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CR# 100046715

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07/01/20 (MM DD YYYY) ending: 06/30/21 (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: 456-0000141775-03		
Federal Employer Identification Number (FEIN): 39-1090977		
LICENSE REQUESTED ▶		
TYPE		FEE
☐ Class A beer	$	
☑ Class B beer	$	100.00
☐ Wholesale beer	$	
☑ Class C wine	$	100.00
☐ Class A liquor	$	
☐ Class B liquor	$	
☐ Reserve Class B liquor	$	
Publication fee	$	20.00
TOTAL FEE	$	220.00

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Pizza Hut of Madison, Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 434 S. Yellowstone Drive, Madison, WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Richard J. Divelbiss	[redacted]	
Vice President/Member	Gayla L. Divelbiss	[redacted]	
Secretary/Member	Gayla L. Divelbiss	[redacted]	
Treasurer/Member		[redacted]	
Agent ▶	Christopher J. Tyrrell	[redacted]	
Directors/Managers	Richard J. Divelbiss	[redacted]	

C. 1. Trade Name ▶ Pizza Hut Business Phone Number 608-873-3111

2. Address of Premises ▶ 1424 US Highway 51 and 138 Post Office & Zip Code ▶ Stoughton, WI 53589

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers? ☑ 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) No Change (dining area, kitchen, storage)

5. Legal description (omit if street address is given above):

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, corporation 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 reverse side** ☐ 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 reverse side** ☐ 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☑ Yes ☐ No

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

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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of March, 20 20

Nancy K Borelli (Clerk/Notary Public)

My commission expires 6/19/21

NANCY K BORELLI
Notary Public
State of Wisconsin

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

Gayla L Divelbiss (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	Date reported to council/board	Date license granted
3-30-20		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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 L2019892960

PIZZA HUT OF SOUTHERN WISCONSIN INC
434 S YELLOWSTONE DR STE 101
MADISON WI 53719-1086

Wisconsin Department of Revenue Seller's Permit

Legal/real name: PIZZA HUT OF SOUTHERN WISCONSIN INC

Business name: PIZZA HUT OF MADISON INC
1424 US HIGHWAY 51
STOUGHTON WI 53589-3740

- 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	456-0000141775-03

This is the same Liquor Agent - just a change of address.

SCHEDULE FOR APPOINTMENT OF AGENT E
ORGANIZATION OR LIMITED LIA

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a lice liquor must appoint an agent. The following questions must be answered by th of the corporation/organization or members/managers of a limited liability local official.

To the governing body of: ☐ Town ☐ Village ☑ City of Stoughton

The undersigned duly authorized officer(s)/members/managers of Piz (regis

a corporation/organization or limited liability company making application for a

Pizza Hut
(trade name)

located at 1424 US Highway 51 and 138, Stoughton, WI 53589

appoints Christopher J Tyrrell
(name of appointed agent)

[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? 29 Years

Place of residence last year 3164 Muir Field Rd Apt 306, Madison, WI 53719

For: Pizza Hut of Madison, Inc.
(name of corporation/organization/limited liability company)

By: [signature]
(signature of Officer/Member/Manager)

And: [signature]
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Christopher J Tyrrell, 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.

Chris J Tyrrell
(signature of agent)

3/19/20
(date)

Agent's age [redacted]

[redacted]
(home address of agent)

Date of birth 4[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 4/17/20 (date) by [signature] (signature of proper local official) Title Chief of Police (town chair, village president, police chief)

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
TYRRELL	CHRISTOPHER	J

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.

☑ Agent *(Officer/Director/Member/Manager/Agent)* of Pizza Hut of Madison, Inc. *(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? 29 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
Arby's	Verona, WI	06/01/2014	11/21/2016
Employer's Name	Employer's Address	Employed From	To
Taco Bell	Whitewater, WI	09/01/2009	05/31/2014

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 27th day of March, 20 20

Nancy K Borelli *(Clerk/Notary Public)*

My commission expires 6/19/21

NANCY K BORELLI
Notary Public
State of Wisconsin

(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)*
DIVELBISS	RICHARD	JOHN

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.

☑ Chairman *(Officer/Director/Member/Manager/Agent)* of Pizza Hut of Southern Wisconsin, Inc. *(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? 53 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. Various locations, Pizza Hut of Madison, Inc., Pizza Hut of Rock County, Inc.
   (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
Pizza Hut of Southern WI	434 S. Yellowstone Drive, Suite 101	01/01/1967	
Employer's Name	Employer's Address	Employed From	To

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 27th day of March, 20 20

Nancy K Borelli *(Clerk/Notary Public)*

My commission expires 6/19/21

NANCY K BORELLI
Notary Public
State of Wisconsin

Richard Divelbiss *(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)*
DIVELBISS	GAYLA	LYNN

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.

☑ Vice President / Secretary *(Officer/Director/Member/Manager/Agent)* of Pizza Hut of Southern Wisconsin, Inc. *(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? 35 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. Various locations, Pizza Hut of Madison, Inc., Pizza Hut of Rock County, Inc.
   (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
Employer's Name	Employer's Address	Employed From	To

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.

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this 27th day of March, 2020

Nancy K Borelli *(Clerk/Notary Public)*

Gayla L Divelbiss *(Signature of Named Individual)*

My commission expires 6/19/21

NANCY K BORELLI
Notary Public
State of Wisconsin

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