✓ 4-23-20

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	
456-0002831081-06	
FEIN Number 39-6043054	
TYPE OF LICENSE REQUESTED	**FEE**
☑ Class A beer	$ 100.00
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$ 500.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20.00
TOTAL FEE	$ 620.00

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)
Ultra Mart Foods, LLC	PO BOX 473 MS2650, Milwaukee, WI 53201

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]
Weiland	Timothy		

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

President / Member Last Name	(First)	(Middle Name)	[redacted]
Wheatley	Christine	S.	
Vice President / Member Last Name	(First)	(Middle Name)	[redacted]
Fedder	Ann	M.	
Secretary / Member Last Name	(First)	(Middle Name)	[redacted]
Roberts	Dorothy	D.	
Treasurer / Member Last Name	(First)	(Middle Name)	[redacted]
Fike	Carin	L.	
ssistant ~~Treasurer~~ Last Name	(First)	(Middle Name)	[redacted]
Bradley	Joseph	W.	
Directors / Managers Last Name	(First)	(Middle Name)	[redacted]

C. Business Information

1. Trade Name Pick N Save #390 Business Phone Number 608-873-0171
2. Address of Premises 1750 Hwy. 51 West Post Office & Zip Code Stoughton 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.)

The licensed premise shall only be the enclosed area that is the 138 sq. ft. in the corner of the 1- story, grocery store

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
Ann Fedder	Vice President	4/16/2020
Signature: Ann Fedder Kennedy VP	Phone Number: 615-232-9742	Email Address: business.license@kroger.com

TO BE COMPLETED BY CLERK

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

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY
License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0002831081-06

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): Ultra Mart Foods, LLC			Federal Employer Identification No. (FEIN): 39-6043054
Trade or Business Name *(if different than Legal Name)*: Pick N Save #390			Telephone Number: (414) 231-5904
Business Address (License Location): 1750 Hwy, 51 West	Business Located In: [X] City [ ] Village [ ] Town of: Stoughton		Business Telephone: (615) 232-9742
Municipality: Stoughton; State: WI; Zip Code: 53589-1939			County: Dane
Mailing Address *(if different than Business Address)*: Business License, PO Box 305103	Municipality: Nashville	State: TN	Zip Code: 37230-5103

Organization *(check one)*

[ ] Sole Proprietor [ ] Wisconsin Corporation – Enter date incorporated: _____

[ ] Partnership [ ] Out-of-State Corporation – Are you registered to do business in Wisconsin? [ ] Yes [ ] No

[X] Other *(describe)* LLC

[X] Yes [ ] No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

[X] Yes [ ] No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

[X] Yes [ ] No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

[X] Yes [ ] No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

[X] Yes [ ] No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

[X] Yes [ ] No 6. Does the applicant understand that they may not sell single cigarettes?

[X] Yes [ ] No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

[X] Yes [ ] No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold [X] over counter [ ] through vending machine [ ] both.

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Angela Lowndes 7/1/20

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

Ultra Mart Foods, LLC

Store #	Corp #	Store Name	Address	City	State	Zip
472	005	PICK 'N SAVE #472	55 W. PIONEER RD.	FOND DU LAC	WI	54935-
375	005	PICK 'N SAVE #375	1900 JACKSON ST.	OSHKOSH	WI	54901-
478	005	PICK 'N SAVE #478	1940 KOELLER ST.	OSHKOSH	WI	54901-
351	005	PICK 'N SAVE #351	711 N. RAILROAD STREET	EAGLE RIVER	WI	54521
352	005	PICK 'N SAVE #352	955 W. FULTON STREET, STE. A	WAUPACA	WI	54981
357	005	PICK 'N SAVE #357	N112 W16200 MEQUON RD.	GERMANTOWN	WI	53022-
360	005	PICK 'N SAVE #360	7201 SOUTH 76th STREET	FRANKLIN	WI	53132-
368	005	PICK 'N SAVE #368	17295 W. CAPITOL DR.	BROOKFIELD	WI	53045-
379	005	PICK 'N SAVE #379	641 S. CENTRAL AVE.	MARSHFIELD	WI	54449-
380	005	PICK 'N SAVE #380	N65 W24838 MAIN ST.	SUSSEX	WI	53089-
381	005	PICK 'N SAVE #381	S74 W17005 JANESVILLE RD.	MUSKEGO	WI	53150-
382	005	PICK 'N SAVE #382	15445 W. NATIONAL AVE.	NEW BERLIN	WI	53151-
384	005	PICK 'N SAVE #384	1010 N. ROCHESTER ST.	MUKWONAGO	WI	53149-
386	005	PICK 'N SAVE #386	405 N. WALES RD.	WALES	WI	53183-
388	005	PICK 'N SAVE #388	1300 PABST FARMS CIRCLE	OCONOMOWOC	WI	53066-
389	005	PICK 'N SAVE #389	760 W. JOHNSON ST.	FOND DU LAC	WI	54935-
390	005	PICK 'N SAVE #390	1750 HWY. 51 W.	STOUGHTON	WI	53589-
392	005	PICK 'N SAVE #392	210 DIX ST.	COLUMBUS	WI	53925-
393	005	PICK 'N SAVE #393	621 S. MAIN ST.	DEFOREST	WI	53532-
394	005	PICK 'N SAVE #394	5709 HWY. 51	MCFARLAND	WI	53558-
396	005	PICK 'N SAVE #396	1505 MADISON AVE.	FORT ATKINSON	WI	53538-
397	005	PICK 'N SAVE #397	15170 W. GREENFIELD AVENUE	BROOKFIELD	WI	53005
398	005	PICK 'N SAVE #398	3161 VILLAGE SQUARE DRIVE	HARTLAND	WI	53029
403	005	PICK 'N SAVE #403	N135 STONEY BROOK ROAD	APPLETON	WI	54915
404	005	PICK 'N SAVE #404	10101 MARKET STREET, SUITE D-100	ROTHSCHILD	WI	54474
405	005	PICK 'N SAVE #405	205 CENTRAL BRIDGE STREET	WAUSAU	WI	54401
406	005	PICK 'N SAVE #406	2806 SCHOFIELD AVENUE	WESTON	WI	54476
408	005	PICK 'N SAVE #408	1010 22ND STREET	TWO RIVERS	WI	54241
410	005	PICK 'N SAVE #410	515 N. MILWAUKEE STREET	WATERFORD	WI	53185
412	005	PICK 'N SAVE #412	828 FOX POINT PLAZA	NEENAH	WI	54956
413	005	PICK 'N SAVE #413	36903 E. WISCONSIN AVE.	OCONOMOWOC LAKE	WI	53066
414	005	PICK 'N SAVE #414	1008 MILWAUKEE AVENUE	BURLINGTON	WI	53105
417	005	PICK 'N SAVE #417	2518 W WASHINGTON ST	WEST BEND	WI	53095
430	005	PICK N SAVE #430	1629 S. MAIN ST.	WEST BEND	WI	53095

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Welland	Timothy	
[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.

☒ Agent *(Officer / Director / Member / Manager / Agent)* of Ultra Mart Foods, LLC *(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? 25 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
Roundy's Supermarkets, Inc	875 East Wisconsin Avenue	6/12/2018	present
Employer's Name	Employer's Address	Employed From	To
Toys R Us	18500 W. Bluemound, Brookfield, WI	12/5/2006	6/11/2018

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)

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 1705 Hwy. 51 West, Stoughton, WI 53589

appoints Timothy Welland
(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? 24 years

Place of residence last year [redacted]

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

By: Ann Becker Timmons VP 4/16/2020
(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, Timothy Welland, 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.

Timothy Welland 4/6/2020 Agent's age [redacted]
(Signature of Agent) *(Date)*

[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 _____ *(Date)* by _____ *(Signature of Proper Local Official)* Title _____ *(Town Chair, Village President, Police Chief)*

CITY OF STOUGHTON GENERAL LICENSE APPLICATION

Pick N Save #490
Business Name

Timothy Welland
Applicant/ Agent Name

1750 Hwy. 51 West, Stoughton, WI 53589
Business Address

[redacted]

(X) Tobacco License $100.00 - Must also complete Tobacco License Application

( ) Jukebox $10.00

( ) Pool Tables $35.00/table # of tables: _____

(X) Amusement Devices $35.00/device # of devices: 1

( ) 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: 5/15/66

WI DL#: W453-8106-6175-01

Total Fee: $ _____

Signature of Applicant

Receipt #: _____

License Term

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

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Wheatley	Christine	Strick

Home Address *(street/route)*	Post Office	City	State	Zip Code
[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.
- ☒ Director/President/Secretary of Ultra Mart Food,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? I do not live in WI
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. Please See Attached
   (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
The Kroger CO.	1014 Vine Street, Cincinnati, OH 45202	02/2008	Present
Employer's Name	Employer's Address	Employed From	To

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)*
	Roberts	Dorothy	Dansberry

[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.

☒ Assistant Secretary of Ultra Mart Food 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? I do not live in WI
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.)*
   - OVI, 10/06/1999, Hamilton Co. Municipal Court- OH. $200 fine paid, 6 months probation served
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. Please See Attached
   (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
The Kroger Co.	1014 Vine Street, Cincinnati, OH 45202	02/2000	Present
Employer's Name	**Employer's Address**	**Employed From**	**To**
Graydon Head & Ritchey	511 Walnut Street, Cincinnati, OH 45202	1994	02/2000

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)*
Fike	Carin	Louise

[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.
- ☒ Vice President / Treasurer *(Officer / Director / Member / Manager / Agent)* of Ultra Mart Food,LLC *(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? I do not live in WI
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. Please See Attached *(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
The Kroger Co.	1014 Vine Street, Cincinnati, OH 45202	07/06/1999	Present
Employer's Name	Employer's Address	Employed From	To

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.

Carin L. Fike
(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)*
Bradley	Joseph	William
[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.
- ☒ Assistant Treasurer *(Officer / Director / Member / Manager / Agent)* of Ultra Mart Food,LLC *(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? I do not live in WI
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. Please See Attached *(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
The Kroger Co.	1014 Vine Street, Cincinnati, OH 45202	09/2012	Present
Employer's Name	Employer's Address	Employed From	To
Chiquita Brands International, Inc	550 S. Caldwell Street, Charlotte, NC 48202	04/1998	09/2012

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(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)*
FEDDER	ANN	M

Home Address (street/route)	Post Office	City	State	Zip Code
[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.

☑ OFFICER 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? 17 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	01/31/2005	
Employer's Name	Employer's Address	Employed From	To
PRICEWATERHOUSECOOPE	1 NORTH WACKER CHICAGO, IL	09/15/2003	01/28/2005

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Ann Fedder Rounds
(Signature of Named Individual)
4/16/2020