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

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	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$ 620

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

Pamela J. Kosanovich

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.

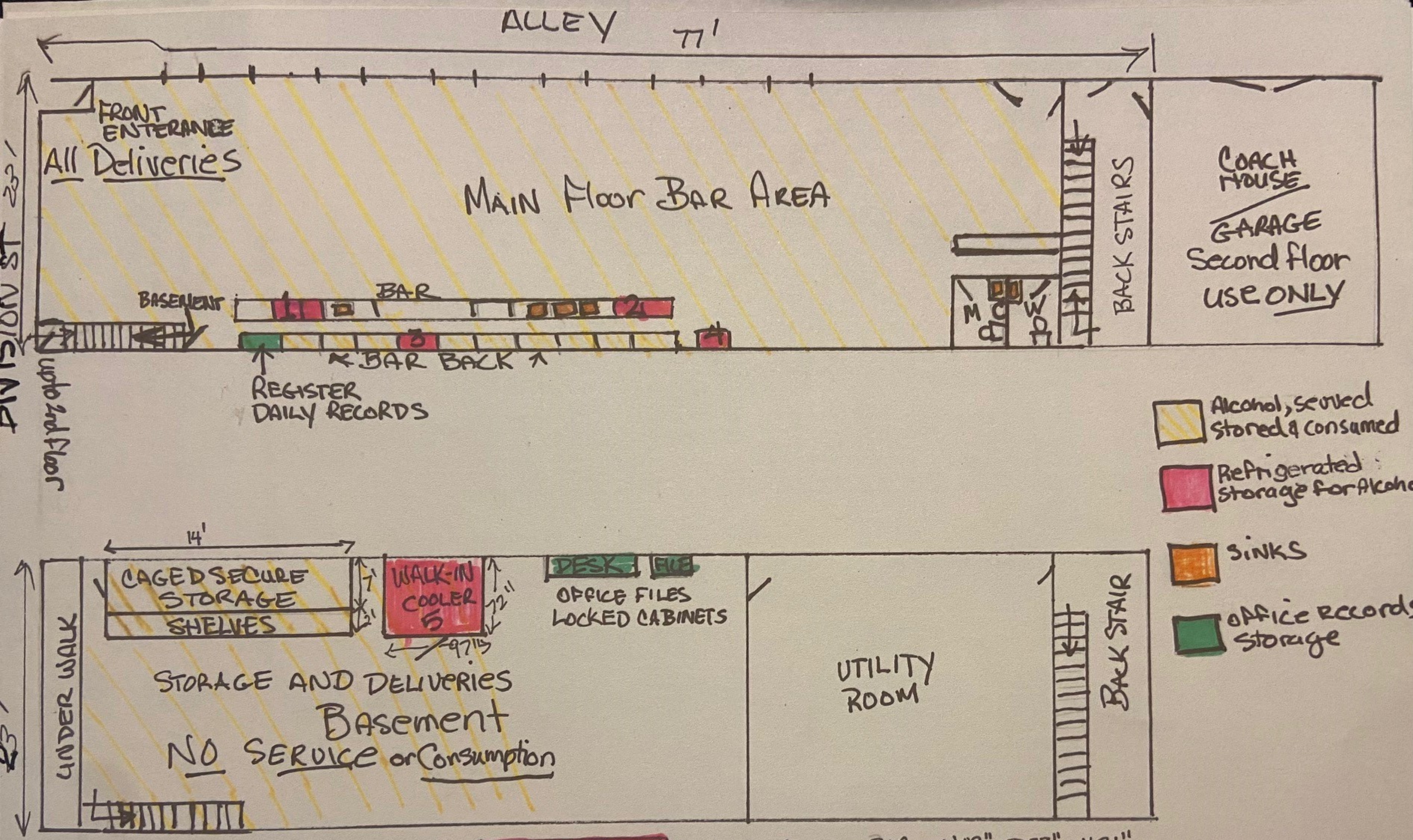
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Kosanovich	Pamela	J	[redacted] Stoughton
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle 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 ARGOT CRAFT TAVERN Business Phone Number 208-610-2437
2. Address of Premises 317 SOUTH DIVISION, 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.)

   PLEASE SEE PREMISE DESCRIPTION ON ATTACHED PAGE
4. Legal description (omit if street address is given above): bar selling beer wine and liquor

PREMISE DESCRIPTION:

Liquor be will consumed, stored and sold on the first floor bar area (marked in yellow cross hatch) on first floor diagram. Storage of alcohol will be behind the bar and in the cabinets and 4 coolers and 9 cabinets behind the bar and additional storage but no consumption or sales) will be in the basement as marked on the diagram, in the caged area, shelves and walk-in cooler. Daily business receipts and records will be stored at the register and all other records will be stored in the basement office area. See diagram for measurements and dimensions.



REFRIGERATED STORAGE

1. Under Counter-BAR—W49" x D27" x H31"
2. Under Counter-BAR—W65" x D27 x H31
3. Under Counter-BAR BACK—W47" x D24" x H37"
4. Single Door Glassdoor—W30" x D32" x H78"
5. BASEMENT-WALK-IN COOLER—97" W x D72" x H90"

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 6-30-21 (mm dd yyyy) ending: 6-30-22 (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

Applicant's Wisconsin Seller's Permit Number 456102888267903	
FEIN Number 83-3807065	
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	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$ 620

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

Pamela J. Kosanovich

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)
Kosanovich	Pamela	J	[redacted]
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 Hard Twist Business Phone Number 208-610-2437
2. Address of Premises 317 S DIVISION STREET 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.)

   Two story brick brick building with living quarters upstairs and full basement. We will be putting offices and new remodel of apartment upstairs we will opening the bar when construction is complete.

   **Amendment made 7/21/2021

4. Legal description (omit if street address is given above): bar selling beer wine and liquor
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? Speakeasy 1933 or Reverend Jim's

Rec'd 7/1/21 by call/email 1:10 pm 3:15pm Payment 1:45-2pm Rec'd $620 GJC

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 6-30-21 *(mm dd yyyy)* ending: 6-30-22 *(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

Applicant's Wisconsin Seller's Permit Number 456102888267903	
FEIN Number 83-3807065	
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	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$ 620

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Pamela J. Kosanovich

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)
Kosanovich	Pamela	J	[redacted]
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 Hard Twist Business Phone Number 208-610-2437
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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.)

   Two story brick brick building with living quarters upstairs and full basement. We will be putting offices and new remodel of apartment upstairs we will opening the bar when construction is complete. All liquor, beer and wine will be contained behind the bar including four coolers, additional stock and beer kegs can be stored in the basement and walk in coolers in basement.

4. Legal description (omit if street address is given above): bar selling beer wine and liquor
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? Speakeasy 1933 or Reverend Jim's

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

yes Pamela Kosanovich has taken the class and has the certificate

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 _____ 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] ..... ☑ 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
Kosanovich, Pamela J.	Owner	06/15/21
Signature	Phone Number	Email Address
	208-610-2437	melakosa@outlook.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
7/1 - app. w/ payment			
Date license granted	Date license issued	License number issued	

AT-106 (R. 3-19)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Kosanovich	Pamela	Jean

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

Home Phone Number	Age	[redacted]
[redacted]	[redacted]	

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

- [x] 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? 1 year
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 [x] 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 [x] 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 [x] 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 [x] 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
Overland Sheepskin	2096 Nutmeg, Fairfield, IA	03/01/2016	03/01/2020
Employer's Name	Employer's Address	Employed From	To
Duluth Trading	Mount Horeb, WI	10/15/2012	02/15/2016

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.

Pamela Kosanovich
(Signature of Named Individual)

CITY OF STOUGHTON

Receipt: 100054932 07/06/21

207 S FORREST ST
STOUGHTON, WI 53589

Cashier: CANDEE
Received Of: LANDERS, JOHN

226 E WASHINGTON ST
STOUGHTON WI 53589

PUBLICATION FEE
APPLICATION FOR LIQUOR LICENSE

The sum of: 620.00

901	LIQUOR AND MALT BEVERAGE-PUB		20.00
	100-00000-44110-3160	20.00	
901	LIQUOR AND MALT BEVERAGE-LIQ.		500.00
	100-00000-44110-3160	500.00	
901	LIQUOR AND MALT BEVERAGE-BEER		100.00
	100-00000-44110-3160	100.00	
		Total	620.00

TENDERED: CHECK/MONEY ORDER 3455 620.00

07/06/2021 12:21

RECEIVED
JUL 06 2021
CITY OF STOUGHTON

PROPOSED PLAN FOR PURCHASED BUILDING
317 South Division Street
Stoughton, Wisconsin 83864
Purchase date February 2-23-2021

Owner: Pamela J. Kosanovich
[redacted]

Purchase Overview:

Pamela Kosanovich is a fashion designer who has worked as a designer for Duluth Trading (all men's apparel), Coldwater Creek, The Limited, Overland, and Harley-Davidson. Recently she has moved to Stoughton, Wisconsin and is developing her own company, Hard Twist, a women's designer fashion brand. The company will be direct to retailer not a brick and mortar store.

The purchase of the building at 317 South Division Street in Stoughton is for the purpose of the corporate office location. The plan is to use the second floor for offices and the garage and basement for shipping and receiving for product. Owners intend to keep the bar as a functioning business on the ground floor for special events and planned functions.

Pamela recently relocated to Stoughton to join her husband, John Landers, who has lived in Stoughton for over 25 years. They were married last year and John is the Chief Compliance Officer for Cuna Mutual in Madison and has practiced law for the company for several years.

Pamela has over 30 years of experience in the apparel industry and anticipates that the growth of her company will create the need for addition warehouse space in Stoughton in the next two to three years.

The projected product launch date for the website is October 2021. The line will consist of apparel, shoes, jewelry, hats, coats and various accessories.

Building Description:

The building has two stories and a ¾ basement. The exterior of the brick building measures 23' across the front and 97' deep. There is no yard or outside property. The structure has a basement and second floor.

Ground Floor:

The first or ground floor has been an operating bar for many years in Stoughton and has changed names a few times. Most recently it was remodeled and was named the 1933 Speakeasy in 2019 and was owned by Jim Halbach, and prior to this he owned a bar in the building named Reverend Jim's Roadhouse.

The purchase agreement for the building took place in 2020 and the agreement was to buy the entire building, including most of the bar fixtures, transfer of the liquor license and acquire the building "as is" for a total cash purchase.

Our plan is to renovate and update the building façade and the inside of the bar before opening to the public. We have discussed this with the planning department in Stoughton and will apply for permits and work with them to improve the appearance of the building. We will only be for planned functions and special events once or twice a month. The main initiative is to remodel the second floor, the back coach house and the basement for the offices so the main business is supported. The building is located in the Stoughton Main Street Historical District.

The Bar Area:

Overall the first floor is 23' wide across the front and 68' deep. The bar itself dates back to the 1933 Chicago World's Fair and was relocate to this building after the fair was completed. The length of the bar is 43' and the back bar is 40' long.

The back bar has three large arched mirrors, is 2' deep and has several glass shelves and cabinets above the counters. Below the counter there is six double door cabinets for liquor or bar supplies. Included in the center below the counter is a glass door cooler with double doors, 4' wide, 32" high and 2' deep with two shelves.

The bar is 36" high and 2' deep and is 3' from the back bar. Under the bar there are two coolers at each end with top sliding doors. One is 48" wide 2'deep and 31" high, the other on the far end is 66" wide and the same depth and height. In the center under the bar is a 4 sink stainless bar unit with drain boards on each end and two faucets. This piece is 84" long and 2' deep and 31" high. There is another counter area and small sink to the left side of it and it has room for a dishwasher (not included) and an icemaker (not included) This sink is only 12" wide and is mounted on a 36" laminate top level with the top of the other sink and cooler. Just to the right of the counter is the beer tapper console which is plumbed to the walk-in cooler in the basement and has 8 taps and is 28" long.

The register is at the very front end of the back bar and there is a small safe under the bar that will be replaced.

Near the very front of the bar is the stairs to the basement that has a wooden staircase and good lighting. This takes you to the front of the basement where below the bar is a 14' x 7" security storage area with three shelves. The door to this area locks and the area is encased with wire mesh. Along the outside of this area is 2' deep wood shelving for other non-alcohol supplies and it extends the full length of the security area 14'. At the end of this area the walk-cooler is located, directly below the center of the bar on the first floor and it is 97" wide and 72" deep. It has one safety latch door and an exterior compressor at the end. This currently works but is not until we can have all safety checks and maintenance on the unit and need to cool inventory. The rest of the basement is storage with concrete walls and 7' ceilings and extends to the back stairs but does not extend under the garage or coach house area.

In the back of the bar area there are two bathrooms, both approximately 10' x 10' with toilets, sinks paper towel and soap dispensers. They also have smoke detectors and the men's room has an added urinal. They are in good working shape but will be updated.

There is a side exit door to the alley at the back outside wall and a door to the back stairs, which is usually locked during open hours.

There were some renovations, new windows and flooring installed in 2019, but the quality of the material is not of good quality so we plan to replace them eventually in the next couple of years.

The Second Floor, Future HT Office:

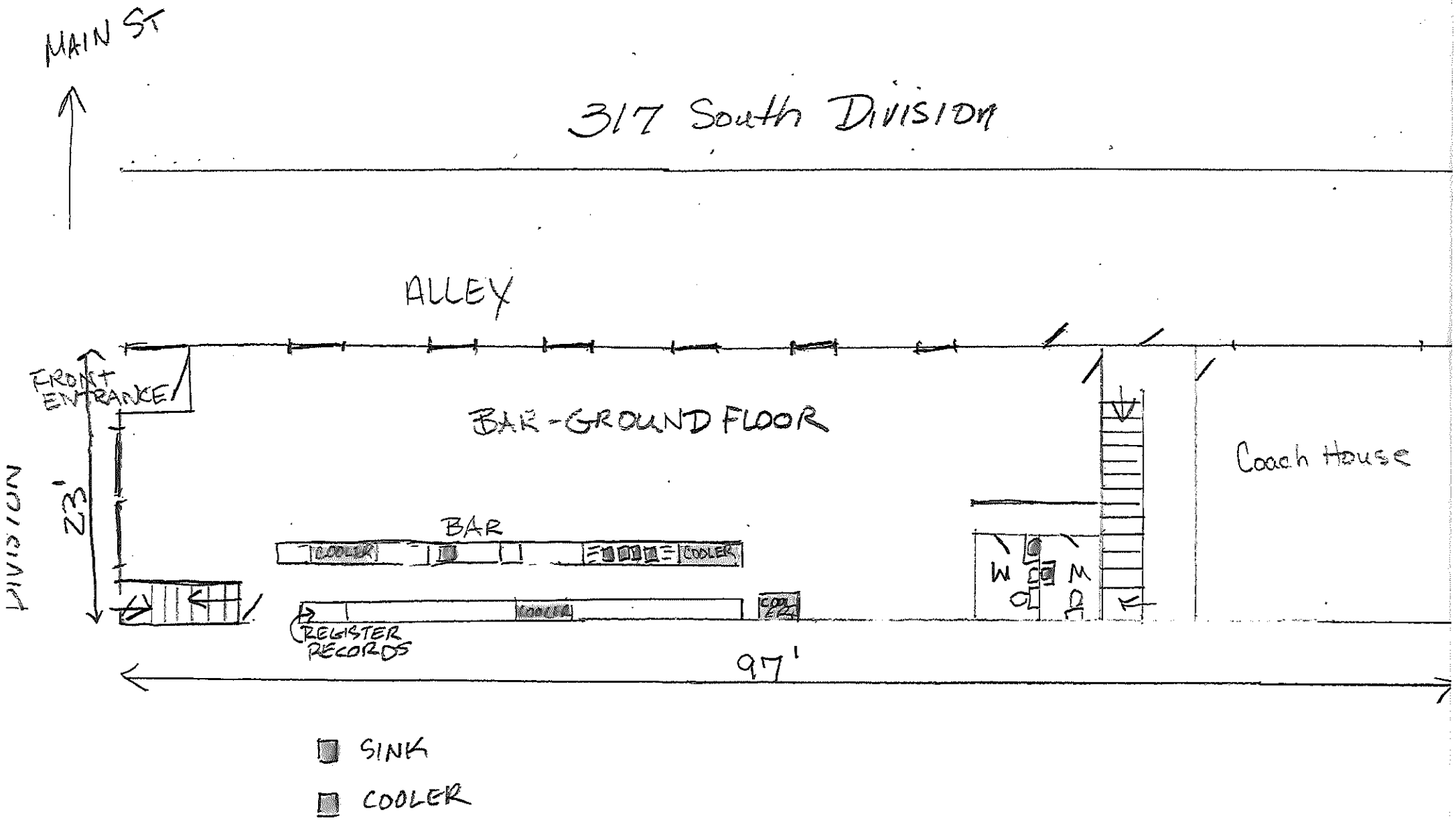
Originally a three flat this part of the building has been greatly neglected and needs to be totally gutted to the studs. Our plan is to have an open working space with the following areas:

Conference Room
Fabric Library
Fitting Room
Dressing room for Models
Pattern and Sample making area
Web team office
Reception area
Two Bathrooms
Breakroom
Kitchen
Back entry

All the walls and ceilings will need to be replaced, along with all new plumbing, HVAC, electrical, lighting, bathrooms, kitchen and windows.

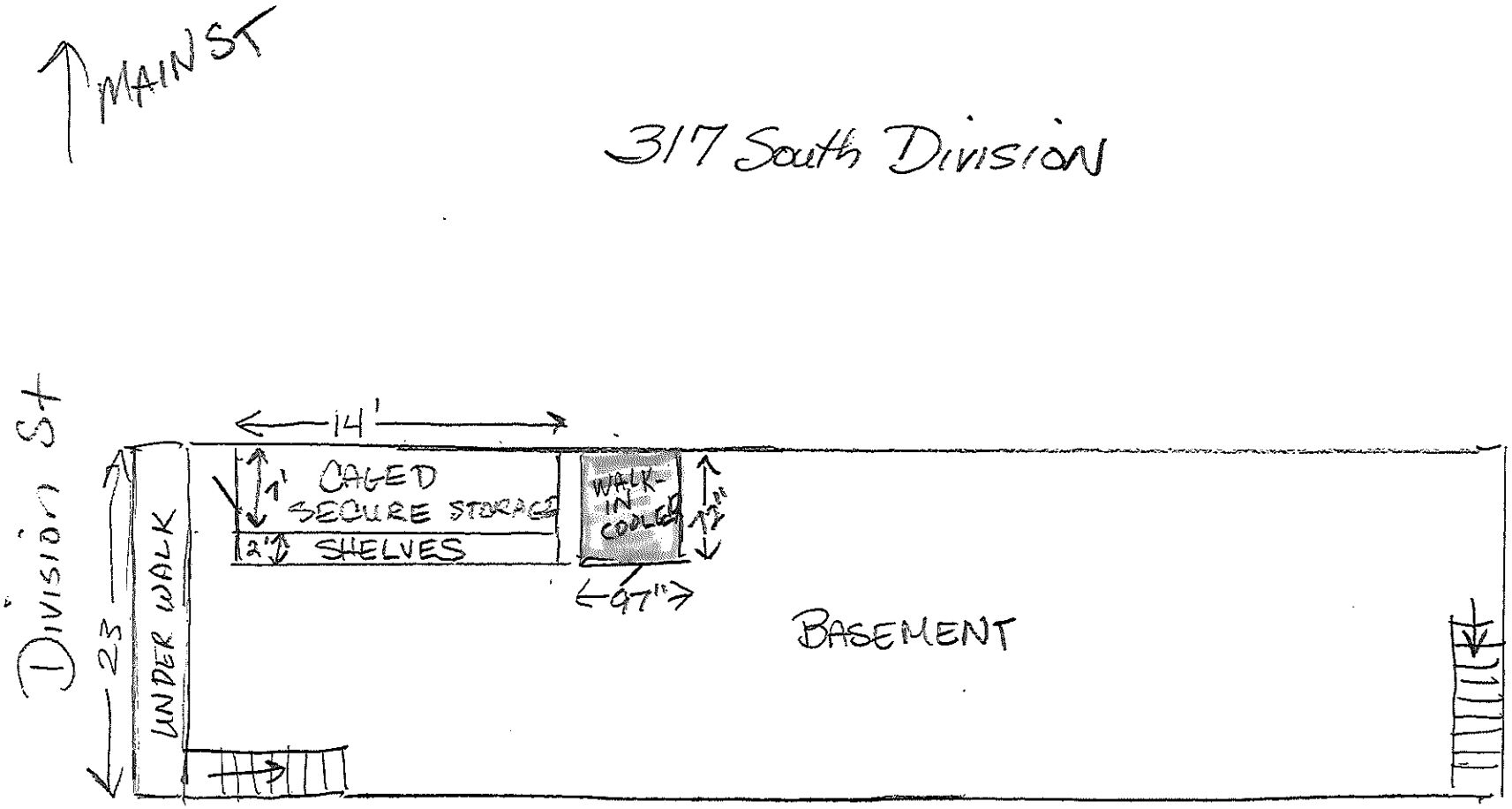
Carriage House:

The carriage house had a hayloft originally but it was turned into a very small apartment at some point. This apartment is in the worse shape of any part of the building. The windows have been missing in areas and there are families of squirrels that were living in the dwelling. We have since cleaned it out and will be gutting it to the studs and making it into a shipping and receiving office on the second floor and the space below will get a new garage door that hopefully will resemble the original carriage house appearance and will be where we accept deliveries and can ship our product on the alley. It will also have enough space for still photography for the web images.


MAIN ST
317 South Division
ALLEY
FRONT ENTRANCE
BAR-GROUND FLOOR
Coach House
23'
DIVISION
BAR
COOLER
COOLER
W
M
REGISTER RECORDS
97'
SINK
COOLER

(I)

317 South Division



Candee Christen

From: Pamela Kosanovich <melakosa@outlook.com>
Sent: Wednesday, July 21, 2021 2:23 PM
To: Candee Christen
Cc: Matthew J. Fleming
Subject: Updated revision

RECEIVED
JUL 21 2021
CITY OF STOUGHTON

So sorry Candee,

Hopefully this is better.

"First floor bar area (approximately 23' x 97' bar area with 42 foot bar) for sales and consumption with storage behind bar and in coolers behind bar. Attached coach house in rear to be used as receiving area for deliveries only. Additional storage in basement shelves and cooler. Daily business records and receipts to be stored behind bar and there will be a small office space in the basement next to the walk in cooler for additional files and past records.

Let me know if you would like any modifications.

Thanks so much,
Pamela

Sent from my iPhone

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 L1499207248

PAMELA J KOSANOVICH
317 S DIVISION ST
STOUGHTON WI 53589-2109

Wisconsin Department of Revenue Seller's Permit

Legal/real name: PAMELA J KOSANOVICH

Business name: HARD TWIST
317 S DIVISION ST
STOUGHTON WI 53589-2109

- 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	456-1028882679-03

State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-1028882679-03

Legal/Real Name: PAMELA J KOSANOVICH

Signature _____

We are here to serve you

Wisconsin Department of Revenue
PO Box 8902
Madison, WI 53708-8902

Ph: 608-266-2776
Fax: 608-264-6884
Email: dorbusinesstax@revenue.wi.gov
Web: www.revenue.wi.gov
Main office: 2135 Rimrock Rd., Madison

Serving Alcohol

is proud to present this certificate to

Pamela J Kosanovich

for successful completion of the online course

Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
* DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code

BnWrAKwXje

Date Issued

Jan 21st, 2021

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.
This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.
Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course

Name: Pamela J Kosanovich

Certification Date: Jan 21st, 2021

Certificate Code: BnWrAKwXje

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card