ROUNDY'S SUPERMARKETS, INC.
PICK 'N SAVE · METRO MARKET · MARIANO'S

PO Box 473
Milwaukee, WI 53201

414-231-5000

RECEIVED
SEP 13 2021
BY:

September 9, 2021

VIA CERTIFIED MAIL

Ms. Candee Christen
City of Stoughton
207 S Forrest St
Stoughton, WI 53589

Re: Change of Agent

Dear Ms. Christen:

Ultra Mart Foods, LLC hereby provides notice of a change of agent at the Pick 'n Save #390 store located at 1750 Highway 51 West. The current agent on file, Timothy Weiland, has transferred to a different location. The name of the successor agent is Tamera Braxton. The appropriate forms and fee will be submitted as soon as possible.

Please contact me with any questions you may have at 414-231-5978 or tammy.koch@roundys.com.

Very truly yours,

ROUNDY'S SUPERMARKETS, INC.

Tammy Koch

Tammy Koch
Administrative Assistant

ROUNDY'S SUPERMARKETS, INC.
PICK 'N SAVE · METRO MARKET · MARIANO'S

PO Box 473
Milwaukee, WI 53201

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RECEIVED
SEP 20 2021
CITY OF STOUGHTON

September 17, 2021

VIA GROUND COURIER

Ms. Candee Christen
City of Stoughton
207 S Forrest St
Stoughton, WI 53589

Re: Change of Agent

Dear Ms. Christen:

Enclosed please find the appropriate forms and fee for the appointment of Tamera Braxton as the new agent for the Pick 'n Save #390 store located at 1750 Highway 51 in Stoughton.

Please contact me with any questions you may have at 414-231-5978 or tammy.koch@roundys.com.

Very truly yours,

ROUNDY'S SUPERMARKETS, INC.

Tammy Koch

Tammy Koch
Administrative Assistant

Enclosures

Rect #100056489

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SEP 20 2021
STOUGHTON

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 ultra Mart Foods, 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 Pick 'n Save #390
(Trade Name)

located at 1750 Hwy 51 Stoughton, WI 53589

appoints Tamera Braxton
(Name of Appointed Agent)
[redacted]
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☑ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☑ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 34 years

Place of residence last year Same as Above

For: Ultra Mart Foods, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Dorothy Bibuty
(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, Tamera Braxton, 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.

Tamera Braxton 9/9/21
(Signature of Agent) (Date)

Agent's age 51

[redacted]
(Home Address of Agent)

Date of birth [redacted]

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 9/28/21 (Date) by [signature] (Signature of Proper Local Official) Title Chief of Police (Town Chair, Village President, Police Chief)

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CITY OF STOUGHTON

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Braxton	Tamera	K

Home Address *(street/route)*	Post Office	City	State	Zip Code
[redacted]			WI	53711

Home Phone Number	Age	Date of Birth	Place of Birth
[redacted]			Madison

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

☐ Applying for an alcohol beverage license as an individual.

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

☑ Agent of Ultra Mart Foods, 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.
   (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
Roundys Supermarkets	875 E Wisconsin Ave MKE WI	4/2003	Present
Kohls Food Store closed		1990	2003

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.

Tamera Braxton
(Signature of Name Individual)

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SEP 20 2021
CITY OF STOUGHTON

Form **AT-200**

Appointment of Successor Agent – Retail Licenses

Submit this form to your licensing authority with a $10 processing fee.

If there is a change in agent, each club, corporation, or limited liability company that holds a retail license to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent and have the appointment approved by the licensing authority pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, and the appointment must be signed by an officer of the corporation/organization or one member of the limited liability company (only one signature is required).

Section 1: Licensee Information and Acknowledgement

Licensee Name

Ultra Mart Foods, LLC DBA Pick 'n Save #390

Reason for Cancellation of Appointed Agent

Transfer of current agent

The undersigned appoints Tamera Braxton as agent in accordance with sec. 125.04(6), Wis. Stats.

Signature of President / Member

09/09/2021
Date

Section 2: Agent Information and Acknowledgement

Agent Name

Tamera Braxton

Mailing Address	City or Post Office	State	Zip Code
2840 Big Bluestream Pkwy	Fitchburg	WI	53711

Agent Questions	Yes	No
1. Are you of legal drinking age?	☒	☐
2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?	☒	☐
3. Have you ever been convicted of a federal law violation?	☐	☒
4. Have you ever been convicted of a state law violation?	☐	☒
5. Have you ever been convicted of a local ordinance violation?	☐	☒
6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.?	☒	☐

UNDER PENALTY OF LAW, I declare that my answers above are true and correct to the best of my knowledge and belief.

I hereby accept appointment as agent for Ultra Mart Foods, LLC DBA Pick 'n Save #390 and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Signature of Agent

9/9/2021
Date

Section 3: Licensing Authority Approval

Municipality Name

City of Stoughton

Signature of Official

9/29/2021
Date

City Clerk
Title of Official

CITY OF MONONA
STATE OF WISCONSIN
COUNTY OF DANE

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CITY OF STOUGHTON

License #15-2021/2022

Whereas, Ultimate Mart LLC, d/b/a Metro Market #181, of Monona, Wisconsin has paid the sum of One Thousand One Hundred dollars to the Treasurer of the City of Monona, as required by the Statutes of the State of Wisconsin and Ordinances of the City of Monona and complied with all the requirements necessary for obtaining these licenses.

Now Therefore, By order of the City Council and by virtue hereof, the said, Metro Market #181, 6540 Monona Drive, Monona, Wisconsin, 53716 is hereby issued the following licenses:

"Class A" Liquor
Class "A" Fermented Malt Beverage
Over the Counter Cigarette & Tobacco Products

Premises description: Approx. 66,000 sq. ft. single story block building retail grocery and liquor store with exterior pathway utilized to transport merchandise to parking stalls designated for merchandise pick-up service.

Agent: Tamera K. Braxton

For the period from July 1, 2021 through June 30, 2022

Given under my hand and the corporate seal of the City of Monona this 19th day of August, 2021.

Mary K. O'Connor

Mayor

Joan Andrusz

City Clerk

CITY OF MONONA DANE COUNTY WISCONSIN

POST IN A CONSPICUOUS PLACE