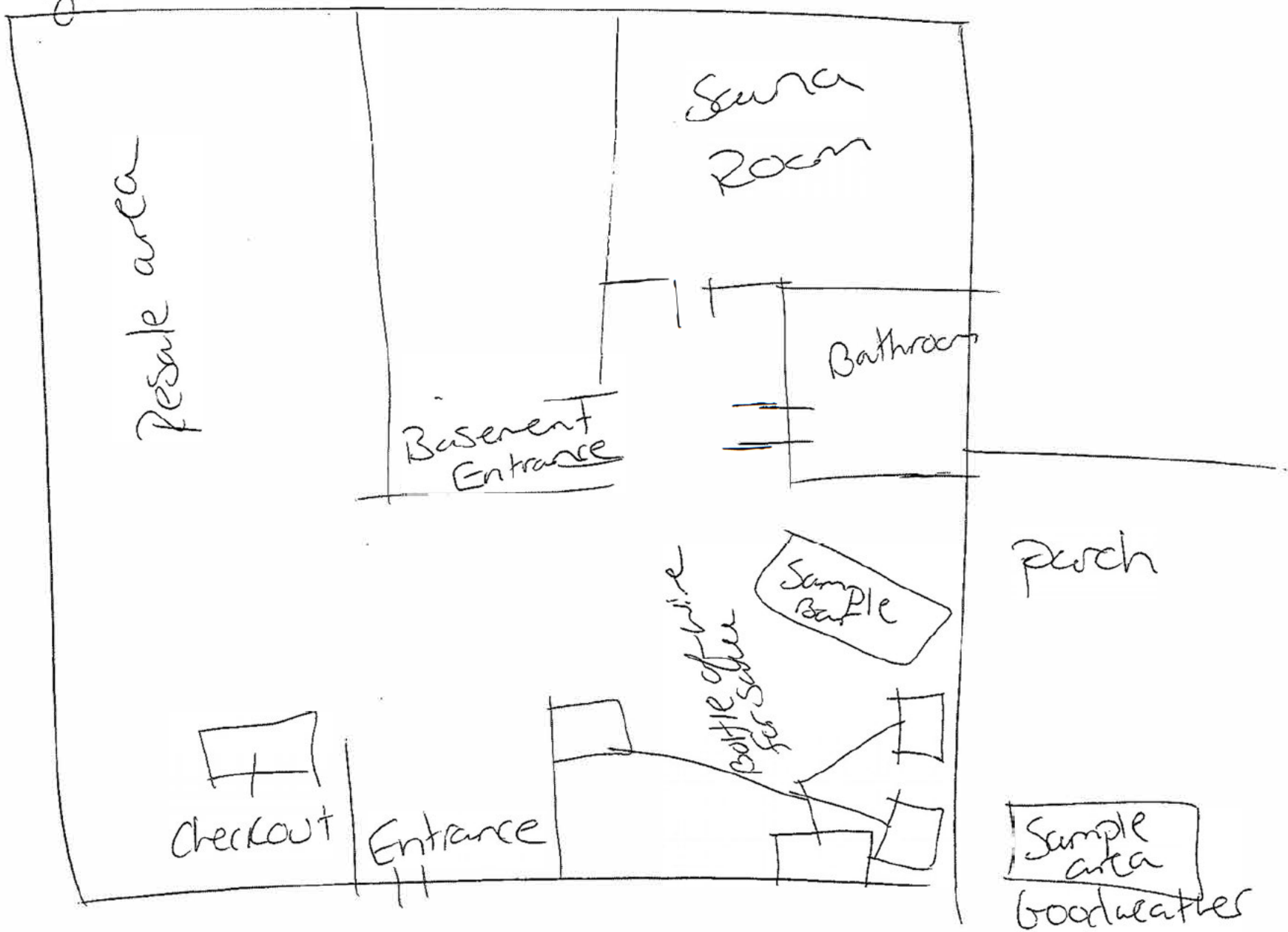
Sauna Room -> 12x15 approx.
bathroom -> 10x12 approx
Wire area -> 14x16 approx
Other merchandise area -> 180x360 approx.

Wine will be stored in the wire room on wine racks. Samples will be served in the wine room.

Bar for serving in wine room. open bottles for sampling stored at bar.

→

Main Floor:
Roughly 1100-1250 Sq ft



Good weather
Summer
Spring and fall

→

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DEC 06 2021
BY

CITY OF STOUGHTON

207 S FORREST ST
STOUGHTON, WI 53589

Receipt: 100058888 01/11/22

Cashier: CANDEE
Received Of: KIRCH, ASHLEY

217 S. FORREST ST.
STOUGHTON WI 53589

PUBLICATION FEE FOR CLASS A LIQUOR LICENSE APPLICATION

The sum of: **20.00**

901	**LIQUOR AND MALT BEVERAGE**		**20.00**
	100-00000-44110-3160	**20.00**	
		Total	**20.00**

TENDERED: CHECK/MONEY ORDER 7782781841 20.00

01/11/2022 08:50

want for this year pls.

1st copy -

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ (mm dd yyyy) ending: _____ (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☐ City of } Stoughton

County of Dane

Aldermanic Dist. No. _____ (If required by ordinance)

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Check one: ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Ashlie's LLC

Name (individual / partners give last name, first, middle, corporations / limited liability companies give registered name)

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	**FEE**
~~☒ Class A beer~~	$ ~~100.00~~
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$ 500.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$ 100058888
Publication fee	$ 20.00
TOTAL FEE	$ 520.00

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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Kirch	Ashley	Ann	[redacted]
Vice President / Member Last Name	(First)	(Middle Name)	[redacted]
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name _____ Business Phone Number 608-843-4029
2. Address of Premises 217 S fourth Post Office & Zip Code Stoughton WI 53589
3. 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.)

   Basement - Storage
   Porch - tasting (Samples)
   Main level - Items to be stored, Sampler

4. Legal description (omit if street address is given above): _____
5. (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? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☒ Yes ☐ No

I Ashley Kirch have taken & passed class

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No

9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date _____ of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ 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
If yes, explain.

10. 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 1-877-882-3277] emailed in 11/10/21 ☒ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Kirch, Ashley, A	Owner	11/9/21
Signature	**Phone Number**	**Email Address**
Ashley Kirch	608/843-4029	Kirch-Ashley@icloud.com

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
Nov. 12, 2021			
Date license granted	**Date license issued**	**License number issued**	

AT-106 (R. 3-19)

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 Ashlie's LLC
(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

(Trade Name)

located at 217 S Fourth St Stoughton WI 53589

appoints Ashley A. Kirch

[redacted]

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).

Ashlie's LLC

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? 6/8/1987

Place of residence last year [redacted]

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

By: _____
(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, Ashley A. Kirch (Print / Type Agent's Name), hereby accept this appointment as agent for the 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.

Ashley Kirch (Signature of Agent) 11/9/21 (Date) Agent's age [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 1/14/22 (Date) by Gregory W Leck (Signature of Proper Local Official) Title Chief of Police (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Kirch	Ashley	Ann

Home Address *(stree*		City	
[redacted]	[redacted]	[redacted]	[redacted]

	Age	Date of Birth	Place of Birth
[redacted]	[redacted]	[redacted]	[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.

☐ _____ of _____
(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? Whole life
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.)*
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
Exact Sciences	1 Exact Lane	12-18-2018	Current
Employer's Name	Employer's Address	Employed From	To
AHC correctional	Madison WI	03-01-21	current

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.

Ashley Kirch
(Signature of Named Individual)

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID [redacted]

ASHLEY A KIRCH
[redacted]

Wisconsin Department of Revenue Seller's Permit

Legal/real name: ASHLEY A KIRCH

Business name: ASHLIE'S LLC
217 S 4TH ST
STOUGHTON WI 53589-1703

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	[redacted]

360 TRAINING LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Ashley Kirch

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date 11/08/2021

Expiration Date 11/08/2023

Certificate # WI-00597103

Official Signature

This certificate is non-transfereable and 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.

6000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.361.2235 | www.360training.com

State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: [redacted]

Legal/Real Name: ASHLEY A KIRCH

Signature