Rect. # 10059738

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

FEB 15 2022
City of Stoughton

For the license period beginning: 03/31/2022 *(mm dd yyyy)* ending: 06/30/2022 *(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 ☑ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: APPLIED FOR 2/14/22	
FEIN Number: [redacted]	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 600 —
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20.00
TOTAL FEE	$

Prorate

PO 2/15 #9940

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Working Title 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)
Altschul	Benjamin	Capito	[redacted]
Vice President / Member Last Name	**(First)**	**(Middle Name)**	**Home Address (Street, City or Post Office, & Zip Code)**
Cross	Charles	Richard	[redacted]
Secretary / Member Last Name	**(First)**	**(Middle Name)**	**Home Address (Street, City or Post Office, & Zip Code)**
Cross	Patricia	Geralynn	[redacted]
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 Water Street Tavern Business Phone Number 608-215-5723
2. Address of Premises 324 S Water 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.)

   Free-standing building. Alcohol will be sold, served, and consumed at the bar, in the dining room, and the enclosed outdoor patio. Alcohol will be stored on shelves and in coolers behind the bar, in the kitchen walk-in cooler and in the locked closet located in the dining area.
   Alcohol beverage records will be stored in a file cabinet located in the locked storage closet located in the dining room.

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? Vikester Holding, LLC dba Nauti Norske

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

All three members of the LLC have successfully completed the responsible beverage server training

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 02/02/22 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.
Benjamin Altschul is the owner/operator of Tip Top Tap Inc, Tip Top Cabaret LLC, Busses LLC, Gilbert Altschul Corp, 16 Bars LLC

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

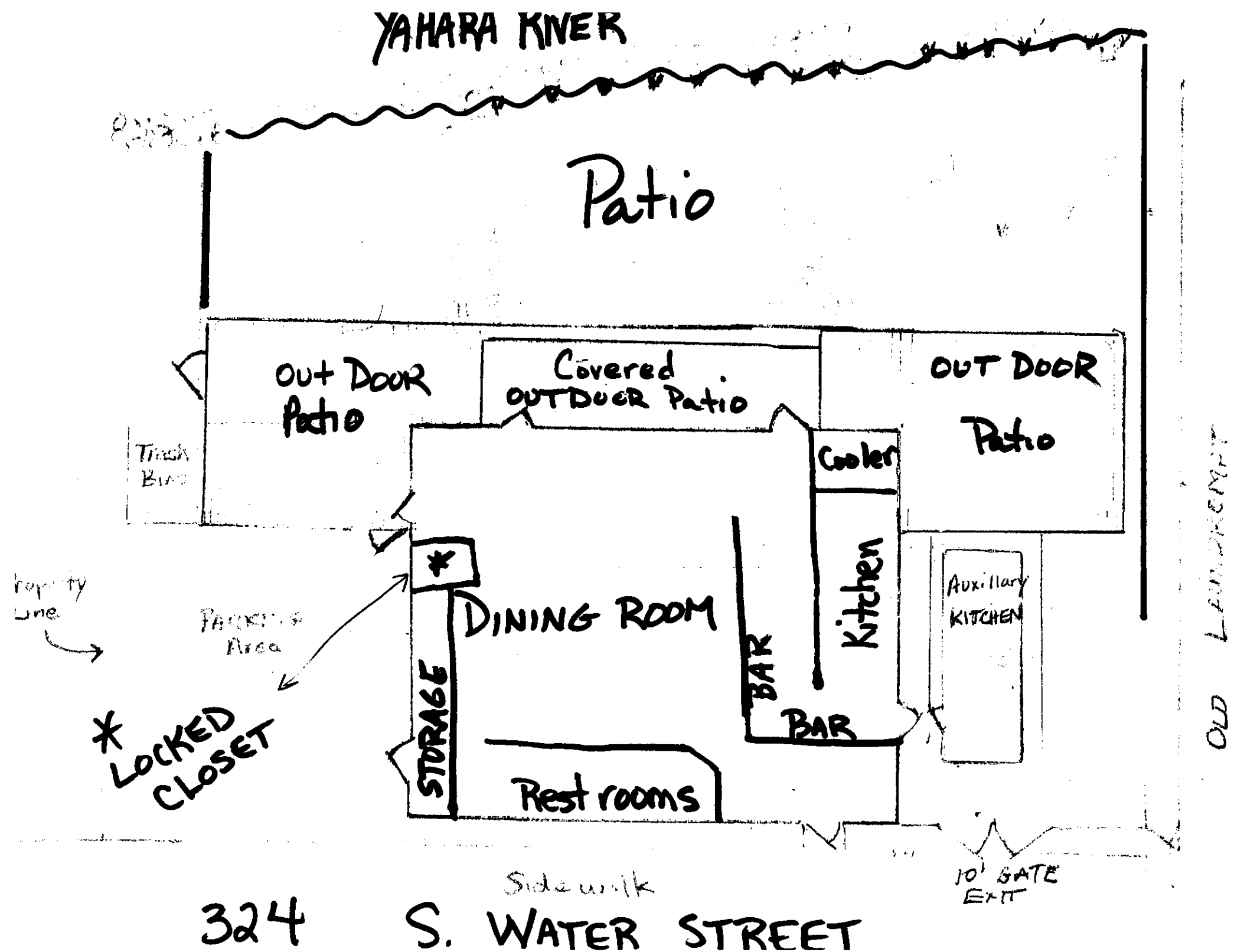
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not 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
Cross, Patricia, G	Member	02/13/20
Signature	Phone Number	Email Address
	608-215-5723	crossbookkeeping@gmai

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
2/15/2022			
Date license granted	Date license issued	License number issued	

AT-106 (R. 3-19)


YAHARA RIVER
Patio
OUT DOOR Patio
Covered OUTDOOR Patio
OUT DOOR Patio
Trash Bins
Cooler
Kitchen
Auxillary KITCHEN
DINING ROOM
BAR
BAR
STORAGE
Rest rooms
Property Line
Packing Area
* LOCKED CLOSET
OLD LAUNDRY
Sidewalk
10' GATE EXIT
324 S. WATER STREET

Review the information below for your business tax registration submitted to the Wisconsin Department of Revenue.
Your confirmation number is [redacted]

Request For:	WORKING TITLE LLC
Submitted Date:	14-Feb-2022 at 05:20:49 PM
Confirmation Code:	[redacted]

The business tax registration will be processed within 2 business days.

You will receive your welcome packet by mail within 5-7 business days. This welcome packet will contain a greeting letter, certificates, permits, and a bill for any unpaid amount.

Visit www.revenue.wi.gov for more information.

To make a credit card payment of your $20.00 Business Tax Registration fee click here.

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 Working Title 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

Water Street Tavern
(Trade Name)

located at 324 South Water Street, Stoughton, WI 53589

appoints Benjamin Altschul
(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).

Tip Top Tap Inc, Busses LLC, Tip Top Cabaret 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? 34 years

Place of residence last year [redacted]

For: WORKING TITLE LLC dba Water Street Tavern
(Name of Corporation / Organization / Limited Liability Company)

By: Charles Cross, VP
(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, Benjamin C Altschul, 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) 2-14-22 (Date) Agent's age [redacted]

[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 2/17/22 (Date) by Gregory Wheel (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)*
Altschul	Benjamin	Capito

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

Home Phone Number	Age	Date of Birth	Place of Birth
[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.
- ☑ Member/Agent of Working Title LLC
  (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? 34 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.)*
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. Tip Top Tap Inc, Busses LLC, Tip Top Cabaret LLC
   (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
Tip Top Tap Inc	601 North St, Madison WI	03/23/2015	02/13/2022
Yahara Inn Ltd	1524 Williamson St, Madison	03/14/2016	02/13/2022

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)

X New Permit

____ Renew Permit

City of Stoughton
381 E Main St
Stoughton WI 53589 608.873.6677

FEB 15 2022
City of Stoughton

Application for Outdoor Alcohol Consumption Permit
Section 14-40(k)(6)

Alcohol License holder: WORKING TITLE LLC

Doing Business as: WATER STREET TAVERN

Street Address, City, State & Zip: 324 SOUTH WATER STREET STOUGHTON WI 53589

Contact Name: Patricia Cross Phone #: 608-215-5723

Mailing Address: 1524 Williamson St. Madison WI 53703

Type of Beverage License currently at this location: CLASS B

Square footage of indoor area: 1800

Proposed Outdoor Area (Description): enclosed patio area on the Yahara River behind existing building

Square footage of outdoor area: @ 5000 sqft total fenced in

Number of seats in outdoor area: @ 62 seats

Describe fencing: 6ft high wood fence, 10ft gate in front & 2-4' gates on sides

How many feet to the closest structure used residentially? adjacent property

Hours of Outdoor Operation: Sun. – Thur.: No later than 10:30pm Fri. & Sat.: NO LATER THAN 11:30pm

Other restrictions proposed by applicant:

I declare under penalty provided by law, that the forgoing is true and correct to the best of my knowledge, and that I will comply with all City Codes and Regulations in the conduct of my business.

Applicant's Signature — Date: 2-15-22

Received in the City Clerks Office:

Staff Signature — Date: 2-15-2022

Review Process Summary:

Public Safety Committee:

Date Reviewed: _____ Recommend Approval: o Recommend Denial: o

Additional Restrictions/Requirements Recommended by the Committee: _____

_____

_____

_____

_____

_____

Council:

Date Reviewed: _____ Approved: o Denied: o

Additional Restrictions/Requirements: _____

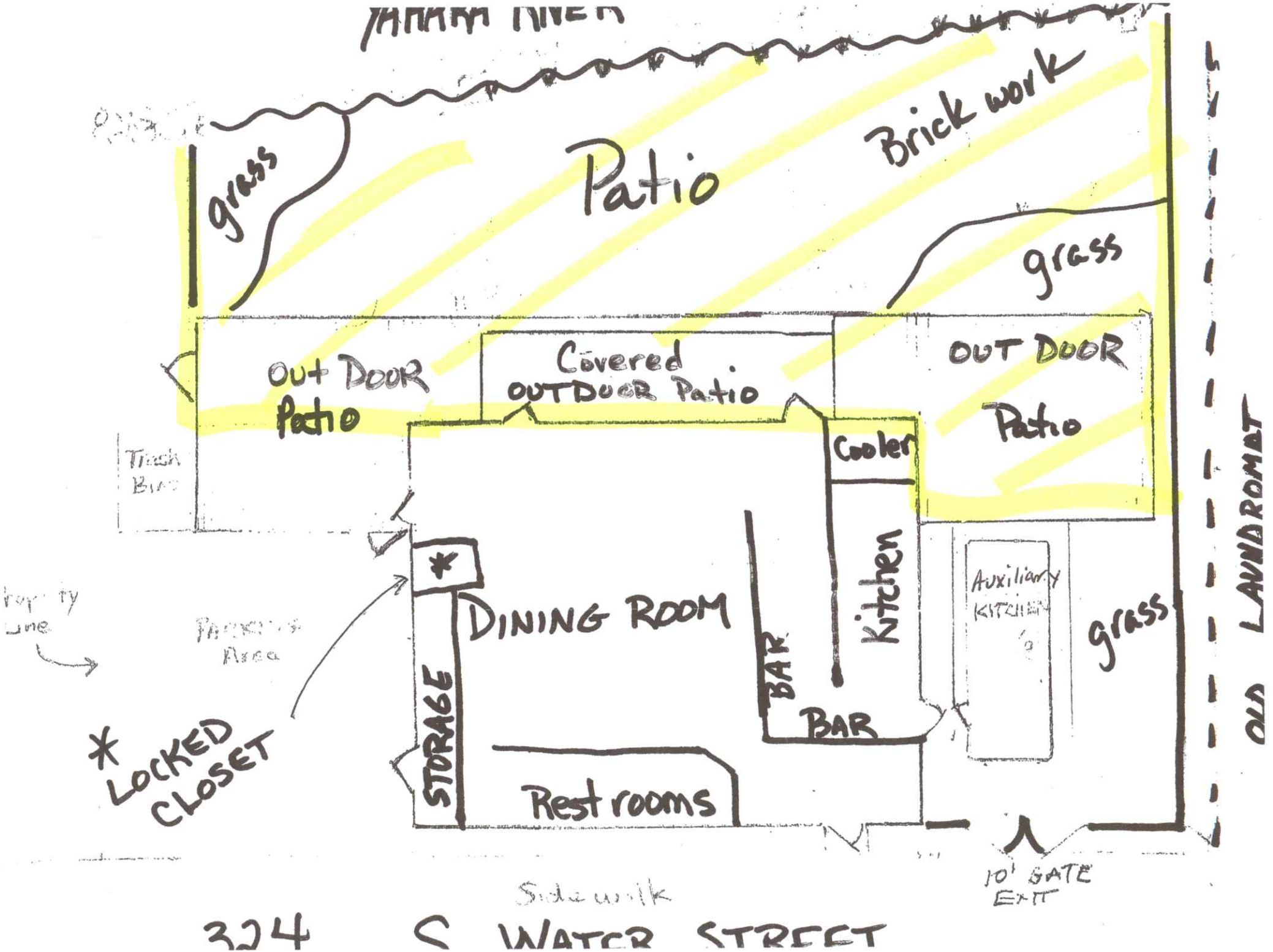
_____

_____

_____

_____

_____


grass
Patio
Brick work
grass
OUT DOOR Patio
Covered OUTDOOR Patio
OUT DOOR Patio
Cooler
Trash Bin
Kitchen
Auxiliary KITCHEN
grass
DINING ROOM
BAR
BAR
STORAGE
Rest rooms
* LOCKED CLOSET
10' GATE EXIT
OLD LAUNDROMAT
Sidewalk
324 S WATER STREET

CITY OF STOUGHTON GENERAL LICENSE APPLICATION

WORKING TITLE LLC
Business Name
dba Water St Tavern
324 S. Water St. Stoughton WI 53589
Business Address

Patricia Cross
Applicant/ Agent Name

1524 Williamson St. Madison WI 53703
Applicant/ Agent Address

FEB 15 2022
City of Stoughton

- ○ Tobacco License $100-.00- Must also complete Tobacco License Application
- ○ Jukebox $10.00
- ○ Pool Tables $35.00/table # of tables:_____
- ○ Amusement Devices $35.00/device # of devices:_____
- ○ Amusement Device Operator $100.00
- ● Cabaret $100.00 Police Chief Sign Off:_____
- ○ Taxi Cab $15.00/cab # of cabs:_____ (Please include Evidence of Insurance)
- ○ Taxi Cab Driver License $10.00

DOB: _____

WI DL#: _____

Total Fee: $ 100-

Receipt #: PO.

Signature of Applicant

2022
License Term

PLEASE RETURN FORM AND PAYMENT TO:
STOUGHTON CITY HALL
ATTN: CLERK'S OFFICE
207 S FORREST ST.
STOUGHTON, WI 53589

RECEIVED
FEB 15 2022
BY

Copy

OMB NO. 1513-0112

DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)

Alcohol Dealer Registration – For Use On and After July 1, 2008

(Please read instructions carefully before completing this form)

SECTION 1 – IDENTIFYING INFORMATION

Complete all fields in section 1 to correctly identify your business

NAME *(Last, First, Middle)* or CORPORATE NAME *(If Corporation)*	EMPLOYER IDENTIFICATION NUMBER *(See Instructions)*		
Altschul, Benjamin C	88-0657046		
MAILING ADDRESS *(Street address or P.O. Box)*	CITY	STATE	ZIP CODE
1524 Williamson St.	Madison	WI	53703

SELECT BOX a, b, or c:

a. ☒ NEW BUSINESS

b. ☐ OUT OF BUSINESS

2-2-22

DATE OF CHANGE, OR OF ENTRY INTO BUSINESS, OR OF TERMINATION OF BUSINESS (mm/dd/yyyy)

c. ☐ EXISTING BUSINESS WITH CHANGE IN: *(complete items below)*

☐ NAME / TRADE NAME

☐ ADDRESS / LOCATION

☐ BUSINESS CLASS

☐ PHONE

☐ OWNERSHIP INFO

☐ EMPLOYER IDENTIFICATION NUMBER

(OLD: -)

(NEW: -)

SECTION 2 – BUSINESS CLASS(ES) AND PREMISES LOCATIONS

Enter information below for each business location, using the appropriate class code

DEALER CLASS	SUBCLASS	CLASS CODE
RETAIL DEALER (Anyone who sells, or offers for sale, beverage alcohol products to any person other than a dealer. Examples are package stores, restaurants, bars, private clubs, fraternal organizations, grocery stores or supermarkets which sell such beverages.)	Liquors (Distilled Spirits, Wine or Beer)	11
	Beer Only	12
	Liquors (Distilled Spirits, Wine or Beer) – At Large*	15
	Beer Only – At Large*	16
WHOLESALE DEALER (Anyone who sells, or offers for sale, beverage alcohol products to another dealer. An IMPORTER must register as a wholesaler if he or she sells beverage alcohol products to other dealers.)	Liquors (Distilled Spirits, Wine, or Beer)	31
	Beer Only	32

* A retail dealer at large is one whose business requires him to move from place to place, such as a circus or carnival.

CLASS CODE	TRADE NAME	PREMISES ADDRESS STREET NUMBER AND NAME	CITY, STATE, ZIP CODE	TELEPHONE NUMBER
11	Water Street Tavern	324 S Water St	Stoughton WI 53589	(608) 209-0961
				( )
				( )
				( )
				( )

Under penalties of perjury, I declare that the statements in this registration are true and correct to the best of my knowledge and belief; that this registration applies only to the specified business and location or, where the registration is for more than one location, it applies only to the businesses at the locations specified on the attached list.

SIGNATURE	TITLE	DATE
	President	7.14.22

SECTION 3 – OWNERSHIP INFORMATION

☐ INDIVIDUAL OWNER ☐ PARTNERSHIP ☐ CORPORATION ☒ LLC ☐ OTHER (Specify)

FULL NAME		POSITION
Benjamin Altschul	[redacted]	President
Charles Cross	[redacted]	Vice President
Patricia Cross	[redacted]	Secretary / Treasurer
FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION

INSTRUCTIONS

GENERAL INSTRUCTIONS

This registration is for use on and after July 1, 2008. If you are engaged in one or more of the alcohol activities listed on this form, you are required to file this form before beginning business. If there is a change in your business, you need to report it on or before the next July 1 (see CHANGES IN OPERATIONS, below). You may file one registration to cover several locations or several types of activity operating under the same Employer Identification Number (EIN).

NOTE: The special (occupational) tax on producers and marketers of alcohol beverages was repealed by Section 11125 of Public Law 109-59, effective July 1, 2008. However, tax liability and the registration requirement for periods before that date remain. If you need to file a delinquent or amended registration for a period through June 30, 2008, please use TTB Form 5630.5a, Alcohol Special (Occupational) Tax Registration and Return – For Periods Ending On or Before June 30, 2008.

SIGNING YOUR REGISTRATION

This form must be signed by the individual owner, a partner, or, in the case of a corporation or LLC, an individual authorized to sign on behalf of the corporation or LLC.

SECTION 1 – IDENTIFYING INFORMATION

Complete Section 1, Identifying Information, as specified on the form. Your registration must contain a valid Employer Identification Number (EIN). The EIN is a unique number for business entities issued by the Internal Revenue Service (IRS). You must have an EIN whether you are an individual owner, partnership, corporation, LLC, or a government agency. If you do not have an EIN, contact the Internal Revenue Service immediately to obtain one. While TTB may assign a temporary identification number (beginning with XX) to allow initial processing of a return which lacks an EIN, do not delay submission of your registration pending receipt of your EIN. If you have not received a number by the time you file this return, write "number applied for" in the space for the number. Submit your EIN by separate correspondence after receipt from the IRS.

SECTION 2 – PREMISES LOCATIONS

Enter the requested information in Section 2 for each premises location even if this repeats the business information listed in Section 1. If you are reporting a change, enter the date of the change in the appropriate space in Section 1. If additional sheets are needed, make a copy of page 1 of this form or enter the requested information on a separate sheet of paper with your EIN and Company's name.

SECTION 3 – OWNERSHIP INFORMATION

Please complete the ownership information in Section 3. Supply the information specified for each individual owner, partner or responsible person. For a corporation, partnership or association, a responsible person is anyone with the power to control the management policies or buying or selling practices pertaining to alcohol. For a corporation, association, or similar organization, it also means any person owning 10 percent or more of the outstanding stock in the business.

CHANGES IN OPERATIONS

If there is a change of your company's name, trade name, address, premises location, telephone number, ownership information, type of business, or EIN, complete TTB F 5630.5d and submit it no later than the next July 1 after the change. Check the box, Existing Business with Change(s), complete all fields in Section 1, and complete Sections 2 and 3 as necessary to show any changes there. Upon going out of business, submit TTB F 5630.5d within 30 days, checking box b in Section 1. If you are still in business but there are no changes since your last registration, this form does not need to be submitted.

MAILING INSTRUCTIONS

Please sign and date this registration and mail it to:

Alcohol and Tobacco Tax and Trade Bureau
550 Main Street, Suite 8002
Cincinnati, OH 45202-5215.

CONTACT INFORMATION

For further assistance, contact TTB National Revenue Center at 1-800-937-8864 or 1-877-882-3277; or email to **ttbtaxstamp@ttb.gov**. Additional information is also available at our Web site, **www.ttb.gov.**

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. This information is used to ensure compliance with Section 11125 of Public Law 109-59, and the Internal Revenue Laws of the United States.

The estimated average burden associated with this collection of information is .8 hour per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, 1310 G Street, NW., Box 12, Washington, DC 20005.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.