# Original Alcohol Beverage Retail License Application

*(Submit to municipal clerk.)*

For the license period beginning: 04/18/2022 (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 ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456103033724902

FEIN Number: 84-3904999

| TYPE OF LICENSE REQUESTED | FEE |
|---|---|
| ☐ Class A beer | $ |
| ☑ Class B beer | $ 100 |
| ☐ Class C wine | $ |
| ☐ Class A liquor | $ |
| ☐ Class A liquor (cider only) | $ N/A |
| ☑ Class B liquor | $ 500 |
| ☐ Reserve Class B liquor | $ |
| ☐ Class B (wine only) winery | $ |
| Publication fee | $ 20 |
| **TOTAL FEE** | $ 620 |

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

SAMRETH, VEASNA / HEITMANN, MATTHEW / TAILGATERS OF STOUGHTON 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) |
|---|---|---|---|
| SAMRETH | VEASNA | - | [redacted] |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| HEITMANN | MATTHEW | WAYNE | [redacted] |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

1. Trade Name TAILGATERS OF STOUGHTON LLC Business Phone Number 608-205-6531
2. Address of Premises 151 E. MAIN 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.)

   2,500 SQ. FT. SPACE OF COMMERCIAL BAR, DINING AND ENTERTAINMENT. ONE BAR LOCATION WHERE BEVERAGES ARE STORED AND SERVED WITH SEATING FOR 15 PEOPLE. APPROXIMATELY 47 FT LONG
   THERE'S 5 POKER/SLOT MACHINES, ONE BILLIARD TABLE, ONE DART BOARD, ONE ARCADE, ONE PULL TAB MACHINE, A JUKE BOX AND 1 BAR/DINING TABLES

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? TAILGATERS OF STOUGHTON LLC

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, THE AGENT COMPLETED THE BEVERAGE SERVER TRAINING COURSE AND HAS OBTAINED A BARTENDING OPERATOR'S LICENSE

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 WISCONSIN and date 12/04/19 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 |
|---|---|---|
| Samreth, Veasna | Agent | 03/14/22 |
| Signature: Veasna Samreth | Phone Number: 608-217-6457 | Email Address: samreth99@hotmail.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 |
|---|---|---|---|
| 3/14/2022 | | | |
| Date license granted | Date license issued | License number issued | |
| | | | |

# AUXILIARY QUESTIONNAIRE
# ALCOHOL BEVERAGE LICENSE APPLICATION

*Submit to municipal clerk.*

| Individual's Full Name *(please print)* *(last name)* | *(first name)* | *(middle name)* | | |
|---|---|---|---|---|
| Samreth | Keasna | – | | |
| Home Address *(street/route)* | Post Office | City | State | Zip Code |
| [redacted] | | [redacted] | [redacted] | [redacted] |
| Home Phone Number | Age | Date of Birth | Place of Birth | |
| [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 *(Officer/Director/Member/Manager/Agent)* of Tailgaters of Stoughton *(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 |
|---|---|---|---|
| Husco International | [redacted] | Sept. 2017 | Present |
| Employer's Name | Employer's Address | Employed From | To |
| Komatsu | [redacted] | Jan. 2007 | Aug. 2017 |

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 14 day of March, 20 22

*(Clerk/Notary Public)*

Rosemary P. Heitmann

My commission expires September 20, 2023

*(Signature of Named Individual)*

Printed on Recycled Paper

# AUXILIARY QUESTIONNAIRE
# ALCOHOL BEVERAGE LICENSE APPLICATION

*Submit to municipal clerk.*

| Individual's Full Name *(please print)* *(last name)* | *(first name)* | *(middle name)* | | |
|---|---|---|---|---|
| Heitmann | Matthew | Wayne | | |
| Home Address *(street/route)* | Post Office | City | State | Zip Code |
| [redacted] | | [redacted] | | |
| Home Phone Number | Age | Date of Birth | Place of Birth | |
| [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 *(Officer/Director/Member/Manager/Agent)* of Tailgaters of Stoughton *(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? _____
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 |
|---|---|---|---|
| Rock Realty | [redacted] | Jun. 2008 | Present |
| Employer's Name | | Employed From | To |
| Sub-Zero | | Jun. 2007 | Oct. 2019 |

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 14 day of March, 20 22

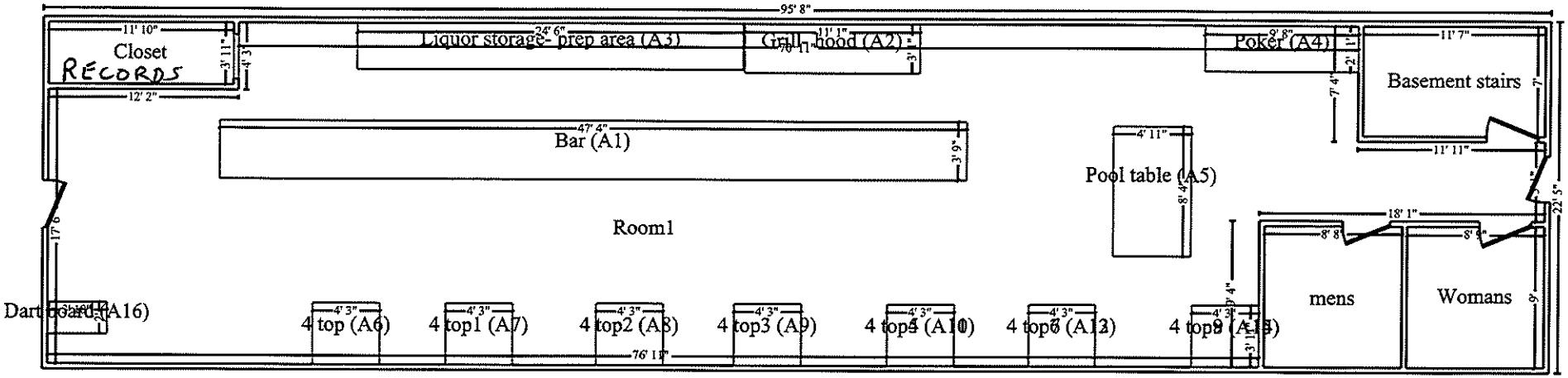
*(Clerk/Notary Public)*

Rosemary P. Heitmann

My commission expires September 20, 2023

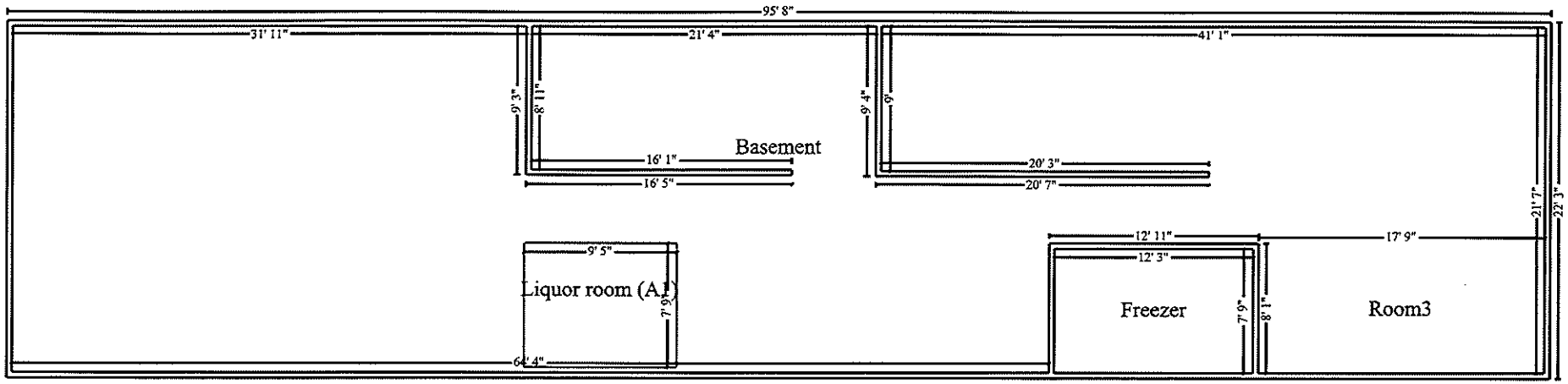
*(Signature of Named Individual)*

Printed on Recycled Paper


95' 8"
11' 10"
Closet
RECORDS
3' 11"
4' 3"
12' 2"
Liquor storage- prep area (A3)
24' 6"
Grill hood (A2)
11' 1"
76' 11"
3'
Poker (A4)
9' 8"
11' 1"
2' 1"
7' 4"
11' 7"
Basement stairs
7'
11' 11"
47' 4"
Bar (A1)
3' 9"
4' 11"
Pool table (A5)
8' 4"
Room1
17' 6"
18' 1"
8' 8"
8' 4"
22' 5"
mens
Womans
9'
Dart board (A16)
4' 3"
4 top (A6)
4 top1 (A7)
4 top2 (A8)
4 top3 (A9)
4 top4 (A10)
4 top6 (A12)
4 top8 (A14)
76' 11"

N

Main Level


95' 8"
31' 11"
21' 4"
41' 1"
9' 3"
8' 11"
9' 4"
9"
Basement
16' 1"
16' 5"
20' 3"
20' 7"
21' 7"
22' 3"
12' 11"
17' 9"
9' 5"
12' 3"
Liquor room (A1)
7' 9"
Freezer
7' 9"
8' 1"
Room3
64' 4"

N

Level 2

# 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 Tailgaters of Stoughton, 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 Tailgaters
(Trade Name)

located at 151 E. Main St. Stoughton, WI 53589

appoints Veasna Samreth
[redacted]

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

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

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? 41 year

Place of residence last year [redacted]

For: Tailgaters of Stoughton, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Veasna Samreth
(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, Veasna Samreth, 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.

Veasna Samreth 3/14/22 Agent's age [redacted]
(Signature of Agent) (Date)

[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 3-17-22 by Lt Pat [signature] Title Police Lieutenant
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

# CITY OF STOUGHTON GENERAL LICENSE APPLICATION

Tailgaters of Stoughton
Business Name

Veasna Samreth
Applicant/ Agent Name

151 E. Main St. Stoughton, WI 53589
Business Address

[redacted]
Applicant Phone #

608-205-6531
Business Phone #

office@stoughtontailgaters.com
Email address

samreth99@hotmail.com
Email address

- ☐ Tobacco License $100-.00- Must also complete Tobacco License Application
- ☒ Jukebox $10.00
- ☒ Pool Tables $35.00/table — # of tables: 1
- ☒ Amusement Devices $35.00/device — # of devices: 8
- ☐ Amusement Device Operator $100.00
- ☐ Cabaret $100.00 — Police Chief Sign Off: Lt Pat Ae
- ☐ Taxi Cab $15.00/cab — # of cabs: _____ (Please include Evidence of Insurance)
- ☐ Taxi Cab Driver License $10.00

DOB: _____ WI DL#: _____

Total Fee: $ 325.00

Veasna Samreth
Signature of Applicant

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

Receipt #: _____ License Term: _____

**Wisconsin Commercial Lease Agreement**

In consideration of the Landlord's leasing of the premises to the Tenant, the Tenant's leasing from the Landlord the premises, and the mutual benefits and obligations conferred by this lease on the Parties, and in recognition of the receipt and sufficiency of said consideration, the Parties hereby agree to the following terms and conditions:

**I. The Parties** - Lease agreement is between Lessor under the individual/entity (hereinafter known as the "Landlord") known as 151 E Main St LLC and the Lessee under the individual/entity (hereinafter referred to as the "Tenant") known as Tailgaters of Stoughton LLC.

**II. Premises** - The space/property being leased shall be described as:
151 E Main Street, Stoughton, WI - Ground floor commercial space and Lower level space (Hereinafter referred to as the "Premises").

**III. Space Rented** - The space described equals: 2,500 Square Feet (SF)

**IV. Term** - The term of the lease shall be 3 (three) years beginning on the 1st day of April, 2022 and ending on the 31st day of March, 2023.

**V. Rent** - Rent shall be paid on the 1st of every month in the amount of $1,500.00 (one thousand five hundred dollars)).
Rent shall remain fixed for the lease term.

**VI. Common Areas** - The Tenant, along with any of their employees, may use the following common area(s) along with other inhabitants:

Restroom(s)
Storage Area(s)
Entrance(s) (Incl. Stairs)
Mechanical Area - Patrons are to not be in Mechanical Area

**VII. Renewals** - Tenant shall have the option to renew the lease for 1 year(s) under the following conditions: Lease will auto renew for 1 year after end date if tenant does not give 6 month vacate notice at end of lease.

**VIII. Security Deposit** - The Tenant is required pay $0.00 as a Security Deposit. If the Tenant follows the terms and conditions of this agreement in good faith and without damaging the Premises, the Security Deposit will be returned within ten (10) business days. Otherwise, any repairs needed for the Premises will be deducted from the Security Deposit.

**IX. Condition Upon Move-In** - The Tenant agrees to take tenancy of the property on an "as is" basis, willing to make all fit-ups (if needed) on the Premises at the expense of the Tenant.
All fixtures shall remain on the premises at the end of the lease term.

**X. Improvements During Lease Term** - The Tenant, with written approval of the Landlord that may not be unreasonably withheld, shall be able to make any type of improvement to the Premises.

**XI. Use** - The Tenant will occupy the Premises for the following use: Bar & Grill

Note the Americans with Disabilities Act (ADA): All businesses that are open to the public or employ 15 or more people require that the premises be accessible by persons with disabilities. In the event that the premises must be altered for ADA compliance, the cost of improvements, alterations, and/or modifications necessary for compliance with the ADA shall be the responsibility of: Landlord

## XII. Utilities and Other Expenses

Tenant Expenses / Responsibilities

**Air Conditioning (AC)**
**Cable**
**Electricity**
**Gas/Heat**
**Internet**
**Snow Removal (within 8 hours of last snowfall)**

Landlord Expenses / Responsibilities

**Water/Sewer**

**XIII. Landlord' s Representations** - At the time of lease signing, the Premises shall be properly zoned for the Tenant's stated use as stated in Section XI and will be in compliance with all applicable state and federal laws and regulations. The Premises shall not have been used for the storage or disposal of any toxic or hazardous substances, and the Landlord has received no notice from any governmental authority concerning removal of any toxic or hazardous substances from the property.

## XIV. Landlord' s Responsibility

- Landlord shall maintain and make any and all necessary repairs to: (1) the roof, structural components, exterior walls, and interior common walls of the premises, and (2) the plumbing, electrical, heating, ventilating, and air conditioning systems.

## XV. Tenant's Responsibility

- Tenant shall keep the Premises clean and well maintained at all times, so that the Premises shall be in marketable condition. Tenant shall be responsible to stay within compliance of the city ordinance listed below. If the City of Stoughton charges the Landlord for this removal, those costs will be passed onto the Tenant.

*"The occupant or owner of any lot or parcel abutting a public sidewalk in the downtown corridor, specified below, shall remove therefrom all snow, dirt, rubbish or refuse matter to the curb line and sprinkle ice with a material to prevent slipping within 24 hours after the conclusion of a snowfall. A salt/sand mixture is available for city residents at the Public Works Facility (contractors prohibited from use)."*

## XVI. Insurance

Landlord agrees to carry fire and hazard related coverage insurance for the Premises. Tenant agrees to carry public liability insurance that includes the Landlord as an insured party for personal injury. The coverage the Tenant shall provide will be in the amount(s) of: $200,000 per year. This agreement automatically releases the Landlord and Tenant from each other in reference to liability for property, loss, damage, personal injury, or anything else covered by the insurance plan.

## XVII. Taxes

Tenant Pays -
Landlord Pays - **Real & Personal Property Taxes**

**XVIII. Subletting** - The Tenant does not have the right to sublet the Premises. Any new Tenant under a sublease must meet the approval of the Landlord and such approval shall not be unreasonably withheld.

**XIX. Damage to the Premises** - The Tenant may terminate the lease agreement if necessary repairs to the Premises due to fire, flood, or any natural catastrophe keep the Tenant from being open for over ninety (90) days.

**XX. Default** - If the Tenant defaults on the lease agreement for non-payment of rent or for any other reason, the Landlord agrees to give notice to the Tenant giving the Tenant the right to cure the issue(s). If the Tenant does not cure the issue(s) within the amount of time stated in the notice, then the Landlord has the right to take legal action.

**XXI. Notice of Quiet Enjoyment** - During the term of the lease agreement, the Tenant has the right of quiet enjoyment of the Premises.

**XXII. Eminent Domain** - The lease automatically becomes void if the Premises are taken by eminent domain. During the process, the Tenant will have to right to claim:

- Value of the Lease Agreement
- Loss of Business Revenue
- Moving and Relocation Expenses

**XXIV. Disagreements During the Lease Period** - If a disagreement arises during the lease period, the following actions shall take place:

Mediation with Possible Litigation - If there is a dispute between the Landlord and Tenant, all parties agree to attempt to come to an agreement through the use of an agreed upon mediator.

- It is agreed that the cost(s) involved in hiring the mediator shall be shared equally and that each party shall cooperate in a good faith attempt to reach a resolution. Both parties agree that they shall allow the mediator thirty (30) days from the first (1st) meeting to reach a compromise before going to court.

The Landlord shall not have to attend the mediation or arbitration process unless Tenant is current with the rental payments, either submitting to the Landlord directly or depositing the funds in an escrow account.

**XXVI. Entire Lease Agreement** - This document supersedes any other writings in relation to the Premises and has authority over any oral agreements made between the Landlord and Tenant.

**XXVII. Successors and Assignees** - All assignees of the parties including heirs, successors, or anyone else that may be considered is mutually bound by this lease agreement.

**XXVIII. Notices** - All notices in relation to the Premises or this lease agreement shall be in writing and delivered to the following address below via Certified Mail with Return Receipt:

**Landlord**
151 E Main St LLC
Address:
214 S Forrest St
Stoughton, WI 53589
rockrealtymatt@gmail.com

**Tenant**
Tailgaters of Stoughton LLC
Veasna Samreth
Address:
151 E Main St
Stoughton, WI 53589
samreth99@hotmail.com

**XXIX. Governing Law** – This lease agreement will be governed by and construed in accordance with the laws of the state of Wisconsin.

**XXX. Waiver** – If either Landlord or Tenant waives any term or provision of this lease at any time, that waiver will be effective only for the specific instance and specific purpose for which the waiver was given. If either party fails to exercise or delays exercising any of its rights or remedies under this lease, that party retains the right to enforce that term or provision at a later time.

**XXXII. Severability** - If any court determines that any provision of this lease is invalid or unenforceable, any invalidity or unenforceability will affect only that provision. It will not make any other provision of this lease invalid or unenforceable, and shall be modified, amended, or limited only to the extent necessary to render it valid and enforceable.

# Signatures

| Landlord | Tenant |
| --- | --- |
| Matthew Heitmann — dotloop verified 03/14/22 3:09 PM CDT G7RB-8IUI-KIQY-KJVN | Veasna Samreth — dotloop verified 03/14/22 3:11 PM CDT GYNC-P0AN-HYU2-BXRJ |
| Date: | Date: |
| Name: Matt Heitmann | Name: Veasna Samreth |
| Member | Member |
| 151 E Main St LLC | Tailgaters of Stoughton LLC |

# CITY OF STOUGHTON

207 S FORREST ST
STOUGHTON, WI 53589

Receipt: 100060366 03/14/22

Cashier: DEB
Received Of: SAMRETH, VEASNA

2301 MARKENS GATE RD
STOUGHTON WI 53589

The sum of: 20.00

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

| | | | |
|---|---|---|---|
| TENDERED: | CREDIT CARD | 110756005 | 20.00 |
| | Credit Card Fee | 110756005 | 1.50 |

03/14/2022 15:42

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: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1973852176

TAILGATERS OF STOUGHTON
PO BOX 86
STOUGHTON WI 53589-0086

## Wisconsin Department of Revenue Seller's Permit

| | |
|---|---|
| **Legal/real name:** | TAILGATERS OF STOUGHTON |
| **Business name:** | TAILGATERS OF STOUGHTON<br>151 E MAIN ST<br>STOUGHTON WI 53589-1720 |

- 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 | 456-1030337249-02 |

WINPAS - atL020 (R.01/17)