Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 7/01/2020 (mm dd yyyy) ending: 6/30/2021 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Stoughton

County of Dane

Aldermanic Dist. No._____ (if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1020170189-03	
FEIN Number 39-1983479	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500.00
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 → PO
TOTAL FEE	$ 630.00

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Gimpy + Gappy LLC	PO Box 257, Janesville, WI 53547-0257

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	[redacted]
Halbach	Rebecca	L.	

All Officer(s) Director(s) of Corporation and Members / Manager

President / Member Last Name	(First)	(Middle Name)	[redacted]
Halbach	Rebecca	L.	
Vice President / Member Last Name	(First)	(Middle Name)	
Secretary / Member Last Name	(First)	(Middle Name)	
Treasurer / Member 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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name 1933 Speakeasy Business Phone Number 608-873-7400
2. Address of Premises 317 S. Division St. Post Office & Zip Code Stoughton, WI 53589
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? . . . . . Yes ☒ ☐ No
4. 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.)

   1st floor tavern, Basement storage

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . . ☐ Yes ☒ No

   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . . ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . . ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . . ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . . ☒ Yes ☐ No
   [phone (608) 266-2776]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . . ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . . ☐ Yes ☒ No

12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No
    (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Holbach Rebecca L.	Member	4-15-20
Signature: Rebecca L Holbach	Phone Number	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
4-17-20		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

CITY OF STOUGHTON GENERAL LICENSE APPLICATION

1933 Speakeasy
Business Name

317 S. Division St.
Stoughton WI 53589
Business Address

Rebecca L. Hulbach
Applicant/ Agent Name

[redacted]

- ◯ Tobacco License $100-.00- Must also complete Tobacco License Application
- ● Jukebox $10.00
- ● Pool Tables $35.00/table # of tables: 2
- ● Amusement Devices $35.00/device # of devices: 5
- ◯ Amusement Device Operator $100.00
- ● Cabaret $100.00 Police Chief Sign Off:_____
- ◯ Taxi Cab $15.00/cab # of cabs:_____ (Please include Evidence of Insurance)
- ◯ Taxi Cab Driver License $10.00

DOB: _____

WI DL#: _____

Total Fee: $ 355.00

Rebecca L Hulbach
Signature of Applicant

Receipt #:_____

_____
License Term

PLEASE RETURN FORM AND PAYMENT TO:

CITY OF STOUGHTON
Clerk's Office
207 S. Forrest St.
Stoughton, WI 53589

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 L1595552224

JAMES HALBACH
GIMPY & GAPPY LLC
PO BOX 257
JANESVILLE WI 53547-0257

Wisconsin Department of Revenue Seller's Permit

Legal/real name: GIMPY & GAPPY LLC

Business name: REVEREND JIMS
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	456-1020170189-03