RESOLUTION OF THE COMMON COUNCIL	
Authorizing and directing the proper city official(s) to appoint Eric Francksen as the agent for Stoughton Opera House, 381 E Main St.	
File Number: R--2021	**Date Introduced:**

WHEREAS the City Clerk's office has received a Schedule for Successor of Agent and Schedule for Appointment of Agent for The Stoughton Opera House, and

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

BE IT RESOLVED the Common Council of the City of Stoughton that the proper city official(s) be hereby directed and authorized to appoint Eric Francksen as the agent for Stoughton Opera House.

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

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

_____

Tim Swadley, Mayor Date

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

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
456102868330203	46-4257008

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100 —
☐ 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	$ 20 —
TOTAL FEE	$ 120 —

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	JON LEWIS	[redacted]	STOUGHTON, WI 53589
Vice President/Member	VICE PRESIDENT	MARY-CAREL VERDEN	[redacted]	STOUGHTON, WI 53589
Secretary/Member	SECRETARY	CHRIS ZIEMBA	[redacted]	OREGON, WI 53575
Treasurer/Member	TREASURER	ERIC FRANCKSEN	[redacted]	STOUGHTON, WI 53589
Agent ▶	AGENT	ERIC FRANCKSEN	[redacted]	STOUGHTON, WI 53589
Directors/Managers	DIRECTOR	WILLIAM BREM	[redacted]	MADISON, WI 53704

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 ____

Mary-Carel V

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Clerk/Notary Public)

My commission expires _____

(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 9-10-21	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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 ERIC FRANCKSEN
(name of appointed agent)

[redacted] STOUGHTON, WI 53589
(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? 10 yrs

Place of residence last year [redacted] STOUGHTON, WI 53589

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

By: Jonathan Lewis
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, ERIC FRANCKSEN, 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) 9-2-21 *(date)* Agent's age [redacted]

[redacted] STOUGHTON, WI 53589 Date of birth 4-17-[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 9/13/21 *(date)* by _____ *(signature of proper local official)* Title Chief of Police *(town chair, village president, police chief)*

AT-104F- Appointment of Agent EF

Final Audit Report 2021-09-03

Created:	2021-09-03
By:	Julie McDougall (JMcdougall@cl.stoughton.wi.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAyeTr2GgEcTiy7IT-PbbAOYkfEvTxHkJe

"AT-104F- Appointment of Agent EF" History

Document created by Julie McDougall (JMcdougall@cl.stoughton.wi.us)
2021-09-03 - 9:27:48 PM GMT- IP address: 71.86.227.66

Document emailed to Jonathan Lewis (1124lewis@gmail.com) for signature
2021-09-03 - 9:28:48 PM GMT

Email viewed by Jonathan Lewis (1124lewis@gmail.com)
2021-09-03 - 10:46:41 PM GMT- IP address: 71.34.238.39

Document e-signed by Jonathan Lewis (1124lewis@gmail.com)
Signature Date: 2021-09-03 - 10:51:19 PM GMT - Time Source: server- IP address: 71.34.238.39

Agreement completed.
2021-09-03 - 10:51:19 PM GMT

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
LEWIS	JONATHAN	K		
Home Address *(street/route)*	Post Office	City	State	Zip Code
[redacted]		STOUGHTON	WI	53589
Home Phone Number	Age	Date of Birth	Place of Birth	
608-[redacted]	[redacted]	[redacted]	TOPEKA KS	

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.

☑ PRESIDENT *(Officer / Director / Member / Manager / Agent)* of STOUGHTON OPERA HOUSE FRIENDS ASSOCIATION *(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? 41 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. _____ *(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
NONE	RETIRED	11/01/2007	09/08/2021
Employer's Name	Employer's Address	Employed From	To
PRIVATE PRACTICE	[redacted] STOUGHTON, W	01/01/1999	11/01/2007

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)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Verden	Mary-Carel	White

Home Address *(street/route)*	Post Office	City	State	Zip Code
[redacted]		Stoughton	WI	53589

Home Phone Number	Age	Date of Birth	Place of Birth
608-[redacted]	[redacted]	04/11/[redacted]	Madeison, WI

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.

☐ Officer 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? 26 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.
   (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
Stoughton Center Arts	[redacted]	09/01/2000	09/01/2021
Grote Deutsch and Co	[redacted]	02/15/1996	09/01/2021

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.

Mary-Carel V
(Signature of Named Individual)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Ziemba	christopher	Scott

Home Address *(street/route)*	Post Office	City	State	Zip Code
[redacted]		oregon	WI	53575

Home Phone Number	Age	Date of Birth	Place of Birth
608-[redacted]	[redacted]	[redacted]	chicago, IL

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.

☒ Director *(Officer / Director / Member / Manager / Agent)* of Stoughton Opera House Friends Assoc. (SOFHA) *(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? 20 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. *(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
Second Harvest Foodbank	[redacted] Madison, WI 53718	09 / 2014	present
Employer's Name	Employer's Address	Employed From	To
Salvation Army of Dane Co.	[redacted], Madison, WI	01 / 2010	08 / 2014.

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.

Christopher Ziemba
(Signature of Named Individual)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
Francksen	Eric	Gregory		
Home Address *(street/route)*	Post Office	City	State	Zip Code
[redacted]		Stoughton	WI	53589
Home Phone Number	Age	Date of Birth	Place of Birth	
608- [redacted]	[redacted]	[redacted]	United States	

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.

☑ Treasurer 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? 9 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.
   (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
Human Head Studios	[redacted] Madison, WI	Jan. 2018	Feb. 2019
Employer's Name	Employer's Address	Employed From	To
American Family Insurance	[redacted], Madison, WI	Feb. 2019	present

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.

E R
(Signature of Named Individual)

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
[redacted]		MADISON	WI	53704
Home Phone Number	Age	Date of Birth	Place of Birth	
608-[redacted]	[redacted]	[redacted]	LANSING, MI	

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 *(Officer / Director / Member / Manager / Agent)* of STOUGHTON OPERA HOUSE FRIENDS ASSOCIATION *(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 ' te? 45 YEARS
2. Have you ever been convicted of any offenses (other th ted to alcohol beverages) for violation of any federal laws, any Wisconsin laws, p states or ordinances of any county or municipality? ..... ☑ Yes ☐ No
   If yes, give law or ordinance violated, tri ed, and/or date, description and status of charges pending. *(If more s form.)*
   I HAVE TWO DUIS I 009.
3. Are charges for any offen elated to alcohol beverages) for violation of any fe dinances of any county or municipality? ..... ☐ Yes ☑ No
   If yes, describe status
4. Do you hold, are you ma orporation/nonprofit organization or member/m or any other alcohol beverage license or permit? ..... ☐ Yes ☑ No
   If yes, identify.
5. Do you hold and/or are you an off son or corporation or member/manager/agent of a limited esale beer permit, brewery/winery permit or wholesale li e State of Wisconsin? ..... ☐ Yes ☑ No
   If yes, identify.
   (Name of Whole *(Address By City and County)*
6. Named individual must list in chronological ployers.

Employer's Name	Employer	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	[redacted]	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)