✓ 1-8-2018

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

*Submit to municipal clerk.*

| Applicant's WI Seller's Permit No. | FEIN Number |
|---|---|
| 600-103021901 0-03 | 82-1591761 |

| LICENSE REQUESTED ▶ | |
|---|---|
| TYPE | FEE |
| ☐ Class A beer | $ |
| ☐ Class B beer | $ 100 |
| ☐ Class C wine | $ 100 |
| ☐ Class A liquor | $ |
| ☐ Class A liquor (cider only) | $ N/A |
| ☐ Class B liquor | $ |
| ☐ Reserve Class B liquor | $ |
| ☐ Class B (wine only) winery | $ |
| Publication fee | $ 20 |
| TOTAL FEE | $ 220 |

pd 1/5/18

For the license period beginning JUNE 20 17 ;
ending JUNE 20 18

TO THE GOVERNING BODY of the: ☑ Town of ☐ Village of ☐ City of

County of DANE Aldermanic Dist. No. _____ (if required by ordinance)

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☑ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ PETERSON WILLIAM DENNIS AND CHARLENE ANN [redacted] FITCHBURG, WI 53711

An **"Auxiliary Questionnaire," Form AT-103, must be completed and a[redacted] 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 name, title, and place of residence of each person.

| Title | Name | Home Address | Post Office & Zip Code |
|---|---|---|---|
| President/Member | WILLIAM DENNIS PETERSON | | |
| Vice President/Member | CHARLENE ANN PETERSON | | |
| Secretary/Member | | | |
| Treasurer/Member | | | |
| Agent ▶ GARY LEE TIERMAN | | | |
| Directors/Managers | | | |

3. Trade Name ▶ PANCAKE ACFE STOUGHTON LLC Business Phone Number 608-205-6655
4. Address of Premises ▶ 2420 STATE HWY 138 SUITE 106 Post Office & Zip Code ▶ STOUGHTON 53589
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☑ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date _____ of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☑ 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

   *(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)*
9. 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.)
10. Legal description (omit if street address is given above):
11. (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?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. 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 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.) 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.

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 2nd day of January, 20 18

JEREMY KUMBIER
Notary Public
State of Wisconsin

(Clerk/Notary Public)

My commission expires 12/13/2017

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

(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 1/5/18 | Date reported to council/board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
|---|---|---|---|
| Date license granted | Date license issued | License number issued | |

AT-106 (R. 9-16)

Wisconsin Department of Revenue