FYI - click mouse in 'For the license period beginning' field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

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Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 9/21/22 (mm dd yyyy) ending: 6/30/23 (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

FEIN Number 92-0356509

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)

Wagner, Malony D / 201 S 6th, 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)
Wagner	Malony	D	[redacted]
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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 201 S 6th LLC DBA The Revival Business Phone Number —
2. Address of Premises 201 S 6th St Stoughton Post Office & Zip Code Stoughton, 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.)

   Main level, coolers, back room - See attached map.
   Building size ~~the~~ main floor: 1566 ft²
   No storage in basement.

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? The Nevermind Saloon

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CITY OF STOUGHTON

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

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 WI and date 09/22 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
Wagner, Malony D	Owner	09/20/22
Signature	Phone Number	Email Address
[signature]	608-770-9947	malonywagner@gmail.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
9/21/2022 CC			
Date license granted	Date license issued	License number issued	

AT-106 (R. 3-19)

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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 201 S 6th, 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 201 S 6th, LLC DBA The Revival
(Trade Name)

located at 201 S 6th St. Stoughton, WI 53589

appoints Malory Wagner
[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? [redacted]

Place of residence last year

For: 201 S 6th, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(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, Malory Wagner (Print / Type Agent's Name), hereby accept this appointment as agent for the 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.

[signature] (Signature of Agent) 9/20/22 (Date) Agent's age [redacted]

131 Sunrise Ln Fall River, WI 53932 (Home Address of Agent) Date of birth [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 9/21/22 (Date) by Daniel Jenks (Signature of Proper Local Official) Title Police Chief (Town Chair, Village President, Police Chief)

Tab to navigate within form. Use mouse to check appropriate boxes, press spacebar or press enter.

Save Print Clear

Auxiliary Questionnaire
Alcohol Beverage License Application

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Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Wagner	Malory	D

Home Address *(street/route)*	Post Office	City	State	Zip Code
[redacted]		[redacted]	[redacted]	

Home Phone Number	Age	Date of Birth	Place of Birth
[redacted]	[redacted]	[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.

☑ Agent *(Officer / Director / Member / Manager / Agent)* of 201 S. 6th, 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? 2 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.)*
   criminal traffic - DUI 4/30/18 Scottsdale, AZ case set aside.
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
Chief's Tavern	300 Cottage Grove Rd	04/2019	present
Dental Health Associates	49 Walbridge Ave	04/2021	06/2021

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)

LEGEND 1/4" SCALE

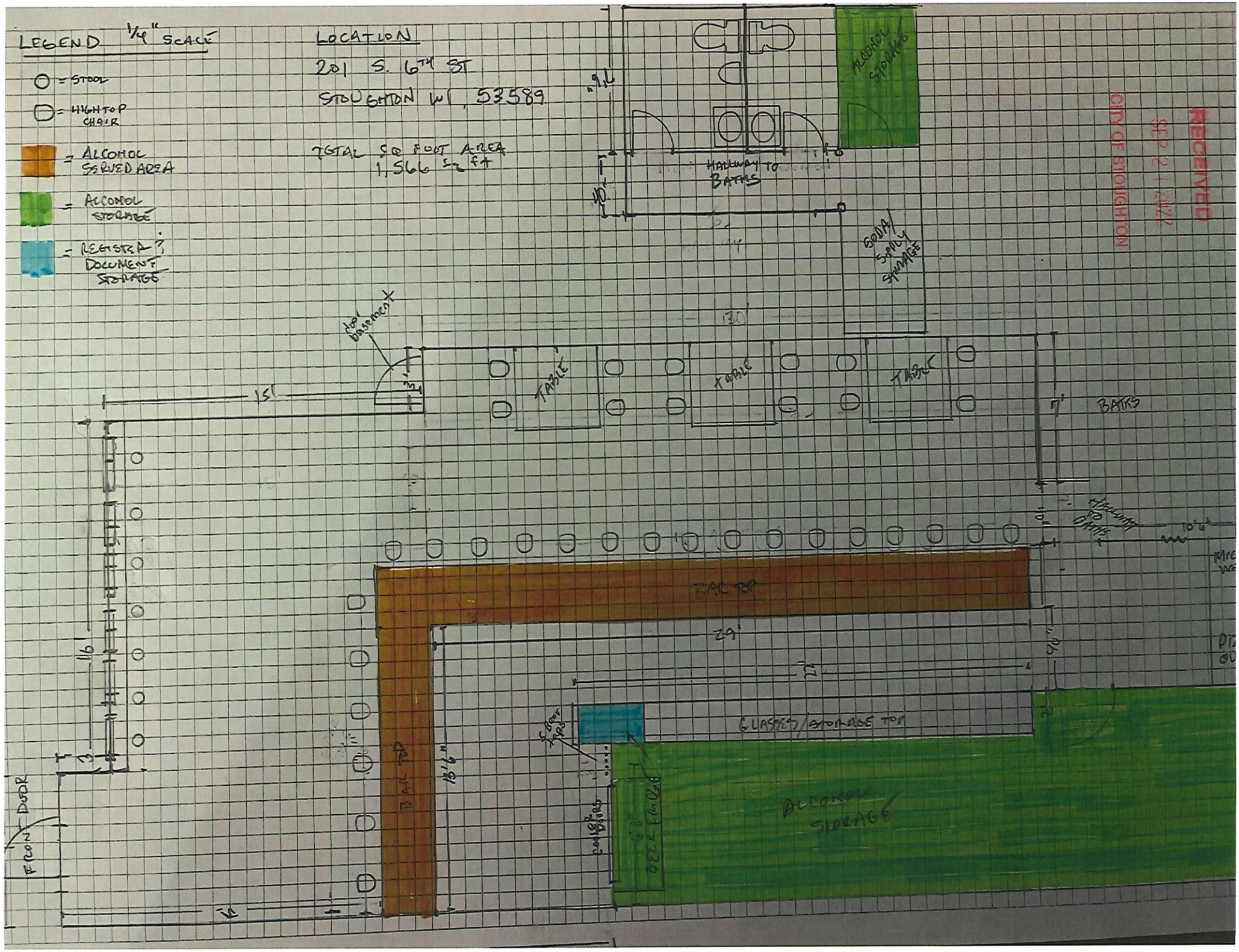
- = STOOL
- = HIGHTOP CHAIR
- = ALCOHOL SERVED AREA
- = ALCOHOL STORAGE
- = REGISTER? DOCUMENT STORAGE

LOCATION

201 S. 6TH ST

STOUGHTON WI, 53589

TOTAL SQ FOOT AREA
1,566 sq ft



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CITY OF STOUGHTON GENERAL LICENSE APPLICATION

The Revival
Business Name

Malony Wagner
Applicant/ Agent Name

201 S 6th St. Stoughton, WI
Business Address

[redacted]
Applicant/ Agent Address

—
Business Phone #

[redacted]
Applicant Phone #

malonywagner@gmail.com
Email address

"
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: 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: $ 220-

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: _____

Candee Christen

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CITY OF STOUGHTON

From: Malory Wagner <malorywagner@gmail.com>
Sent: Wednesday, September 21, 2022 10:12 AM
To: Candee Christen
Subject: Fwd: Wisconsin Seller's Permit Confirmation 1

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

---------- Forwarded message ---------
From: **Sales Tax Permit Support** <salestaxapplication@tax-id-bureau.com>
Date: Tue, Sep 20, 2022 at 4:20 PM
Subject: Wisconsin Seller's Permit Confirmation 1
To: <malorywagner@gmail.com>

Mrs. Malory Wagner,

Entity Name: **201 S 6th, LLC**
Applicant: **Malory Wagner**

Your New Wisconsin Business Registration application has been submitted successfully and is being processed!

Your confirmation number is **1-258-925-472**.

Your confirmation code is **ytwhbg**. Please keep this number for your records.

Once your application is Successfully Processed, you will receive a second email with your Sales Tax ID Number. **Please allow 1 to 3 business days for your number to be fully processed and generated**. If your application falls into the status of "Under Review," you may be contacted if further information is needed to generate your sales tax license.

If your application is approved, you will receive your certificate of registration or notification of liability via U.S. Mail within 5-10 days.

No further action is required on your part.

**For individuals needing to issue resale certificates for resale items, you will be eligible to issue resale certificates with your seller's permit. Therefore, you can complete these tax exemption certificates by providing your Wisconsin sales & use tax account number.*

Application Services Department

Tax ID Bureau

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