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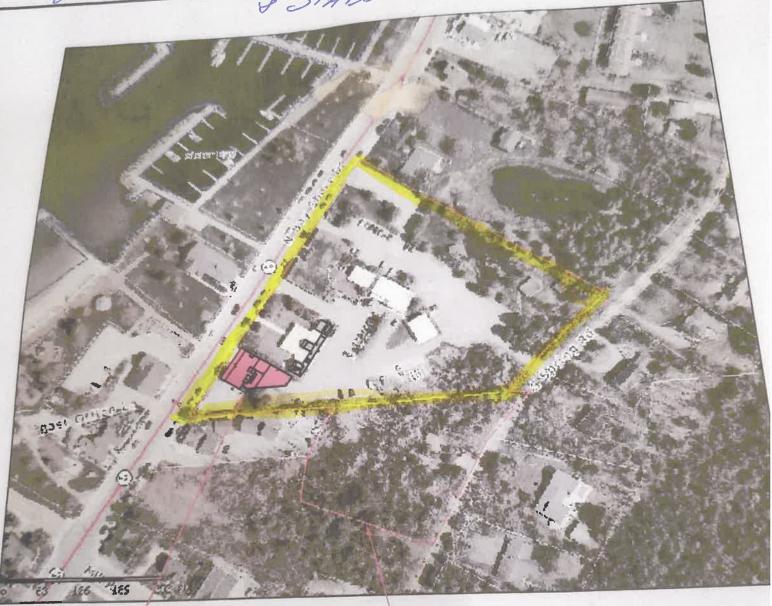
Form AB-200

For Municipal Use Only	_
Municipality 1	
Sister bay	
License Period	
2025-2026	

License(s) Requested: (up to two boxes may be checked)					Fees			
☐ Class "A" Beer	Class "B" Beer	¥¥ \$_1	00	License F	ees	\$	600	
Gass A" Liquor \$	Class B" Liquor .	\$ <u>-</u> 5	00	Backgrou	nd Check Fee	\$		
Class A" Liquor (cider only) \$	Reserve "Class B'	Liquor \$		Publication	n Fee	\$	30	
Class C" Liquor (wine only) \$				Total Fee	s	\$	630	
	The state of the s							
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole pro								
Al Johnson's Swedish Restauran								
2. Business Trade Name or DBA	t & Dating, IIIo.							
Al Johnson's Swedish Restau	ırant							
3. FEIN		4. Wisconsin	Seller's Pe	ermit Numbe				
on file		on fil	le					
5. Entity Type (check one)								
☐ Sole Proprietor ☐ Partnership	Limited Liability	y Company	₽ Co	orporation	☐ Nonpro	fit Organi	zation	
6. State of Organization	7. Date of Organization	on		8. Wiscons	n DFI Registration	n Number	r	
WI	07/01/1992			J0177	96			
9. Premises Address								
10698 N Bayshore Drive								
10. City				11. State	12. Zip Code			
Sister Bay	44.0	P4		WI	54234	D' 1 l 1		
13. County	14. Governing Municip		Town	✔ Village	15. Aldermanio	District		
Door 16. Premises Phone	of: Sister Ba	У		N/A				
9208542626			_		18. Website www.aljohnsons.com			
	bjorn@aljohn							
 Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application 	including living quarters	s. Authorized a	Icohol beve	erage activiti	es and storage of			
Entirety of property loca-	ted at 10698	N Bay	Shore	Drive	includia	ng		
restaurant, outbuildings,	beer garder	n (Stabl	our),	and pa	rking lo	ts		
20. Mailing Address (if different from premises address	ss)							
PO Box 257								
21. City				22. State	23. Zip Code			
Sister Bay				WI	54234			
Part B: Questions	Hart Terrorital of the	not be an					- 1	
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal control ordin	ership, limited liabilit nces? Exclude traffic	y company, c offenses un	or corpora	tion) been o	convicted of larges.	Yes	✓ No	
If yes, list the details of violation below. Attac	h additional sheets i	f necessary.						
Law/Ordinance Violated	Location			T	ial Date			
Donalty Impaced								
Penalty Imposed			Was sen	tence comp	leted?	Yes	No	
Law/Ordinance Violated	Location				ial Date			
	Location				iai Dale			
Penalty Imposed	1		Was sen	tence comp	leted?	Yes	☐ No	

2.	Are charges for any offenses pending a beverages.	gainst the t	ousiness	s? Exclud	de traffic of	fenses unl	ess related to alc	ohol	Yes 🕡 No	,
	If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.									
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? Yes If yes, provide the name of the restricted investor and describe the nature of the interest.								Yes 🗹 No	j.	
4.	Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	ther busine of the busi	ss entity ness en	y? ntity owne	ers below.	Attach add	itional sheets as	needed.	Yes 🔽 No	,
4a	. Name of Business Entity			41	o. Business (Entity FEIN				
5.	Have the partners, agent, or sole propri this license period? Submit proof of cor								Yes 🗌 No	,
6.	Is the applicant business indebted to ar	ny wholesal	er beyor	nd 15 da	ys for beer	or 30 days	s for liquor/wine?	· · · · · · · · · · · · · · · · · · ·	Yes 🗹 No	
7.	Does the applicant business owe past of	due municip	al prope	erty taxes	s, assessm	ents, or ot	her fees?	····· 🔲 '	Yes 🔽 No	•
Pa	art C: Individual Information									
Qu ma	st the name, title, and phone number for each sestion 4: sole proprietor, all officers, directors anagers, and agent of a limited liability compa	s, and agent any. Attach ad	of a corp dditional	oration or sheets if r	nonprofit or necessary.	ganization,	all partners of a par	tnership, and		١,
_	clude Form AB-100 for each person listed bel		tions and	d LLCs mu			including Form AB-			_
	st Name	First Name				itle	r/Officer	Phone 920421	1 / 70	=
30	ohnson	Lars						920421	1470	_
Jo	ohnson	Annika					r/Officer	920421	1349	
Jo	ohnson	Rolf					or/Officer 9204211879			
J	ohnson	Bjorn			P	igent/0	fficer	920421	2342	
Pa	art D: Attestation									
Or	ne of the following must sign and attest to sole proprietor one general			ership	• one o	corporate o	officer • one	member of	an LLC	
rig ac to rev	• one general partner of a partnership • one corporate officer • one member of an LLC READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.									
La	st Name			First Nar					M.I.	
J	ohnson			Bjor	n				A	
Tit			Email	-0-1-	ahmaana			Phone 9204212	242	
	gent/Officer		bjor	nearj	ohnsons	Date		9204212	342	
Sig	The Management of the Manageme					04-22	-25			
	art E: For Clerk Use Only									
RE	te Application Was Filed With Clerk Licens	e Number				Date Lie	cense Granted	Date Licens	e Issued	
Sig	gnature of Clerk/Deputy Clerk						Date Provisional L	icense Issued	(if applicable)	,

2020 AL JOHNSON'S SLOBDISH RESTAURANT, BUSIK'S & STABBUL



-PROJECT LOCATION

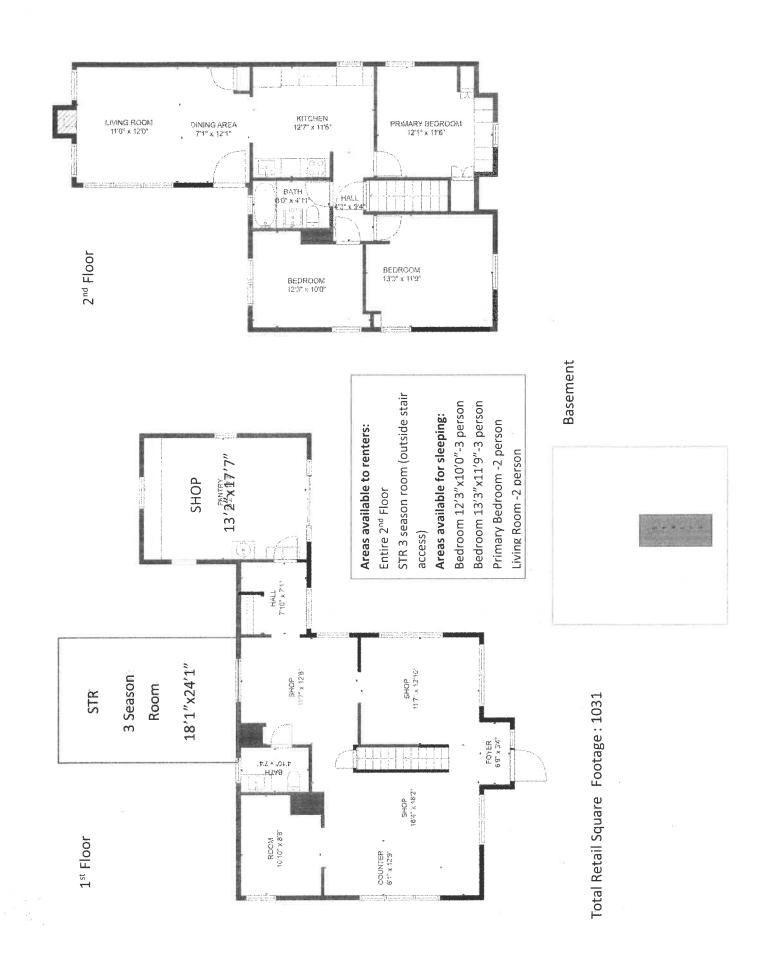
PROPERTY LINE

SITE AERIAL NO SCALE

For Municipal Use Only	
Municipality OSter Bay	
License Period	

License(s) Requested: (up to two boxes may be checked)			Fees					
☐ Class "A" Beer	Class "B" Beer	\$	Lice	ense Fe	es	\$	600	
□ "Class A" Liquor	Glass B" Liquor		— Bac	kgroun	d Check Fee	\$	13113113	
Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$	— Put	lication	Fee	\$	30	
Class C" Liquor (wine only) \$			Tota	al Fees		\$	63000	5
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole prop	40-40-00-00-00-00-00-00-00-00-00-00-00-0							30 30 30 4
Alpaca to Apparel LLC								
2. Business Trade Name or DBA								
Alpaca to Apparel 3.FEIN	1	4. Wisconsin Selle	r's Permit N	Jumher				
82-2253306		456-101			· 27-			
5. Entity Type (check one)		1,74 10.	-1700	"כלו	0			
Sole Proprietor Partnership	✓ Limited Liability	Company	Corpora	ation	☐ Nonpro	fit Or	ganization	1
6. State of Organization	7. Date of Organization	on			DFI Registration			
wi	07/24/2017		A	08308	5			
9. Premises Address 2340 Mill Road								
10. City			11. 5	State	12. Zip Code			
Sister Bay			1	WI	TI 54212			
·	14. Governing Municip		Town 🗸	Village	15. Aldermanio	c Distr	ict	
Door	of: Sister E	Bay						
	17. Premises Email		1	18. Web				
(920) 868-5100	info@alpacat	oapparel.c	om	alpac	catoappar	el.	com	
19. Premises Description - Describe the building or to are kept. Describe all rooms within the building, it only on the premises described in this application. Entire 1st floor of buildibuilding and the entire based on the ent	ncluding living quarters n. Attach a map or diag ing excludin	s. Authorized alcohor ram and additional g the sun	ol beverage sheets if ne porch	activities cessary	s and storage o	f reco	rds may occ	
20. Mailing Address (if different from premises addres	ss)							
N3569 E Townline Road								
21. City			22. \$	State	23. Zip Code			
Luxemburg				WI	54217			
Part B: Questions								
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal.)	ership, limited liabilit nces? Exclude traffic	y company, or co c offenses unless	rporation) related to	been coalcohol	onvicted of beverages.		res 🔽 N	lo
If yes, list the details of violation below. Attac	ch additional sheets i	f necessary.						
Law/Ordinance Violated	Location			Tri	al Date			
Penalty Imposed		Wa	ıs sentenc	e compl	eted?		′es 🔲 N	10
Law/Ordinance Violated	Location			Tri	al Date			
Penalty Imposed	I	Wa	is sentenci	e compl	eted?	Y	'es 🔲 N	10

Are charges for any offenses per beverages.	2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes V No									
If yes, describe the nature and st	atus of pending ch	nardes i	usina th	ie space b	elow. Attach	additional sheets	as need	ed.		
in yes, accombe the flatare and of	atao or portating or									
						, (
Is the applicant business or any individuals or entities a restricted If yes, provide the name of the relationship.	d investor with any	y intere	st in an	alcohol b	everage pro	ducer or distribut	related or? ,	Yes	✓ No	
				,						
Is the applicant business owned If yes, provide the name(s) and F	by another busine EIN(s) of the busi	ss entit ness er	y?	ners below	. Attach add	itional sheets as	needed.	Yes	✓ No	
4a. Name of Business Entity				4b. Busines	s Entity FEIN					
5. Have the partners, agent, or sole this license period? Submit proof	proprietor satisfie of completion	d the re	esponsi	ble bevera	ge server tra	aining requiremer	it for	Z Yes	☐ No	
6. Is the applicant business indebte	d to any wholesale	er beyo	nd 15 d	ays for be	er or 30 days	s for liquor/wine?	= [Yes	✓ No	
7. Does the applicant business owe	past due municip	al prope	erty tax	es, assess	ments, or ot	her fees?	[Yes	✓ No	
Part C: Individual Information	1		······································							
List the name, title, and phone number f	or each person or er	ntity hold	ling the f	ollowing po	sitions in the a	applicant business of	or business	ses listed	in Part B,	
Question 4: sole proprietor, all officers, c managers, and agent of a limited liability	lirectors, and agent of	of a corp	oration of	or nonprofit	organization,	all partners of a par	tnership, a	ind all me	embers,	
Include Form AB-100 for each person lis	ited below. Corpora	tions and	d LLCs n	nust appoin	t an agent by	including Form AB-	101.			
Last Name	First Name				Title		Phone		9	
Kornowski	Benjami	.n			Owner (9			(920) 536-1394		
Part D: Attestation										
One of the following must sign and	attest to this applic	cation:		, projecto, processor was a second	erennimen a serim, neman sem semisringrif destification discussion	da mus o confus и основа в m основ с таминост честанит на чодит стат (v s 2-40°	, jagerya",	, and the same		
	eneral partner of a		ership	• one	e corporate o	officer • one	e member	of an L	LC	
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applii rights and responsibilities conferred by according to the law, including but not I to any portion of a licensed premises durevocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information.	cant business and n the license(s), if gra imited to, purchasin uring inspection will that any license iss r submitting false sta	ot on be nted, wil g alcoho be deen ued con atements	ehalf of a ill not be of bevera ned a rel ntrary to s and aff	any other indicassigned to ages from s fusal to allo Wis. Stat. C idavits in co	dividual or endo another indivitate authorized winspection. Chapter 125 s nnection with	tity seeking the lice vidual or entity. I ago d wholesalers. I ur Such refusal is a manal be void under this application, an	nse. Furth gree to open derstand thisdemean penalty of d that any	er, I agree erate this that lack for and go state lav	ee that the s business of access rounds for v. I further	
Last Name	.,		First N		***************************************			M.I.		
Kornowski			Benj	amin					С	
Title		Email	1				Phone			
Owner		info	@alpa	acatoar	parel.c	om	(920)	536-	1394	
Signature	6	AMAZANISHESIS TERSON NI TOPE A AP AP AP A			Date	05/2	8/25			
Part E: For Clerk Use Only				******		· Company		11.000	-	
Date Application Was Filed With Clerk ECEIVED MAY 2 8 2025	License Number	فسمو	inanangia, anangia, ninananani	iinaanootootootoo kiimmerinintiittiinaatiineetaaniitasii.	Date Lie	cense Granted	Date Lic	ense Iss	ued	
Signature of Clerk/Deputy Clerk						Date Provisional I	icense Iss	ued (if a	oplicable)	

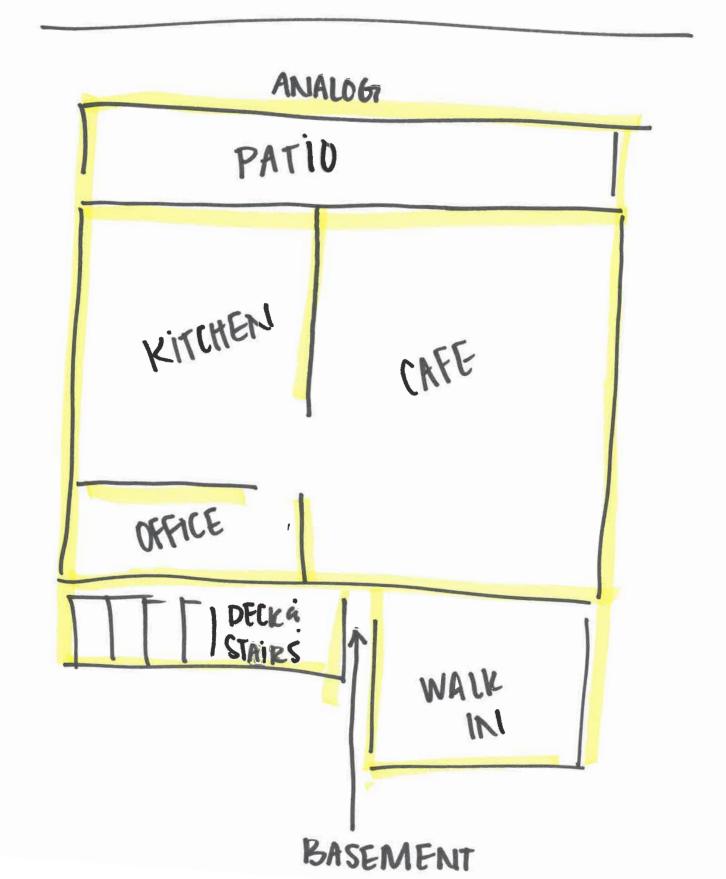


For Municipal Use Only	
Municipality P	
Oster Day	
License Period	
2025-2024	

License(s) Requested: (up to two boxes may	be checked)		- 1		Fees		
Class "A" Beer \$	Class "B" Beer	\$	100	License I	ees	\$	200
	☐ "Class B" Liquor	\$		Backgrou	ınd Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B" Lic	uor \$		Publication	on Fee	\$	30
Class C" Liquor (wine only) \$100				Total Fe	es	\$	230
Part A: Premises/Business Informatio							
Legal Business Name (individual name if sole pro			*at				
Drink Coffee LLC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
2. Business Trade Name or DBA							
Analog Ice Cream and Coffee	Э						
3. FEIN		Wisconsin S	Seller's Per	mit Numbe	er	_	
59-3829953		600000	278213	604			
5. Entity Type (check one)							
Sole Proprietor Partnership	✓ Limited Liability C	ompany	☐ Co	rporation	☐ Nonpro	fit Organi	zation
6. State of Organization	7. Date of Organization			8. Wiscon	sin DFI Registration	on Numbe	r
WISCONSIN	01/01/2006			D050	690		
9. Premises Address							
10649 N. Bay Shore Drive							
10. City				11. State	12. Zip Code		
Sister Bay				WI	54234		
13. County	14. Governing Municipalit		Town	✓ Village	15. Aldermani	c District	
Door	of: Sister Ba	У			==		
16. Premises Phone	17. Premises Email				ebsite		
(920) 854-1155	Analogsb@iclou				logsister	-	
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. The entire building including cafe area, and outside walk in	including living quarters. A on. Attach a map or diagran g downstairs cra	uthorized al n and additio	cohol beve onal sheets	rage activi if necessa	ties and storage o rry.	f records r	may occur
20. Mailing Address (if different from premises addre	ess)						
PO Box 84							
21. City				22. State	23. Zip Code		
Sister Bay				WI	54234		
Part B: Questions			-				
Has the business (sole proprietorship, partr violating federal or state laws or local ordinal	nership, limited liability of ances? Exclude traffic of	company, of fenses unl	r corpora ess relate	tion) been ed to alcol	convicted of not beverages.	Yes	✓ No
If yes, list the details of violation below. Atta	nch additional sheets if n	ecessary.					
Law/Ordinance Violated	Location				Trial Date		
Penalty Imposed			Was sen	tence con	pleted?	Yes	☐ No
Law/Ordinance Violated	Location				Trial Date		
Penalty Imposed			Was sen	tence con	pleted?	Yes	☐ No

Are charges for any offenses per beverages.	nding against the busine	ss? Exclude traffic	offenses unless related to a	Icohol	Yes 🔽 No
If yes, describe the nature and st	atus of pending charges	s using the space b	elow. Attach additional shee	ts as needed.	
Is the applicant business or any individuals or entities a restricted If yes, provide the name of the relationship.	d investor with any inter	rest in an alcohol b	everage producer or distrib	er related utor?	Yes 🔽 No
Is the applicant business owned If yes, provide the name(s) and F	by another business ent EIN(s) of the business	tity?	v. Attach additional sheets as	needed.	Yes 🔽 No
4a. Name of Business Entity		4b. Busines	ss Entity FEIN		
5. Have the partners, agent, or sole this license period? Submit proof6. Is the applicant business indebte7. Does the applicant business owe	f of completion	ond 15 days for be	er or 30 days for liquor/wine	?	Yes 🔽 No
Part C: Individual Information List the name, title, and phone number f		and the second of the second	and the contract of the contra		Estad in Daw
managers, and agent of a limited liability Include Form AB-100 for each person lis Last Name				3-101. Phone	
Lohman	Rachel		Owner	(920)	421-343
		4			_
Part D: Attestation					
• •	general partner of a parti	nership • on		ne member of	
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the application rights and responsibilities conferred by according to the law, including but not to any portion of a licensed premises direvocation of this license. I understand understand that I may be prosecuted for ingly provides materially false informations.	icant business and not on the license(s), if granted, valimited to, purchasing alcoluring inspection will be deed that any license issued or r submitting false statemer	behalf of any other in will not be assigned the hol beverages from seemed a refusal to alloontrary to Wis. Stat. Onts and affidavits in contact in the holes.	dividual or entity seeking the li- o another individual or entity. I state authorized wholesalers. I ow inspection. Such refusal is a Chapter 125 shall be void unde onnection with this application,	cense. Further, agree to opera understand that misdemeanor a per penalty of state and that any pe	I agree that to te this busine t lack of acce and grounds to te law. I furth
Last Name		First Name			M.I.
Lohman		Rachel			E
Title	Email			Phone	
Owner	ana	logsb@iclou		(920) 4	21-3438
Signature Raccu &			Date 05/	19/25	
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk CEIVED MAY 2 7 2025	License Number		Date License Granted	Date Licens	se Issued
Signature of Clerk/Deputy Clerk			Date Provisiona	Il License Issue	d (if applicable

BAYSHORE DR.



For Municipal Use Only							
Municipality							
Sister Bay							
License Period							
2025-2024							

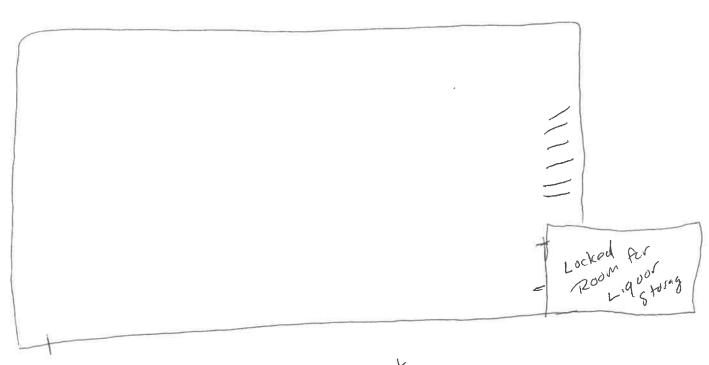
License(s) Requested: (up to two boxes may be	e checked)			Fees	
☐ Class "A" Beer \$	Class "B" Beer \$	[icense F	ees	\$ 500.00
"Class A" Liquor \$	"Class B" Liquor \$	Е	Backgrour	d Check Fee	\$
"Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	F	Publication	ı Fee	\$ 30
Class C" Liquor (wine only) \$		-	Total Fees	3	\$530.00
Part A: Premises/Business Information					
1. Legal Business Name (individual name if sole proprie					
2. Business Trade Name or DBA	the cary LCC	-			
3. FEIN 81-448 9046	4. Wisconsin	_		0704-	64
5. Entity Type (check one)	100	100	1//	0107	- 7
	Limited Liability Company		poration		fit Organization
6. State of Organization	7. Date of Organization	3		n DFI Registration	on Number
9. Premises Address	to the second	7	/10	00041	
10678 N. Bay	shore dr Uni	+		1	
10. City Sister Bay		1	1. State	12. Zip Code 54 2	34
13. County 14	1. Governing Municipality: City	Town	7	15. Aldermani	
Poor	of: Sister Bay				
Total Tellinoss Chief	7. Premises Email	class con	18. We		
19. Premises Description - Describe the building or bu	evin adlebash eya				and related records
are kept. Describe all rooms within the building, inconly on the premises described in this application.	cluding living quarters. Authorized a Attach a map or diagram and additi	ilcohol bever ional sheets	age activition if necessar	es and storage o y.	of records may occur
white "House like " commercial	Building, of Storie	s, I M	iain Se	Hing roo	M
For liquor Storage, Recor	ds BODIES WILL BE	e Kept	nother	front	conter
20. Mailing Address (if different from premises address) 10*5	•			
3197 Mill Rd		2	22. State	23. Zip Code	
Greenleaf			WI	5410	26
Part B: Questions					
Has the business (sole proprietorship, partnership), violating federal or state laws or local ordinance.	ces? Exclude traffic offenses un	or corporati less related	on) been of to alcoho	convicted of ol beverages.	☐ Yes 🗡 No
If yes, list the details of violation below. Attach			Т	rial Date	
Law/Ordinance violated	Location			nai Date	
Penalty Imposed		Was sente	ence com	oleted?	Yes No
Law/Ordinance Violated	Location		Т	rial Date	
Penalty Imposed	1,	Was sente	ence com	oleted?	Yes No

Are charges for any offenses pending beverages.	against the busines	ss? Exclude traffic of	offenses ur	nless related to al	cohol	Yes No
If yes, describe the nature and status of	of pending charges	using the space be	elow. Attac	h additional sheet	ts as needed.	
3. Is the applicant business or any of its	officers directors	members agent e	epavolome	owners or othe	r rolated	
individuals or entities a restricted inve If yes, provide the name of the restrict	stor with any intere	est in an alcohol be	everage pro	oducer or distribu	itor?	Yes No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business entities) of the business e	ty?ntity owners below.	Attach add	ditional sheets as	needed.	Yes No
4a. Name of Business Entity		4b. Business	Entity FEIN			
5. Have the partners, agent, or sole propri this license period? Submit proof of cor	ietor satisfied the re	esponsible beverag	je server tr	aining requireme	nt for	Yes □ No
6. Is the applicant business indebted to ar	ny wholesaler beyo	and 15 days for bee	r or 30 day	s for liquor/wine?	? 🗍 Y	
7. Does the applicant business owe past of						res No
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability comparation.	s, and agent of a corr	poration or nonprofit o	tions in the rganization,	applicant business all partners of a pa	or businesses li rtnership, and a	isted in Part B, all members,
Include Form AB-100 for each person listed bel	ow. Corporations and	d LLCs must appoint a	an agent by	including Form AB-	-101.	
Last Name	First Name		Title		Phone	
Adlebush	Melissa	ì	OWY	ner	920-4	30-784
Adle bush Adle bush	Kevin		OWN	2	920-24	30-7841 16-2017
Part D: Attestation						
One of the following must sign and attest to						
	partner of a partne	•	corporate o		e member of a	
READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the licer according to the law, including but not limited to any portion of a licensed premises during inservocation of this license. I understand that any understand that I may be prosecuted for submit	siness and not on be nse(s), if granted, wil o, purchasing alcoho spection will be deem y license issued cont ting false statements	ehalf of any other individed in the assigned to a solution of the control of the	vidual or en another indi- te authorize inspection. apter 125 s nection with	tity seeking the lice vidual or entity. I aged wholesalers. I ur Such refusal is a mathall be void under this application, an	ense. Further, I a gree to operate nderstand that I nisdemeanor an penalty of state and that any pers	agree that the this business lack of access and grounds for
ingly provides materially false information on th	is application may be	e required to forfeit no	ot more that	n \$1,000 if convicte	ed.	
Last Name Adle bush Title		First Name Nelis	559			M.I.
Title	Email			Ø,	Phone	
Signature	au	rorasapot		live, con	920430	5-7846
elilis	a Saly	lila	Date J	-10-25		
Part E: For Clerk Use Only						
Date Application Was Filed With Clerk License RECEIVED APR 2 5 2025	Number		Date Lic	cense Granted	Date License	Issued
Signature of Clerk/Deputy Clerk				Date Provisional L	icense Issued (if applicable)

Cooler

Liguria Hootherary

The promostar's Downstar's Downstar's Ligaria 1st Floor

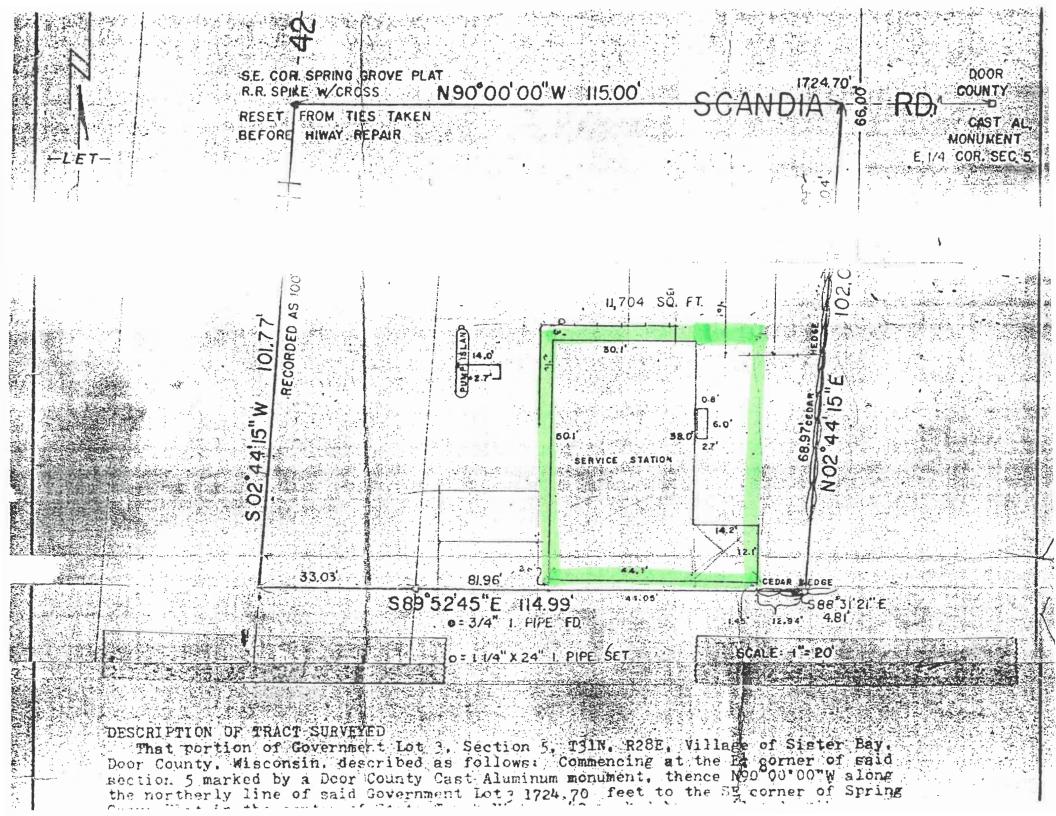


Base ment

For Municipal Use Only	
Municipality .	
Sister Bay	
License Period	
2025-2024	

License(s) Requested: (up to two boxes may be checked)					Fees		
☑ Class "A" Beer \$100	Class "B" Beer	· \$	Li	cense Fe	es	\$ 10	00 -
☑ "Class A" Liquor \$ 500	Glass B" Liquor	"Class B" Liquor \$ B				\$	
"Class A" Liquor (cider only) \$ Reserve "Class B" Liquor \$					Fee	\$ 3	D -
Class C" Liquor (wine only) \$						\$ 63	D -
Part A: Premises/Business Information							
Legal Business Name (individual name if sole properties)							
Raelynn, Inc.	onotoromp)						
2. Business Trade Name or DBA						_	
Bhirdo's By the Bay							
3. FEIN		4 Wisconsin	Seller's Permi	t Number			
392027418			01835410				
5. Entity Type (check one)		430000	01033410	, ,			
Sole Proprietor Partnership	☐ Limited Liability	Company	✓ Corpo	oration	Nonnro	fit Organiza	ation
6. State of Organization	7. Date of Organization				DFI Registration		211011
WISCONSIN	06/01/2001	/I 1		R03710	-	M NUMBE	
9. Premises Address	00/01/2001			100710	70		
10748 N Bay Shore Dr							
10. City			11	State	12. Zip Code		
Sister Bay			'''	WI 54234			
	14. Governing Municip	ality: City	Tourn L		15. Aldermania	: District	
Door	of: Sister E		Town 🔽		70.7 100117101110	Diotriot	
16. Premises Phone	17. Premises Email			18. Web	site		
854-2215	denise@bhird	os.com		n/a			
19. Premises Description - Describe the building or the are kept. Describe all rooms within the building, it only on the premises described in this application. Stone building with sales flo	ncluding living quarters n. Attach a map or diag	. Authorized a ram and additi	lcohol beverag onal sheets if	je activities necessary.	s and storage o		
20. Mailing Address (if different from premises addres	ss)						
PO Box 105							
21. City			22	. State	23. Zip Code		
Sister Bay				WI	54234		
Part B: Questions			1				
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal control ordinal contr						Yes	∨ No
If yes, list the details of violation below. Attac	h additional sheets i	f necessary.					
Law/Ordinance Violated	Location	_		Tris	al Date		
Penalty Imposed			Was senten	ce compl	eted?	Yes	☐ No
Law/Ordinance Violated	Location			Tria	al Date		
Daniel Laurana d							
Penalty Imposed			Was senten	ce compl	eted?	Yes	☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol \(\subseteq \) Yes beverages.									
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.									
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? Yes result yes, provide the name of the restricted investor and describe the nature of the interest.									
 Is the applicant business owned b If yes, provide the name(s) and FE 							Yes [√ No	
4a. Name of Business Entity			4b. Business B	Entity FEIN					
5. Have the partners, agent, or sole this license period? Submit proof	proprietor satisfied the	he respons	ible beverage	server tra	aining requiremer	nt for	Yes [No	
6. Is the applicant business indebted	l to any wholesaler b	eyond 15	days for beer	or 30 days	s for liquor/wine?		Yes [∨ No	
7. Does the applicant business owe	past due municipal p	property tax	xes, assessm	ents, or ot	her fees?		Yes [∨ No	
Part C: Individual Information									
List the name, title, and phone number fo Question 4: sole proprietor, all officers, di managers, and agent of a limited liability	rectors, and agent of a	corporation	or nonprofit or						
Include Form AB-100 for each person list	ed below. Corporation	s and LLCs	must appoint a	n agent by	including Form AB-	101.			
Last Name	First Name		Ti	tle		Phone			
Bhirdo	Denise		P	reside	nt	421-046	51		
Bhirdo-Pluff	Michele		V	ice Pr	esident	421-046	52		
Bhirdo	Denise		Т	reasur	er	421-046	51		
Bhirdo-Pluff	Michele		S	Secretary			421-0462		
Part D: Attestation									
One of the following must sign and a	ttest to this application	on:							
• sole proprietor • one ge	eneral partner of a pa	artnership	• one o	orporate o	officer • one	e member of	an LLC)	
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the application rights and responsibilities conferred by the according to the law, including but not line to any portion of a licensed premises during revocation of this license. I understand the understand that I may be prosecuted for the standard transport of the st	ant business and not one license(s), if granted mited to, purchasing all inspection will be on that any license issued	on behalf of d, will not be lcohol bever deemed a re I contrary to	any other indiversissing and other and to a cages from state of the allowing with the angle of t	idual or ent nother indive authorize nspection. apter 125 s	tity seeking the lice vidual or entity. I ag id wholesalers. I un Such refusal is a m hall be void under	nse. Further, I gree to operated derstand that hisdemeanor a penalty of state	agree e this b lack of and groute te law.	that the usiness access unds for I further	
ingly provides materially false information							5011 Wii	O MITOW	
Last Name		First N					M.I.		
Bhirdo		Den	ise					L	
Title Owner	Em		hirdos.c	O.M.		Phone 854-3310	1		
Signature Signature	0 - 1	SHIZEGD	IIII dos. c	Date		004 0010			
Denise I. D	rusto				04/2	1/25			
Part E: For Clerk Use Only				.,,					
Date Application Was Filed With Clerk RECEIVED APR 2 5 2025	icense Number			Date Lic	cense Granted	Date Licens	e Issue	d	
Signature of Clerk/Deputy Clerk					Date Provisional L	icense Issued	(if app	icable)	



For Municipal Use Only	
Municipality Bay	
License Period	

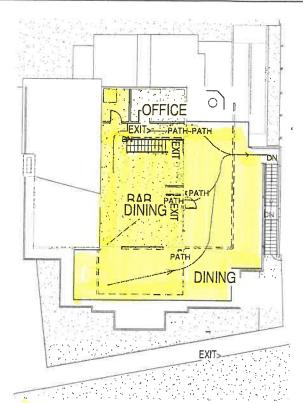
License(s) Requested: (up to two boxes may	be checked)		Fees				
☐ Class "A" Beer \$ [License Fees \$ 6				∞
☐ "Class A" Liquor \$ \$	໕ "Class B" Liquor \$ _ේ	Bac	ckground	d Check Fee	\$		
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$ Publication Fee					30,	00
Glass C" Liquor (wine only) \$			\$	630,0	n)		

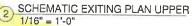
Part A: Premises/Business Information			atum y y ay	w			
Legal Business Name (individual name if sole pro	• • •						
Boathouse Properties Sister	Bay, LLC						
2. Business Trade Name or DBA							
Boathouse on the Bay Sister							
3. FEIN	4. Wisconsin	Seller's Permit N	Number				
81-2566412							
5. Entity Type (check one)							
☐ Sole Proprietor ☐ Partnership	Limited Liability Company	Corpor	ation	☐ Nonprof	it Or	ganization	1
6. State of Organization	7. Date of Organization	8. W	/isconsin	DFI Registratio	n Nu	mber	
WI	05/06/2016	В	08347	5			
9. Premises Address							
10716 N. Bayshore Dr.							
10. City		11. 8	State	12. Zip Code			
Sister Bay			WI	54234			
13. County	14. Governing Municipality: City	Town 🗸	Village	15. Aldermanic	Distr	ict	
Door	of: Sister Bay						
16. Premises Phone	17. Premises Email		18. Webs	site			
(920) 854-3223	Mpetersonbbq@gmail.	com	www.k	oathouse	dcw	.com	
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	ncluding living quarters. Authorized a	lcohol beverage	activities				
1st floor: bar, dining root two bathrooms. 2nd floor							n,
20. Mailing Address (if different from premises address	ss)	L ²					
PO Box 830							
21. City		22. 8	State	23. Zip Code			
Sister Bay		1	wı	54234			
Part B: Questions							-
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal.)	ership, limited liability company, onces? Exclude traffic offenses un	or corporation) less related to	been co alcohol	nvicted of beverages.	Y	′es 🔽 I	No
If yes, list the details of violation below. Attac	h additional sheets if necessary.						
Law/Ordinance Violated	Location		Tria	l Date			
Penalty Imposed	16.	Was sentence	comple	eted?	Y	es 🔲 I	No
Law/Ordinance Violated	Location	li en	Tria	I Date			
Penalty Imposed	D	Was sentence	e comple	eted?	\	es	No

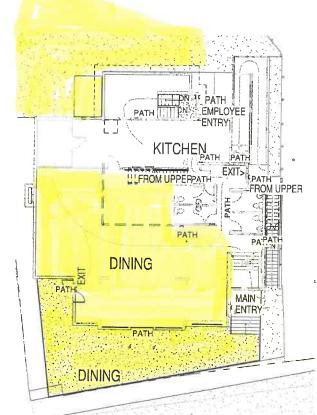
Are charges for any offenses pendir beverages.	g against the b	ousiness	? Exclude traffic	offe	nses unle	ess related to alc	ohol	Yes	✓ No
If yes, describe the nature and statu	s of pending cl	harges ι	using the space b	elov	v. Attach	additional sheets	as neede	d.	
3. Is the applicant business or any of i	to officers, dire	otore r	nombers agent	emr	lovees (owners or other	related		
individuals or entities a restricted in If yes, provide the name of the restricted in If yes, provide the name of the restricted in If yes, provide the name of the restricted in If yes, provide the name of the restricted in Individuals or entitles are stricted in Individuals or entitle	vestor with an	y intere	st in an alcohol b	eve	rage pro	ducer or distribut	or?	Yes	✓ No
4. Is the applicant business owned by	another busine	ess entity	y?		63(•30 • •3			Yes	₩ No
If yes, provide the name(s) and FEII	√(s) of the bus	iness er	itity owners belov	v. At	tach add	itional sheets as	needed.		
4a. Name of Business Entity			4b. Busines	ss En	tity FEIN				
5. Have the partners, agent, or sole prothis license period? Submit proof of	oprietor satisfie completion	ed the re	esponsible bevera	age s	server tra	nining requiremer	nt for	Yes	✓ No
6. Is the applicant business indebted to	any wholesal	er beyo	nd 15 days for be	er o	r 30 days	s for liquor/wine?		Yes	✓ No
7. Does the applicant business owe pa									✓ No
Part C: Individual Information									
List the name, title, and phone number for e Question 4: sole proprietor, all officers, direc managers, and agent of a limited liability co	ctors, and agent	of a corp	oration or nonprofit	orga	ns in the a unization,	ipplicant business of a pai	or businesse rtnership, ar	s listed id all me	in Part B, embers,
Include Form AB-100 for each person listed					agent by i	includina Form AB-	101.		
Last Name	First Name			Title			Phone		
Peterson	Matthew	N		Partner			(920)	421-	-0566
Cross	Timothy	У		Partner		(414)	491-	-1713	
Part D: Attestation									
One of the following must sign and atte	est to this appli	cation:							
• sole proprietor • one gen	eral partner of	a partne	ership • on	e co	rporate o	officer • one	e member (of an L	LC
READ CAREFULLY BEFORE SIGNING: It am acting solely on behalf of the applicant rights and responsibilities conferred by the according to the law, including but not limit to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for suingly provides materially false information of	It business and I license(s), if gra ted to, purchasing inspection will any license issemitting false st	not on be anted, wi ng alcoho be deen sued con atements	chalf of any other in the discount of the disc	divide and a state of the control of	dual or ent other individual authorize spection. oter 125 s ction with	tity seeking the lice vidual or entity. I a of wholesalers. I un Such refusal is a n hall be void under this application, ar	ense. Furthe gree to oper nderstand the nisdemeano penalty of so nd that any p	er, I agre rate this nat lack or and gr state lav	ee that the business of access rounds for v. I further
Last Name			First Name					M.I.	
Peterson			Matthew						D
Title		Email					Phone	40.4	0.5.6.6
Partner		Mpet	ersonbbq@gı	mai			(920)	421-	0566
Signature / /	>				Date 4/	14/25			
Part E: For Clerk Use Only			### TO STATE OF THE STATE OF TH						
	ense Number				Date Lie	cense Granted	Date Lice	nse Iss	ued
ECEIVED MAY 1 5 2025						Date Provisional	l icense les	led (if a	policable)
Signature of Clerk/Deputy Clerk						Date i Tonstollar		ioo (ii a)	spiloabio)

-2-

= Liquor / ALCOHOL SERVED + STORED







1 SCHEMATIC EXITING PLAN MAIN FLOOR

A12

WISC. ID: 2790034 EXITING SCHEMATIC

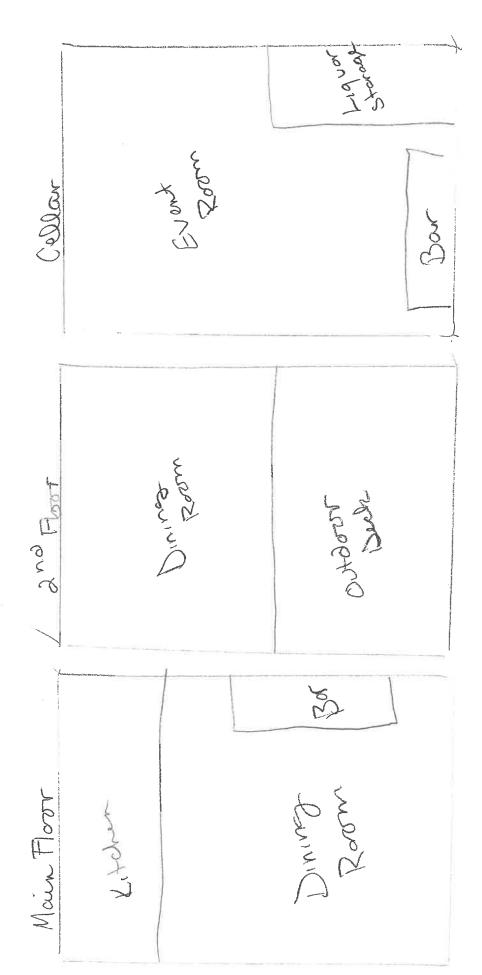
3/1/2017

the BOATHOUSE 10716 N. BAYSHORE DR. SISTER BAY, WI 54234 WISCONSIN BUILDING <u>REVISION #2</u> CODE REVIEW DATA GEORGE (PAT) MANGAN AIA NCARB © 2017 WI-ARCHITECT 001-005344 10762 N. BAY SHORE DRIVE P.O.Box 16 - SISTER BAY, WI 54234-0016 PHONE 220 854-4215 CELL: 920 421-0024 PAT@GEORGEMANGANARCHITECT.COM

For Municipal Use Only	
Municipality	
License Period	
2026-2026	

License(s) Requested: (up to two boxes may be checked)					Fees		
☐ Class "A" Beer	✓ Class "B" Beer		100	License Fe	ees	\$	600
Class A" Liquor \$	✓ "Class B" Liquor .	\$	500	Backgrour	nd Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B"		Publication	n Fee	\$	30	
Class C" Liquor (wine only) \$			Total Fees	3	\$	630	
Part A: Premises/Business Informatio	n		-				
Legal Business Name (individual name if sole pro							
The Chop LLC	,,,,,,,,,,						
2. Business Trade Name or DBA				_			
Chop							
3. FEIN		4. Wisconsin	Sallar's Par	mit Number			
45-3720878)262949				
		430-10	7202949	52-02			
5. Entity Type (check one) Sole Proprietor Partnership	☐ Limited Liebility	Company	[Z] Co	rnoration	☐ Nonnro	fit Orannia	-ation
	Limited Liability			rporation		fit Organiz	alion
6. State of Organization	7. Date of Organization	on			n DFI Registration	on Number	
WI	04/01/2012			T0550	3 0		
9. Premises Address 2345 Mill Rd							
10. City			ï	44 00-1-	40 7:- 0-4-		
,				11. State	12. Zip Code		
Sister Bay 13. County	14. Governing Municip	olitu: 🗆 o::	———	WI	54234 15. Aldermania	District	
Door	of: Sturgeon	,	Town	∐ Village	15. Aldermanic	DISTRICT	
16. Premises Phone	17. Premises Email			18. Wel	site		
(920) 854-2700	sisterbayres	taurants	s@qmail	1. chopdoorcounty.com			
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters n. Attach a map or diagi	. Authorized a am and addit	ilcohol beve ional sheets	, sold, stored rage activitie if necessary	, or consumed, s and storage of	and related f records m	
entire premesis located a exterior seating, decks as			_		iterior a	and	
20. Mailing Address (if different from premises addre	ss)						
PO Box 558	,						
21. City				22. State	23. Zip Code		
Sister Bay				WI	54234		
Part B: Questions							
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal contents.)	ership, limited liability	/ company, o	or corporati	ion) been c	onvicted of beverages	────	✓ No
If yes, list the details of violation below. Attac							
Law/Ordinance Violated	Location			Tri	al Date		
Penalty Imposed			Was sent	ence comp	eted?	Yes	☐ No
Law/Ordinance Violated	Location			Tri	al Date		
Penalty Imposed			Was sente	ence comp	eted?	Yes	☐ No

Are charges for any offenses possesses.	ending against the bus	siness? Ex	clude traffic o	ffenses ur	nless r	elated to a	cohol	Yes	✓ No
If yes, describe the nature and	status of pending cha	rges using	the space be	low. Attacl	n addi	tional shee	ts as neede	d.	
Is the applicant business or an individuals or entities a restrict If yes, provide the name of the	ed investor with any in	nterest in a	an alcohol be	verage pr	oduce			Yes	✓ No
4. In the applicant business are	d la company de la company	antit. O					P1	V	
4. Is the applicant business owned If yes, provide the name(s) and	FEIN(s) of the busines	entity?	wners below.	Attach ad	ditiona	al sheets as	needed.	Yes	✓ No
4a. Name of Business Entity			4b. Business	Entity FEIN	1				
5. Have the partners, agent, or sol this license period? Submit prod	e proprietor satisfied to for completion	the respons	sible beverag	e server ti	aining	requireme	nt for	Yes	☐ No
6. Is the applicant business indebt	ed to any wholesaler	beyond 15	days for bee	r or 30 day	s for l	iquor/wine'	? □	Yes	✓ No
7. Does the applicant business ow	e past due municipal	property ta	xes, assessr	nents, or o	ther fe	es?		Yes	✓ No
Part C: Individual Informatio	n								
List the name, title, and phone number Question 4: sole proprietor, all officers, managers, and agent of a limited liabili	directors, and agent of a ty company. Attach addit	a corporation tional sheets	or nonprofit of if necessary.	rganization,	all par	tners of a pa	artnership, an		
Include Form AB-100 for each person I Last Name	First Name	ns and LLCs	1	an agent by Fitle	inciua	ing Form AB	Phone		
Louis	Wuollett			Dwner				401	-8155
Patsy	Wuollett		(Dwner			(920)	401	-8154
Benjamin	Ehlers		Ī	Agent			(920)	595	-1026
Part D: Attestation									
One of the following must sign and • sole proprietor • one	attest to this applicati general partner of a p		• one	corporate	officer	• on	e member o	fan II	I C
READ CAREFULLY BEFORE SIGNIN	IG: Under penalty of law	v, I have ans	wered each o	the above	questi	ons complet	ely and truthf	ully. I a	agree that
I am acting solely on behalf of the app rights and responsibilities conferred by	licant business and not	on behalf of	any other indi	vidual or er	itity se	eking the lic	ense. Further	, Lagre	e that the
according to the law, including but not to any portion of a licensed premises of	limited to, purchasing a	icohol beve	rages from sta	te authorize	ed who	lesalers. I u	nderstand tha	at lack	of access
revocation of this license. I understand	d that any license issued	d contrary to	Wis. Stat. Ch	apter 125 s	shall be	e void under	penalty of st	ate law	. I furthe
understand that I may be prosecuted foingly provides materially false informat	or submitting false stater tion on this application m	ments and a nav be requi	ffidavits in con red to forfeit n	nection with ot more tha	nthis a	pplication, a 00 if convict	nd that any pe ed.	erson w	/ho know
_ast Name		First 1						M.I.	
Ehlers		Ben	jamin						D
Title /	En	nail					Phone		
Agent	bo	dehlers	@yahoo.d	com			(920) 5	95-3	1026
Signature				Date	14	25			
Part E: For Clerk Use Only									
Date Application Was Filed With Clerk CEIVED MAY 1 9 2025	License Number			Date Li	cense	Granted	Date Licen	se Issu	ied
Signature of Clerk/Deputy Clerk					Date	Provisional	License Issue	d (if ap	plicable)

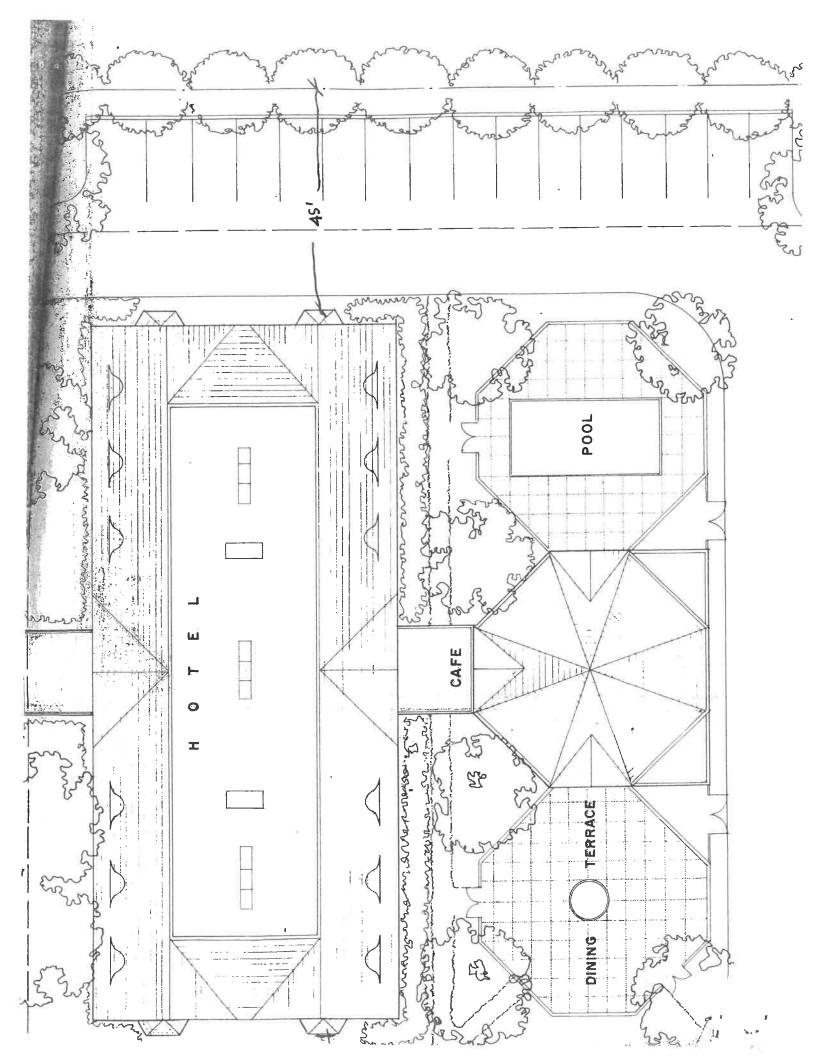


Treat Postio

Fo	r Municipal Use Only
Municipality	Ster Roy
License Per	iod Day
de	65-20ap

License(s) Requested: (up to two boxes ma	y be checked)			Fees	
☐ Class "A" Beer \$	Class "B" Beer	\$ <u>[0</u>	License	e Fees	\$ 200
Class A" Liquor \$	☐ "Class B" Liquor	\$ <u></u>	Backgr	ound Check Fee	\$.
Class A" Liquor (cider only) \$	☐ Reserve "Class B"	Liquor \$	Publica	ation Fee	\$ 30-
"Class C" Liquor (wine only) \$			Total F	ees	\$ 230 -
Part A: Premises/Business Information	on				
1. Legal Business Name (individual name if sole p					
2. Business Trade Name or DBA Cはいいい いまし	hin				
3. FEIN 39 - 1485619			Seller's Permit Num 0017576-03	ber	
5. Entity Type (check one) Sole Proprietor Partnership	☐ Limited Liability	Company	 Corporation	n 🗆 Nonpro	ofit Organization
6. State of Organization	7. Date of Organization			onsin DFI Registrati	
9. Premises Address	1997				
2393 5 DAY	suche Da.			10.71.0.1	
10. City SISTER JAM			11. State ۱ ک	e 12. Zip Code 5423	4
13. County Dook	14. Governing Municip of:				
16. Premises Phone 920 954 9885	17. Premises Email	2 chochb	18. un . 18.	Website ست دلماتك	bullian com
19. Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this applicate the building only on the premises described in this applicate the building only on the premises described in this applicate the building of the building	g, including living quarters tion. Attach a map or diag	: Authorized a ram and additi	Icohol beverage act	ivities and storage o	, and related records of records may occur
20. Mailing Address (if different from premises add	lress)				
21. City			22. Stat	e 23. Zip Code	
Part B: Questions					
Has the business (sole proprietorship, par- violating federal or state laws or local ordin If yes, list the details of violation below. At	nances? Exclude traffic	offenses un	or corporation) be less related to ald	en convicted of cohol beverages.	Yes No
Law/Ordinance Violated	Location			Trial Date	
Penalty Imposed			Was sentence c	ompleted?	Yes No
Law/Ordinance Violated	Location			Trial Date	
Penalty Imposed			Was sentence c	ompleted?	☐ Yes ☐ No

2. Are charges for any offenses pendi beverages.	ng against the busir	ness? Exclude traffi	c offenses un	less related to a	Icohol	Yes 🔽 No
If yes, describe the nature and state	us of pending charg	es using the space	below Attach	n additional shee	ts as needed.	
Is the applicant business or any of individuals or entities a restricted in If yes, provide the name of the restricted.	nvestor with any int	erest in an alcohol	beverage pro	ducer or distrib		Yes No
Is the applicant business owned by If yes, provide the name(s) and FEI						Yes No
4a. Name of Business Entity		4b. Busine	ess Entity FEIN			
5. Have the partners, agent, or sole potential license period? Submit proof of6. Is the applicant business indebted to7. Does the applicant business owe potential.	completion. o any wholesaler be	eyond 15 days for b	eer or 30 day	s for liquor/wine	9?	Yes No Yes No Yes No
Part C: Individual Information	The state of the s					
List the name, title, and phone number for Question 4: sole proprietor, all officers, dire managers, and agent of a limited liability of Include Form AB-100 for each person lister	ctors, and agent of a company. Attach addition	corporation or nonprotonal sheets if necessar	it organization ry	, all partners of a p	partnership, and	
Last Name	First Name	and LLOS must appo	Title	including Form A	Phone	
GOLDSTONS GOLDSTONS	MICHA.	EL	Pros) SNT	970 41	10850
GOLDSTONE	LISA		V. Pr	01120	96 40	1280 12
					-	
Part D: Attestation		- 12				
One of the following must sign and att	est to this application	on:				
	eral partner of a pa		ne corporate	officer • o	ne member of	an LLC
READ CAREFULLY BEFORE SIGNING: I am acting solely on behalf of the applicant rights and responsibilities conferred by the according to the law, including but not limit to any portion of a licensed premises during revocation of this license. I understand the understand that I may be prosecuted for suingly provides materially false information.	nt business and not on license(s), if granted ted to, purchasing along inspection will be d at any license issued ubmitting false statem	n behalf of any other I, will not be assigned cohol beverages from leemed a refusal to all contrary to Wis. Stat. ents and affidavits in o	individual or en to another ind state authoriz low inspection Chapter 125 connection with	ntity seeking the lividual or entity. I ed wholesalers. I Such refusal is a shall be void under this application,	cense. Further, agree to operat understand that misdemeanor a er penalty of sta and that any per	I agree that the te this business t lack of access and grounds for tte law. I further
Last Name		First Name	Jan S			M.I.
Title PAD DSAT	Ema	ail hurchhillme	1 . 11	N.	Phone	
Signature Signature	C	Michillane	Date	116/25	_	488>
Part F. Fan Clark Han Only				110/25		
	cense Number		Date L	icense Granted	Date Licens	se Issued
ECEIVED MAY 1 9 2025 Signature of Clerk/Deputy Clerk				Date Provisiona	Il License Issued	d (if applicable)



Save

Print

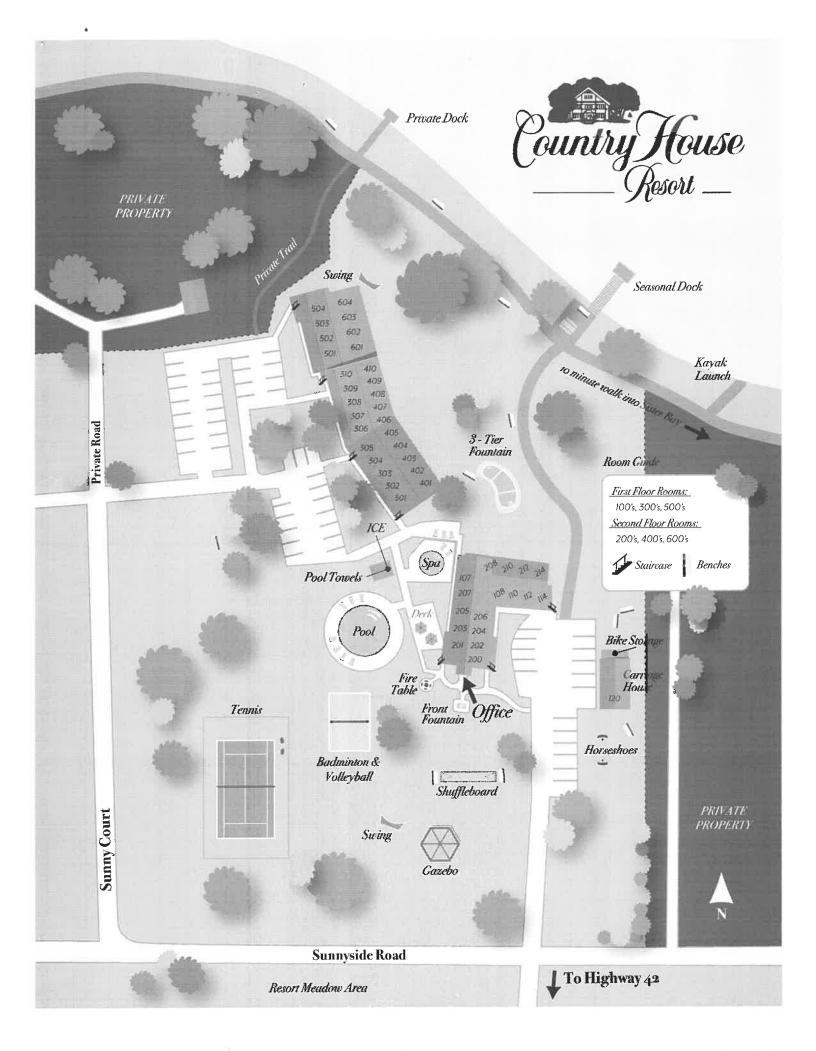
Clear

Form AB-200

For Municipal Use Only						
Municipality Ster Bay						
License Period						

License(s) Requested: (up to two boxes ma	ay be checked)	Fees					
Class "A" Beer \$	Class "B" Beer\$_	License Fees	\$ 200-				
Class A" Liquor \$	Class B" Liquor \$ _	Background Check Fee	\$				
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication Fee	\$ 30-				
"Class C" Liquor (wine only) \$		Total Fees	\$ 230 -				
Part A: Premises/Business Informati 1. Legal Business Name (individual name if sole p	proprietorship)	(m) -					
2. Business Trade Name or DBA 3. FEIN 39 - 1644216	** SOFT 4. Wisconsin	Seller's Permit Number	03				
5. Entity Type (check one) Sole Proprietor Partnership 6. State of Organization WIXONITA	Limited Liability Company 7. Date of Organization 0 6 01/1989		ofit Organization				
9. Premises Address 2468 10. City	annystise Pr	11. State 12. Zip Code	234				
13. County Dook	of: 5151EN	Town Towllage 15. Alderman	ic District				
16. Premises Phone 920-854-4551	17. Premises Email MANDAGENO LounTR	1 10/2:2	PULLED SET ESPOTITION				
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application. 20. Mailing Address (if different from premises address)	g, including living quarters. Authorized a tion. Attach a map or diagram and addition. Attach a map or diagram and additionable of the second	alcohol beverage activities and storage tional sheets if necessary.	of records may occur				
3		22. State 23. Zip Code					
21. City		22. State 23. Zip Gode					
Part B: Questions							
Has the business (sole proprietorship, par violating federal or state laws or local ordi If yes, list the details of violation below. At	nances? Exclude traffic offenses ur	nless related to alcohol beverages.	☐ Yes ☐No				
Law/Ordinance Violated	Location	Trial Date					
Penalty Imposed		Was sentence completed?	☐ Yes ☐ No				
Law/Ordinance Violated	Location	Trial Date					
Penalty Imposed		Was sentence completed?	Yes No				

Are charges for any offenses pending beverages.	against the business? Ex	clude traffic offens	es unless related to alco	ohol Yes No
If yes, describe the nature and status of	of pending charges using	the space below. A	Attach additional sheets	as needed.
Is the applicant business or any of its individuals or entities a restricted inve If yes, provide the name of the restrict.	estor with any interest in a	an alcohol beverag	je producer or distribute	related or? Yes Mo
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s).	other business entity?s) of the business entity o	wners below. Attac	h additional sheets as r	Yes No
4a. Name of Business Entity		4b. Business Entity	FEIN	
5. Have the partners, agent, or sole propr this license period? Submit proof of col6. Is the applicant business indebted to a7. Does the applicant business owe past	mpletion	days for beer or 3		Yes No
Part C: Individual Information				
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp Include Form AB-100 for each person listed be	rs, and agent of a corporation pany. Attach additional sheets	n or nonprofit organiz s if necessary.	ation, all partners of a part	tnership, and all members,
Last Name	First Name	Title	t and the state of	Phone
ZAUG	WARREN	18	ES/TRES,	817,420.7557
CASEY	CHERYL	- V.	PISEC	920, 470, 8820
EHLERT	BEN	AGE	N/08 MANACITE	Dez.758.9209
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera	to this application:	• one corpo	orate officer • one	member of an LLC
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially false information on t	usiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve nspection will be deemed a r ny license issued contrary to itting false statements and a	any other individual e assigned to another ages from state aut efusal to allow inspe o Wis. Stat. Chapter ffidavits in connectio	or entity seeking the licer er individual or entity. I ag horized wholesalers. I und ction. Such refusal is a mi 125 shall be void under p n with this application, and	ise. Further, I agree that the iree to operate this business derstand that lack of access isdemeanor and grounds for penalty of state law. I further that any person who know-
Last Name EHLERY	2	Name BE	NAMEN	M.I.
Title OFENATIONS MANAGES	HER BENG	COUNTR/16	BEPESBOT.UM	Phone 262.758.925
Type 7.			5/30/20	125
Part E: For Clerk Use Only Date Application Was Filed With Clerk CEIVED MAY 3 0 2025	se Number	D	ate License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional Li	cense Issued (if applicable)



For Municipal Use Only					
Municipality					
Sister Bay					
License Period					
2025-2026					

License(s) Requested: (up to two boxes may be checked)					Fees		
☐ Class "A" Beer	Class "B" Beer	*:*: ·:::::	100	License Fe	es	\$	200
Class A" Liquor \$	Class B" Liquor .	\$	<u> </u>	Backgroun	d Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$_		Publication Fee		\$	30
☑ "Class C" Liquor (wine only) \$100				Total Fees		\$	23,0
	N.			4			
Part A: Premises/Business Information	7	1					
Legal Business Name (individual name if sole pro	oprietorsnip)						
Door County Creamery							
2. Business Trade Name or DBA							
Door County Creamery LLC							
3. FEIN			Seller's Pern	nit Number			
46-2731760		410281	192507				
5. Entity Type (check one)							
Sole Proprietor Partnership	✓ Limited Liability		Cor			fit Organiz	ation
6. State of Organization	7. Date of Organization	on .	8	8. Wisconsin	DFI Registration	n Number	
WI	05/13/2012			D04894	6		
9. Premises Address							
10653 N. Bay Shore Dr							
10. City			1	1. State	12. Zip Code		
Sister Bay				WI	54234		
13. County	14. Governing Municipal		/ Town	✓ Village	15. Aldermanio	District	
Door	of: Sister E	Bay					
16. Premises Phone	17. Premises Email			18. Web	site		
(920) 854-3388	info@doorcou	ntycrea	mery.com	n door	countycre	amery.	com
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters	Authorized a	alcohol bevera	age activities	and storage of		
Store, patios, buildings, areas on property premise		parkin	ng lot,	paved	and nat	ural	
OO Malling Address (6 different forms and de-							
20. Mailing Address (if different from premises addre	3SS)						
PO Box 585							
21. City			2	2. State	23. Zip Code		
Sister Bay				WI	54234		
Part B: Questions	4,						
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal						Yes	✓ No
If yes, list the details of violation below. Atta	ch additional sheets if	necessary.					
Law/Ordinance Violated	Location			Tria	al Date		
Penalty Imposed			Was sente	nce comple	eted?	Yes	☐ No
Law/Ordinance Violated	Location			Tria	al Date		
Penalty Imposed							
crany imposed			Was sente	nce comple	eted?	Yes	☐ No

Are charges for any offenses per beverages.	nding against the b	usines	s? Exclude traffic	offen	ses unless related to al	cohol	Yes ✓ N
If yes, describe the nature and st	atus of pending ch	narges	using the space b	elow	. Attach additional shee	s as needed	i.
Is the applicant business or any individuals or entities a restricted	d investor with any	v intere	st in an alcohol b	ever	age producer or distribu	r related	Yes 🗸 N
If yes, provide the name of the re	estricted investor	and de	scribe the nature	of th	e interest.		
Is the applicant business owned If yes, provide the name(s) and F	by another busine EIN(s) of the busi	ss entit ness er	y? ntity owners below	v. Atta	ach additional sheets as	needed.	Yes 📝 N
4a. Name of Business Entity	***		4b. Busines	ss Ent	ity FEIN		
5. Have the partners, agent, or sole this license period? Submit proof	of completion			ī,			
6. Is the applicant business indebte7. Does the applicant business owe							
Part C: Individual Information List the name, title, and phone number f		A1A. 12 2 12					. 15-4-14 5-1 5-14
Question 4: sole proprietor, all officers, of managers, and agent of a limited liability Include Form AB-100 for each person list Last Name	company. Attach ac	lditional tions an	sheets if necessary	<i>!</i> .	agent by including Form AE	i di	u all members,
		· .					
Johnson	Jesse			Owi	ner 	(303)	775-3216
Part D: Attestation							
One of the following must sign and	attest to this applic	cation					
	general partner of		ership • one	e cor	porate officer • or	ne member o	of an LLC
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the appli rights and responsibilities conferred by according to the law, including but not I to any portion of a licensed premises du revocation of this license. I understand understand that I may be prosecuted foingly provides materially false information.	cant business and r the license(s), if gra limited to, purchasin uring inspection will that any license iss r submitting false sta	nted, winted, winted, winder,	chalf of any other in Il not be assigned to ol beverages from s ned a refusal to allo atrary to Wis. Stat. (s and affidavits in co	ndividu o ano state a ow ins Chapt onnec	ual or entity seeking the lic ther individual or entity. I authorized wholesalers. I u pection. Such refusal is a ter 125 shall be void unde tion with this application, a	ense. Further agree to oper understand the misdemeanor penalty of some that any p	r, I agree that the control of the control of the control of acces of acces of and grounds that all of the control of the cont
Last Name			First Name				M.I.
Johnson			Jesse				
Title		Email				Phone	
owner Signature //		trip	sjohnson@gr		l.com	(303)	775-3216
life						21/25	
Part E: For Clerk Use Only							
Date Application Was Filed With Flerk	License Number				Date License Granted	Date Lice	nse Issued
Signature of Clerk/Deputy Clerk					Date Provisional	License Issu	ed (if applicable

Colus parling AREAS Alcohol - W JWY

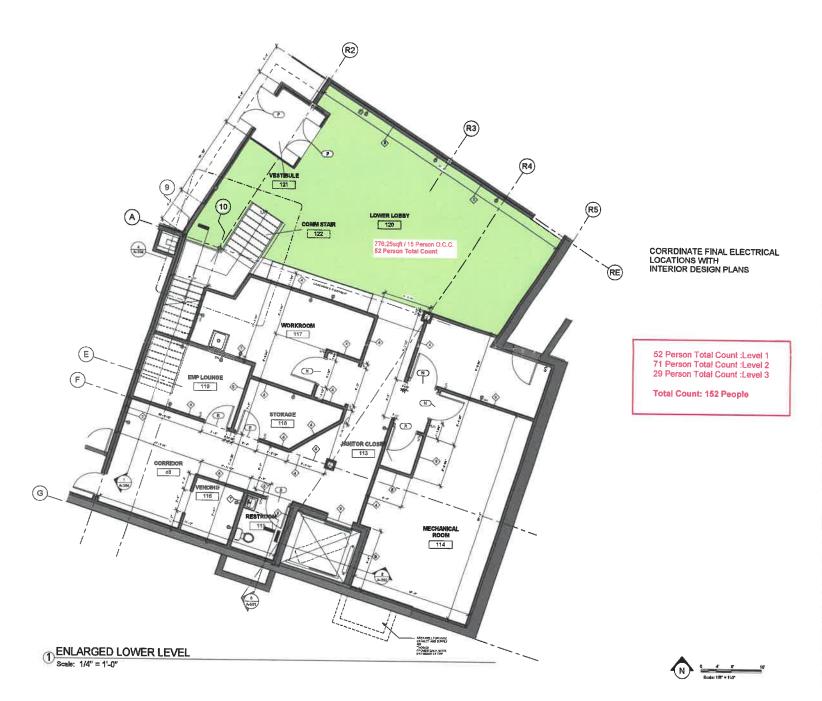
Save Print Clear

Form AB-200

For Municipal Use Only					
Municipality Sister Bay					
License Period					

License(s) Requested: (up to two boxes may	Fees				
☐ Class "A" Beer \$	Class "B" Beer\$	DO License	Fees	\$ 200	
Class A" Liquor	☐ "Class B" Liquor \$	Backgro	und Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publicat	ion Fee	\$	
Class C" Liquor (wine only) \$ 100		Total Fe	es	\$ 200	
Part A: Premises/Business Information	n				
1. Legal Business Name (individual name if sole pro					
2. Business Trade Name or DBA The Dow Hotel	511				
3. FEIN 84-3146005	4. Wisconsin	Seller's Permit Numb			
5. Entity Type (check one)					
Sole Proprietor Partnership	Limited Liability Company	Corporation		fit Organization	
6. State of Organization	7. Date of Organization	8. VViscor	nsin DFI Registration	on Number	
9. Premises Address					
2329 Mill Rd.					
10. City Sister Boy		11. State	12. Zip Code	234	
13. County	14. Governing Municipality: City	☐ Town Villag			
Door	of: Sister Ba)	<u> </u>		
16. Premises Phone	17. Premises Email		Vebsite		
844 944 0354	james@thedorrhotel				
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. At 2393 Mill	including living quarters. Authorized a n. Attach a map or diagram and additi	Icohol beverage activ	ities and storage o		
20. Mailing Address (if different from premises addre	ec)				
PO Box 567	55)				
Sister Bay		22. State	23. Zip Code SUZ	34	
Part B: Questions			ATT		
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal contents.)				☐ Yes 🌠 No	
If yes, list the details of violation below. Attack	ch additional sheets if necessary.			•	
Law/Ordinance Violated	Location		Trial Date		
Penalty Imposed		Was sentence cor	npleted?	Yes No	
Law/Ordinance Violated	Location		Trial Date		
Penalty Imposed		Was sentence cor	npleted?	Yes No	

Are charges for any offenses pendin beverages.	g against the business? Ex	clude traffic of	fenses unl	ess related to alc	ohol . Yes	X No
If yes, describe the nature and status	s of pending charges using	the space belo	ow. Attach	additional sheets	as needed.	
Is the applicant business or any of it individuals or entities a restricted in If yes, provide the name of the restricted.	vestor with any interest in	an alcohol bev	erage pro	ducer or distribut	related or? Yes	₩ No
4. Is the applicant business owned by a If yes, provide the name(s) and FEIN	another business entity? I(s) of the business entity o	wners below. A	Attach add	itional sheets as	Yes needed.	No.
4a. Name of Business Entity		4b. Business E	Entity FEIN			
 5. Have the partners, agent, or sole prothis license period? Submit proof of c 6. Is the applicant business indebted to 7. Does the applicant business owe part Part C: Individual Information	completion	days for beer	or 30 days	s for liquor/wine?	Yes	✓ No
List the name, title, and phone number for ex Question 4: sole proprietor, all officers, direc managers, and agent of a limited liability cor Include Form AB-100 for each person listed	tors, and agent of a corporation npany. Attach additional sheets	n or nonprofit org s if necessary.	ganization,	all partners of a par	tnership, and all m	
Last Name	First Name	Ti	tle		Phone	
Schette	Christoph	r	arth	21	7737500	374
Part D: Attestation			-			
One of the following must sign and atte				<i>CC</i>		
• sole proprietor • one gene READ CAREFULLY BEFORE SIGNING: U I am acting solely on behalf of the applicant rights and responsibilities conferred by the according to the law, including but not limite to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for sub ingly provides materially false information o	business and not on behalf of icense(s), if granted, will not be ed to, purchasing alcohol beve inspection will be deemed a any license issued contrary to mitting false statements and a	swered each of f any other indiv be assigned to a erages from stat refusal to allow i o Wis. Stat. Cha affidavits in conn	idual or ent nother indive authorize nspection. apter 125 s ection with	questions complete tity seeking the lice idual or entity. I ag d wholesalers. I un Such refusal is a m hall be void under this application, an	nse. Further, I agro gree to operate this derstand that lack isdemeanor and g penalty of state law d that any person w	agree that the s business of access rounds fow. I furthe
Last Name Schweltz		Name	top	w	M.I.	
Managing Partner Signature	Email Chris	thedor	rhotel	·com	Phone 773 750 (0374
(1)				5/20/2	5	
Part E: For Clerk Use Only	and a Niverban		Det- 11	anna Oraște d	Doto License !	wod
Pale Application Was Filed WittsClerk Lice	ense Number		Date Lic	ense Granted	Date License Iss	uea
Signature of Clerk/Deputy Clerk				Date Provisional L	icense Issued (if a	pplicable)





PROJECT NAME THE DÖRR HOTEL

PROJECT # ISSUE DATE:

CHECKED BY:

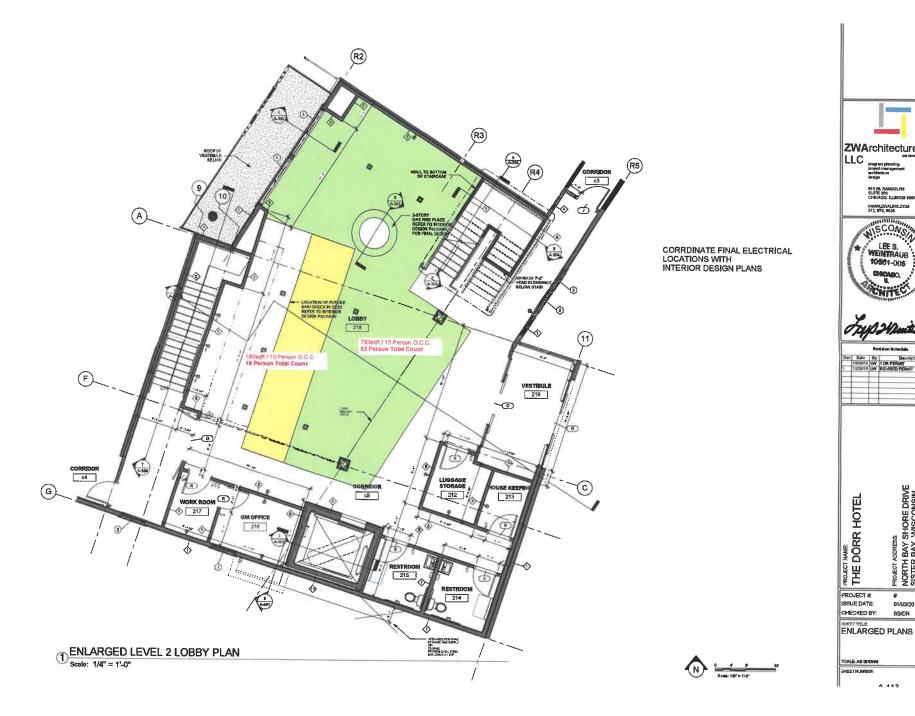
ENLARGED PLANS

TCALE: AS SHOWN SHEET NUMBER:

A 449

01/03/20

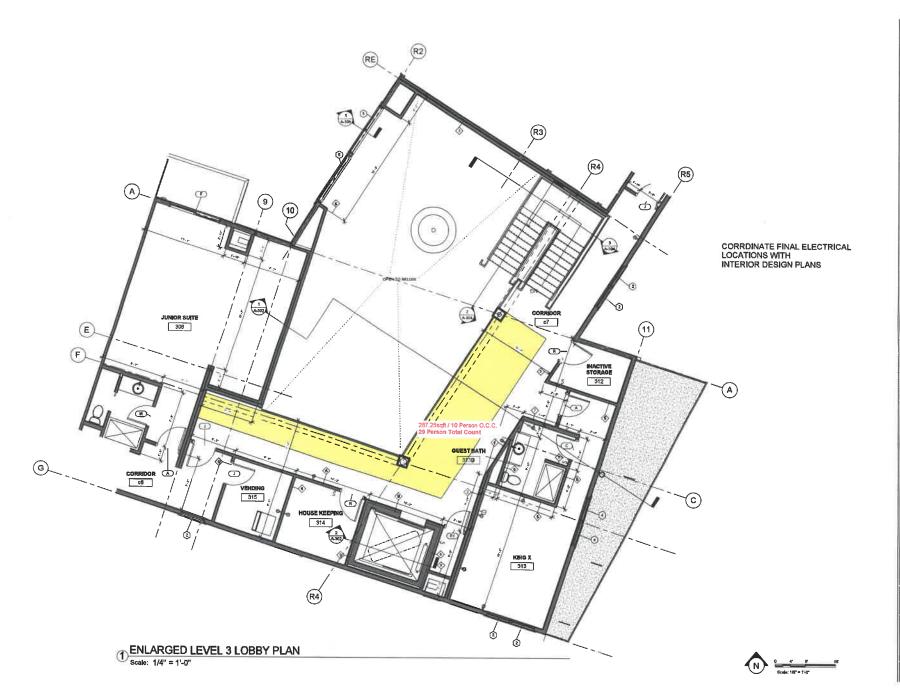
BB/DR





BB/DR

A 449





WWW.ZWALINK,CCM 312, 979, 9638





411	Date	By	Description
	19051#	LW	FOR PERMIT
	1200/1#	LW	REVISED PERMIT SET
_			

PROJECT NAME
THE DÖRR HOTEL

PROJECT # 01/03/20

ISSUE DATE: CHECKED BY:

ENLARGED PLANS

SCALE: AS SHOWN SHEET NUMBER:

A 44A

8B/DR

Save

Print

Clear

Form AB-200

For Municipal Use Only	
Municipality Sister Bay	
License Period	

License(s) Requested: (up to two boxes the	ay be checked)			1	Fees		
Class "A" Beer \$	☑ Class "B" Beer	\$ 10	50	License F	ees	\$ 6	200
Class A" Liquor \$	☐ "Class B" Liquor .	\$		Backgrou	ind Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$_		Publication	on Fee	\$	30
"Class C" Liquor (wine only) \$ UV				Total Fee	es	\$ 3	130
Part A: Premises/Business Informati							
1. Legal Business Name (individual name if sole p	proprietorsnip)						
2. Business Trade Name or DBA							
BASECAMP							
3. FEIN ZLe - 2479278		4. Wisconsin 456 -		ermit Numbe 91546	4		
5. Entity Type (check one)							
Sole Proprietor Partnership	Limited Liability	y Company	□ Cc	orporation	☐ Nonpro	fit Orgar	nization
6. State of Organization	7. Date of Organization				in DFI Registration	n Numbe	ar
W1	200	6		ED	35400		
9. Premises Address 10740 North BAY	SHORE PR	IUE					
10. City SISTER BAY				11. State	12. Zip Code 54 Z 3	4	
13. County DOGR		Dality: & City					
16. Premises Phone 920 - 854 - 5724	17. Premises Email @CoLoOYSPORT	s 2 gma	l.om	18. We	ebsite ology Sparl	5.6n	7
19. Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this applicate and property 100	g, including living quarters tion. Attach a map or diag Cated ut 10	s. Authorized a ram and addit	icohol beve ional sheet	erage activit s if necessa	ies and storage of	f records	may occur
20. Mailing Address (if different from premises add	Iress)						
21. City Sister Bay				22. State	23. Zip Code 542	34	
Part B: Questions							
Has the business (sole proprietorship, part violating federal or state laws or local ordin	nances? Exclude traffic	offenses un	or corpora less relate	ition) been ed to alcoh	convicted of ol beverages.	Yes	No No
If yes, list the details of violation below. Att		it necessary.		1-			
Law/Ordinance Violated	Location			1	rial Date		
Penalty Imposed	1		Was sen	tence com	pleted?	Yes	☐ No
Law/Ordinance Violated	Location			1	rial Date		
Penalty Imposed	× 1		Was sen	tence com	pleted?	Yes	☐ No

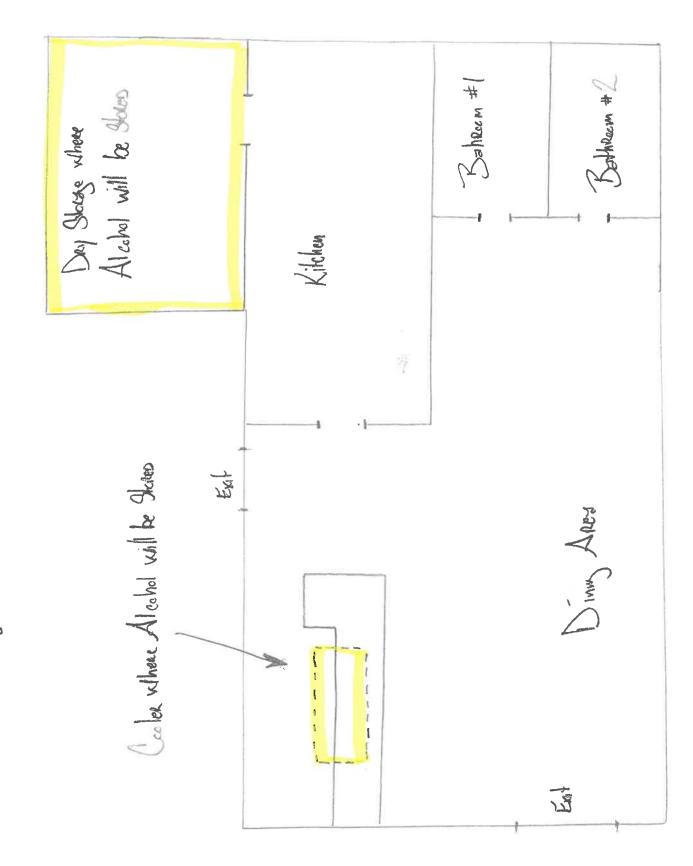
Are charges for any offenses pending beverages.	against the business? Ex	clude traffic offens	ses unless related to alc	ohol . Yes	☑ No
If yes, describe the nature and status of	of pending charges using	the space below.	Attach additional sheets	as needed.	
Is the applicant business or any of its individuals or entities a restricted inveloped in the provide the name of the restrict the strict in the restrict in the strict in the stri	stor with any interest in	an alcohol bevera	ge producer or distribut		№ No
 Is the applicant business owned by and If yes, provide the name(s) and FEIN(s 					No No
4a. Name of Business Entity		4b. Business Entity	y FEIN		
5. Have the partners, agent, or sole propr this license period? Submit proof of co	ietor satisfied the respon	sible beverage se	rver training requiremen	t for Y Yes	☐ No
6. Is the applicant business indebted to a	ny wholesaler beyond 15	days for beer or 3	30 days for liquor/wine?.	🔲 Yes	≫ No
7. Does the applicant business owe past	due municipal property to	exes, assessments	s, or other fees?	Yes	△ No
Part C: Individual Information					
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comparately.	s, and agent of a corporatio	n or nonprofit organia	in the applicant business o zation, all partners of a part	r businesses listed in inership, and all me	in Part B, mbers,
Include Form AB-100 for each person listed be			ent by including Form AB-1		
Last Name	First Name	Title		Phone	4776
Kersebet Kersebet	Alicia		ner	920-421-	2555
Kersebel	J0ë/	00	oner lopicaler	920 421-	0733
Part D: Attestation	L				
One of the following must sign and attest	to this application:				
	l partner of a partnership	one corp	orate officer • one	member of an LL	.c r
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that ar understand that I may be prosecuted for submit	isiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol beve spection will be deemed a in the license issued contrary to tting false statements and a	f any other individua e assigned to anoth erages from state au refusal to allow inspe o Wis. Stat. Chapter ffidavits in connection	al or entity seeking the licer her individual or entity. I ag athorized wholesalers. I und ection. Such refusal is a mi r 125 shall be void under p on with this application, and	ise. Further, I agree ree to operate this derstand that lack of sdemeanor and gro enalty of state law. I that any person wi	e that the business of access ounds for I further
ingly provides materially false information on the Last Name 1 1		ired to forfeit not mo	ore than \$1,000 if convicted	d. M.I.	-
KersebeV		Toel			
Owner loperator	Email Joe W	ersular De	gmail.com	Phone 9 20 _421	0733
Signature MUS M		Da	51112025		
Part E: For Clerk Use Only					
	e Number		Date License Granted	Date License Issue	ed
RECEIVED MAY 0 4 2825 Signature of Clerk/Deputy Clerk			Date Provisional Li	cense Issued (if and	nlicable)
			- Control of Control o	iooucu (ii apj	

JOB NO. 05-036 SHEET 1 OF 2

For Municipal Use Only				
Municipality	Ross			
License Period	Lacy			
2029	5-2026			

License(s) Requested: (up to two boxes may		4)		Fees	
Class "A" Beer	Class "B" Beer \$ _	0000	License Fe	ees	\$ 200-
	☐ "Class B" Liquor。 \$ _		Backgroun	d Check Fee	\$
	Reserve "Class B" Liquor \$_		Publication	n Fee	\$ 30 -
"Class C" Liquor (wine only) \$ 100°			Total Fees	3	\$ 230-
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole properties)					
FAT BELLY LL					
2. Business Trade Name or DBA					
2. Business Made Maine of Ber					
3. FEIN	4. Wisconsir	Seller's Pe	ermit Number		
84-5184985	456	-103	02599	19-02	
5. Entity Type (check one)			11 25		
Sole Proprietor Partnership	Limited Liability Company	C	orporation		fit Organization
6. State of Organization	7. Date of Organization 3/20/20			n DFI Registratio	on Number
9. Premises Address	3/20/00		10	03016	
10621 N. HIGHLA	UN RN				
10. City			11. State	12. Zip Code	
SISTER BAY			W(5423	' 4
13. County	14. Governing Municipality: □ City of: SISTER BAY	y 🔲 Town	Village	15. Aldermanie	c District
DOOR			1 40 106		,
16. Premises Phone 920 - 854 - 3500	17. Premises Email CONTACT @ F478 QLY 8	n. 48.45	18. Wel		Wis Con -
19. Premises Description - Describe the building or					
are kept. Describe all rooms within the building, in only on the premises described in this application.	ncluding living quarters. Authorized	alcohol bev	erage activitie	s and storage o	
	a Divini Rami	. 1 0	272000	POPCH	for
ONE BUILDING, IND	DOE DINING 1600N	م دِ ٢٠	7 1 0 0 0 18	to cert	
DINING					
20. Mailing Address (if different from premises address 1526 TEXAS ST	58)				
			22. State	23. Zip Code	
STURGEON BAY			W L	542	35
Part B: Questions					
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal contents.)					Yes 🛚 No
If yes, list the details of violation below. Attac	ch additional sheets if necessary.				
Law/Ordinance Violated	Location		Tr	ial Date	
Penalty Imposed		Was sen	tence comp	leted?	Yes No
Law/Ordinance Violated	Location		Tr	ial Date	
			1,5		
Penalty Imposed	,J	Was sen	tence comp	leted?	☐ Yes ☐ No

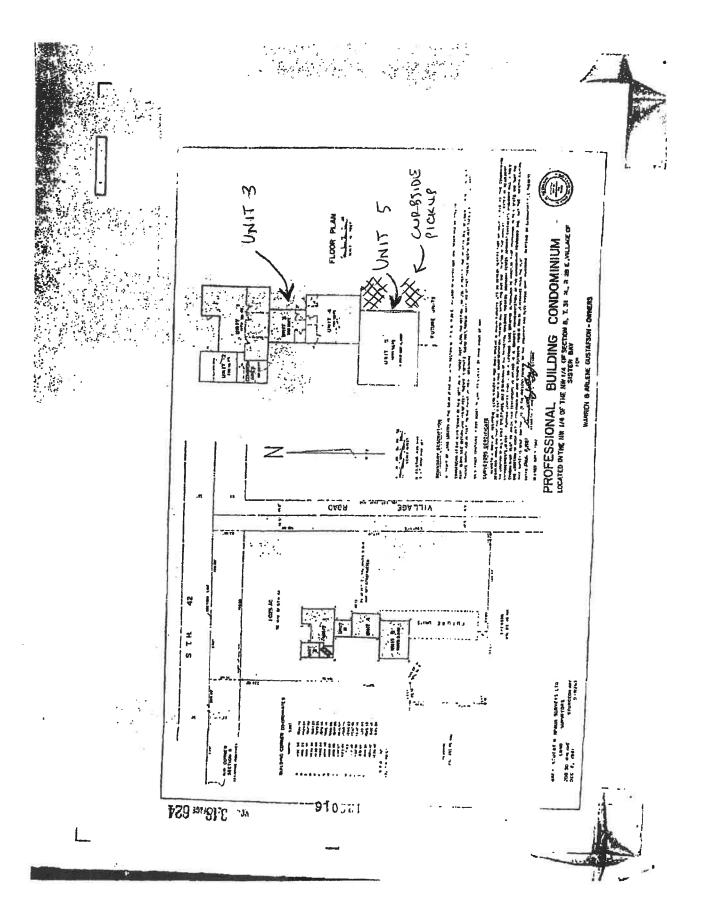
2. Are charges for any offenses pendir beverages.	ng against the busines	s? Exclude traffic offe	enses unless related to al	cohol Y	es 🔀 No
If yes, describe the nature and statu	is of pending charges	using the space below	w. Attach additional sheet	s as needed.	
3. Is the applicant business or any of	its officers, directors, r	members, agent, em	ployees, owners, or other	r related	
individuals or entities a restricted in If yes, provide the name of the rest	vestor with any intere ricted investor and de	st in an alcohol beve scribe the nature of t	erage producer or distribu the interest.	itor? 📙 Yo	es 街 No
Is the applicant business owned by	another business entit	ý?:		Yo	es 🛭 No
If yes, provide the name(s) and FEII		ntity owners below. A	ttach additional sheets as		
4a. Name of Business Entity		4b. Business E	ntity FEIN		
5. Have the partners, agent, or sole pr this license period? Submit proof of	oprietor satisfied the recompletion.	esponsible beverage	server training requireme	nt for 	es No.
6. Is the applicant business indebted to	o any wholesaler beyo	nd 15 days for beer o	or 30 days for liquor/wine?	? 🗍 Y	es 🗵 No
7. Does the applicant business owe page	ast due municipal prop	erty taxes, assessme	ents, or other fees?	🗌 Y	es 🔞 No
Part C: Individual Information					
List the name, title, and phone number for a Question 4: sole proprietor, all officers, direct managers, and agent of a limited liability co	ctors, and agent of a corp	oration or nonprofit org	ons in the applicant business anization, all partners of a pa	or businesses lis artnership, and a	sted in Part B, Il members,
Include Form AB-100 for each person listed	below. Corporations and	d LLCs must appoint an	agent by including Form AB	-101.	
Last Name	First Name	Titl	le	Phone	
LINDSLEY	Sam		OWNER	920 63	392311
Boss	LUCAS		OWNER	9203	702768
GIEORGIEY	VENTSIS	LAV	OWNER	920 819	5 5927
Part D: Attestation					
One of the following must sign and atte	est to this application:				
	eral partner of a partne	ership • one co	orporate officer • on	e member of a	n LLC
READ CAREFULLY BEFORE SIGNING:					
I am acting solely on behalf of the applicar rights and responsibilities conferred by the	license(s), if granted, wi	Il not be assigned to an	nother individual or entity. I a	agree to operate	this business
according to the law, including but not limit to any portion of a licensed premises durin					
revocation of this license. I understand that understand that I may be prosecuted for su	at any license issued con	trary to Wis. Stat. Cha	pter 125 shall be void under	r penalty of state	law. I further
ingly provides materially false information					OII WHO KHOW-
Last Name		First Name			M.I.
LINDSLEY	Te "	SAM		15:	O
Title OWNER	Email 2	INDSLEY 49	5@GMAIL	Phone 9206	392311
Signature Som	~		Date 5/8/25	_	
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk Lic	cense Number		Date License Granted	Date License	Issued
Signature of Clerk/Deputy Clerk			Date Provisional	License Issued	(if applicable)



For Municipal Use Only					
Munig	ipality		2		
	1516	er I	Day	(
Licen	se Period	_			
	202	5-	20	1210	

License(s) Requested: (up to two boxes may	be checked)				Fees		
☑ Class "A" Beer \$100	Class "B" Beer	\$	Lice	ense Fe	es	\$	600
✓ "Class A" Liquor \$ 500	☐ "Class B" Liquor .		Вас	kgroun	d Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$	Pub	lication	Fee	\$	30
Class C" Liquor (wine only) \$			Tota	al Fees		\$	630
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole prop							
FIREFLY OUTFITTERS, LLC	onetoramp)						
2. Business Trade Name or DBA							
Z. Busiliess Hade Name of DDA							
3. FEIN		4. Wisconsin	Seller's Permit N	lumber			
47-5590595		456-10	20979475-	-03			
5. Entity Type (check one)							
Sole Proprietor Partnership	✓ Limited Liability	/ Company	Corpor	ation	Nonpro	fit Organiz	ation
6. State of Organization	7. Date of Organization				DFI Registration	on Number	
WI	11/10/2015			05378			
9. Premises Address							
10589 S HIGHLAND RD, SUITE	5						
10. City			11. 9	State	12. Zip Code		
SISTER BAY				WI	54234		
13. County	14. Governing Municip	pality: City	☐ Town 🗸	Village	15. Aldermani	c District	
Door	of: SISTER I	BAY					
16. Premises Phone	17. Premises Email			18. Web	site		
421-5800	SALES@FFLDOC	RCOUNTY.	COM	FFLD	OORCOUNT	Y.COM	
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters n. Attach a map or diag	s. Authorized al ram and additi	lcohol beverage onal sheets if ne	activitie: ecessary	s and storage o	of records m	i records ay occur
UNITS 3, 5, PROFESSIONAL BUIL					S HIGHLAN	D RD,	
INCLUDING ADJACENT SIDEWALK/P	ARKING LOT FO	OR CURBSI	DE PICK-U	JP			
20. Mailing Address (if different from premises addre	ss)						
PO BOX 259							
21. City			22. 3	State	23. Zip Code		
SISTER BAY				WI	54234		
Part B: Questions							
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal continuous).	ership, limited liabilit inces? Exclude traffic	ty company, c c offenses un	or corporation) less related to	been c alcoho	onvicted of beverages.	Yes	✓ No
If yes, list the details of violation below. Attac	ch additional sheets	if necessary.					
Law/Ordinance Violated	Location			Tri	ial Date		
Penalty Imposed			Was sentenc	e comp	leted?	Yes	☐ No
Law/Ordinance Violated	Location			Tri	ial Date		
Danathy Immaged							
Penalty Imposed			Was sentence	e comp	leted?	Yes	☐ No

Are charges for any offenses pending a beverages.	against the business? Ex	clude traffic offe	enses unle	ss relate	d to alco	ohol . Yes	✓ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.							
Is the applicant business or any of its of individuals or entities a restricted investif yes, provide the name of the restricted.	stor with any interest in a	an alcohol beve	erage prod	ucer or c	r other i	related or? Yes	v No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity?) of the business entity o	wners below. A	ttach addit	ional she	ets as r	Yes	✓ No
4a. Name of Business Entity	,	4b. Business E					
_							
5. Have the partners, agent, or sole propri this license period? Submit proof of cor	ietor satisfied the respon	sible beverage	server tra	ning requ	uiremen	t for	☐ No
6. Is the applicant business indebted to ar	ny wholesaler beyond 15	days for beer o	or 30 days	for liquo	r/wine?.	Yes	✓ No
7. Does the applicant business owe past of	due municipal property ta	ixes, assessme	ents, or oth	er fees?		···· Yes	✓ No
Part C: Individual Information							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compared to the compared to th	s, and agent of a corporation any. Attach additional sheets	n or nonprofit org s if necessary.	anization, a	II partners	of a par	tnership, and all n	d in Part B, nembers,
Include Form AB-100 for each person listed bel	ow. Corporations and LLCs	must appoint an	agent by ir	ncluding F	orm AB-1		
Last Name	First Name	Tit	le			Phone	
DAHL	COLLIN	M	EMBER/N	IANAGE	IR .	854-7100	
DAHL	JENNIFER	M	EMBER/N	1ANAGE	IR	854-7100	
Part D: Attestation						<u> </u>	
One of the following must sign and attest	to this application:						
 sole proprietor one genera 	I partner of a partnership	• one co	orporate o	fficer	• one	member of an	LLC
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.							
Last Name		Name	t more man	\$1,000 II		M.	l.
DAHL		LLIN					J
Title	Email					Phone	
MEMBER/MANAGER	COLLING:	DAHLDC.CO	М			854-7100	
Signature	100		Date	7/25	1200		
Part E: For Clerk Use Only					-01	Beautiful Committee Commit	
	se Number		Date Lic	ense Grar	nted	Date License Is	ssued
Signature of Clerk/Deputy Clerk			-	Date Prov	visional L	icense Issued (if	applicable)

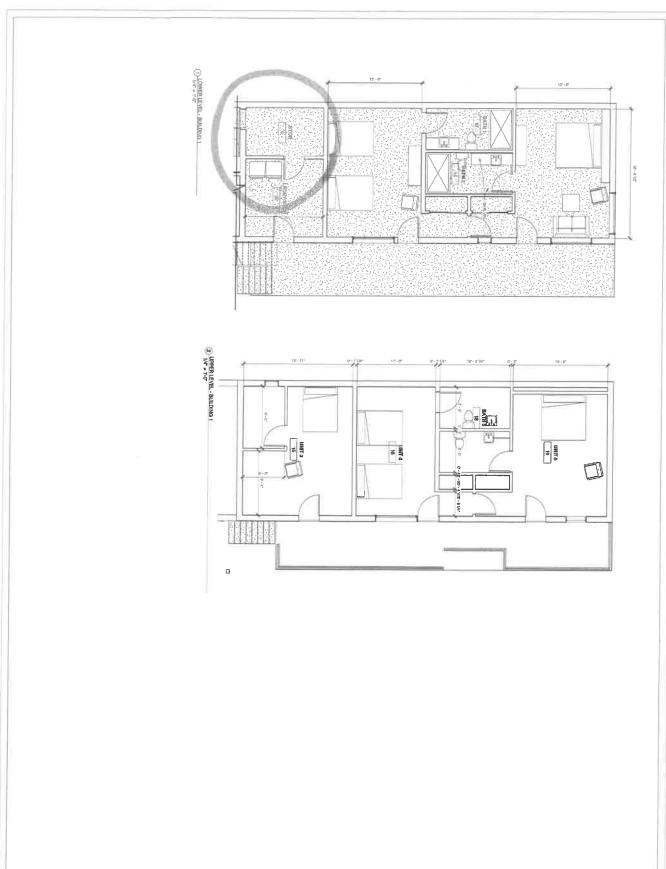


For Municipal Use Only				
Munic	ipality 1	0		
	OSTER	Day		
Licen	se Period	7		
- 7	2025.	-20210		

License(s) Requested: (up to two boxes may be checked)		Fees				
☐ Class "A" Beer \$	Class "B" Beer \$ 10	License F	ees	\$ 200-		
Class A" Liquor \$	Class B" Liquor \$	—— Backgrou	nd Check Fee	\$		
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	—— Publicatio	n Fee	\$ 30 -		
"Class C" Liquor (wine only) \$ 400.		Total Fee	s	\$ 230		
Part A: Premises/Business Information	on					
1. Legal Business Name (individual name if sole p	5 7. 72					
2. Business Trade Name or DBA	T LLC					
Goose & Twigs						
3. FEIN	4. Wisconsin	Seller's Permit Number				
82 - 4088326	456-1	03008917	3-02			
5. Entity Type (check one)	M. Limite d Linbility Company	Corporation	□ Nonnro	fit Organization		
Sole Proprietor Partnership	Limited Liability Company 7. Date of Organization	Corporation 8 Wiscons	in DFI Registration			
6. State of Organization	7. Date of Organization	0. 111000110				
9. Premises Address						
2322 Will Rd						
10. City		11 State	12. Zip Code	i.		
Sister Bay	14. Governing Municipality: City	Tour Williago	54234 15. Aldermani			
13. County	of: Sister Bay	☐ Town 🔀 Village	To: / lido/main	o Biotilot		
16. Premises Phone	17. Premises Email	18. We	ebsite			
(920) 854 3212	tal Ktous@anscandte	DIGS.COM NAME	amsenud	twias.com		
Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this application.	or buildings where alcohol beverages ar g, including living quarters. Authorized a	e produced, sold, store cohol beverage activiti	ed, or consumed, les and storage o	and related records		
1,000 Sq. Ft. Dining Area with two	restrooms, office, crawlspac	e and storage.				
20. Mailing Address (if different from premises add PSBOX 131	lress)	19				
21. City		22. State	23. Zip Code 5423	4		
Part B: Questions						
Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes						
If yes, list the details of violation below. At		Т-	Friel Date			
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed Was sentence completed? Yes						
Law/Ordinance Violated	Location	-	Trial Date			
Penalty Imposed		Was sentence com	pleted?,	Yes No		

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes beverages.						es 📉 No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.						
Is the applicant business or any of its or individuals or entities a restricted investifyes, provide the name of the restricted.	stor with any interest in a	n alcohol beve	rage prod	lucer or distribute	elated or? Y	es No
if yes, provide the fiame of the restrict	Su investor and decombe	the natare of t				
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity?) of the business entity ov	wners below. At	ttach addi	tional sheets as n	eeded.	es No
4a. Name of Business Entity		4b. Business Er	ntity FEIN			
		sible become	4	ining vaguinaman	for	
Have the partners, agent, or sole propri this license period? Submit proof of cor						es No
6. Is the applicant business indebted to ar						es 🔀 No
7. Does the applicant business owe past of	due municipal property ta	xes, assessme	ents, or oth	ner fees?	<u> </u> Y	es 🔀 No
Part C: Individual Information				P. 11		ata dia Bad B
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compa	s, and agent of a corporation	or nonprofit org	ons in the a anization, a	pplicant business o all partners of a part	r businesses li nership, and a	sted in Part B, ill members,
Include Form AB-100 for each person listed bel	low. Corporations and LLCs			ncluding Form AB-1		
Last Name	First Name	Titl	le		Phone	0 10 00
Cattardo	Coustago	(oll		920 55	7 13 99
Ibawa	Renata)ww	er	920 559	91384
Part D: Attestation	Li-				1	
One of the following must sign and attest	to this application:					
, ,	I partner of a partnership		orporate o		member of a	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant bu	usiness and not on behalf of	f any other indivi-	dual or ent	ity seeking the lice	nse. Further, I	agree that the
rights and responsibilities conferred by the lice according to the law, including but not limited	to, purchasing alcohol beve	erages from state	e authorize	d wholesalers. I un	derstand that	lack of access
to any portion of a licensed premises during in revocation of this license. I understand that an	spection will be deemed a r	efusal to allow ir	nspection. S	Such refusal is a m	isdemeanor a	nd grounds for
understand that I may be prosecuted for submi ingly provides materially false information on t	itting false statements and a	iffidavits in conne	ection with	this application, an	d that any pers	son who know-
Last Name		Name				M.I _A
Gallardo		ustavo	<u></u>			Δ
Title	Email	-01000	andt.	1166 CO111	Phone	12 90
Signature	1 agaravo	10 6 dage	Date	JIGS COM	7W 337	וין נו
- Butt			05	/30/202	5	
Part E: For Clerk Use Only			Ta		Data Harris	a lagued
RECEIVED Was Filed 37th 219th Licens	se Number		Date Lic	ense Granted	Date License	e issuea
Signature of Clerk/Deputy Clerk				Date Provisional L	icense Issued	(if applicable)

AB-200 (R. 1-25) - 2 -



SHEET NAME:
LOWER AND UPPER FLOOR PLANS
SHEET NUMBER: A3

The se drawings and specificalisms are copyrighted and the sale property of Virge Terrary Architecture, and may be used only with the permission of the architect.

DATE: 01/24/18

ADDRESS:

9098 IME KILV ROAD STURGEON BAY, WI 94255 FH 920 DEPARTS M: 920 DEPARTS M: 920 DEPARTS WWW. VIRGE TEMME.COM E: Viga@vigatemma.com PROJECT NAME:

SAGE HOMES LLC/ VIRGE TEMME ARCHITECTURE INC

REVISIONS:

For Municipal Use Only				
Municipality 515te	r B	ay		
License Period	5-2	026		

License(s) Requested: (up to two boxes may be				Fees	
Class "A" Beer \$	Class "B" Beer \$	100°	License Fe	es	\$2.00
	"Class B" Liquor \$		Backgroun	d Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$		Publication	Fee	\$ 30
Class C Liquor (wine only) \$ _\(\int\mathcal{D}\).		İ	Total Fees		\$ 230
Part A: Premises/Business Information					
Legal Business Name (individual name if sole proprie OFASSCS GYII)	etorship)				
2. Business Trade Name or DBA					
Grasses Corell			19 N 3 E 50		
3. FEIN 45 - 4560572	4. Wisconsin			61	
5. Entity Type (check one)			, ,		
Sole Proprietor Partnership	Limited Liability Company	☐ Co	rporation		fit Organization
	2 o (2	-	8. Wisconsii	PFI Registrati +691	on Number
Wisconson 9. Premises Address	2012			. 42 / 1	<u> </u>
10663 N. Bayshore	08				
10. City C P			11. State	12. Zip Code	24
13. County 14	I. Governing Municipality, City	Town	0-1	15. Aldermani	c District
Dox	of Sister Bay		Z		
16. Premises Phone 17	7. Premises Email	1	18. Wel	osite	
920-854-1125	irassognill@gma	il Car.	ngra	SSTSGY	11. com
19. Premises Description - Describe the building of building are kept. Describe all rooms within the building, inc	ildings where alcohol beverages are	re produced Icohol beve	, sold, stored	t, or consumed, is and storage o	and related records
building is a restauran	· Allohol is con	Sume	d 9000	is chore	din The
Building is a restaurant room. Alcohol is consum	id on the part	0. <i>9</i> 40	COROLI	3 3 707 0	
20. Mailing Address (if different from premises address)	ler, 9 back hall	way	room	2.	
P. O. Bux 766	,				
21. City C R = 1			22. State	23. Zip Code	/
SISTER BAY			WI	542:	5 7
Part B: Questions					
Has the business (sole proprietorship, partners violating federal or state laws or local ordinance)	ces? Exclude traffic offenses un	iless relate	tion) been o ed to alcoho	convicted of l beverages.	☐ Yes No
If yes, list the details of violation below. Attach	additional sheets if necessary.				(
Law/Ordinance Violated	Location		41	rial Date	
Penalty Imposed		Was sen	tence comp	leted?	Yes No
Law/Ordinance Violated	Location		Total VI	rial Date	
Penalty Imposed		Was sen	tence comp	leted?	Yes No

Are charges for any offenses pending beverages.	against the business? Exc	dude traffic of	fenses unless related to al	cohoi Yes
If yes, describe the nature and status	of pending charges using	he space bel	ow. Attach additional sheet	s as needed.
3. Is the applicant business or any of its individuals or entities a restricted investigates, provide the name of the restriction.	estor with any interest in a	n alcohol bev	verage producer or distribu	
4. Is the applicant business owned by ar If yes, provide the name(s) and FEIN(nother business entity? s) of the business entity o	vners below.	Attach additional sheets as	Yes No needed.
4a. Name of Business Entity		4b. Business	Entity FEIN	
5. Have the partners, agent, or sole prop this license period? Submit proof of co6. Is the applicant business indebted to a7. Does the applicant business owe past	ompletion	days for beer	or 30 days for liquor/wine?	Yes No
Part C: Individual Information	1,2189L			
List the name, title, and phone number for each Question 4: sole proprietur, all officers, director managers, and agent of a limited liability complete from AB-100 for each person listed by	ors, and agent of a comporation pany. Attach additional sheets	or nonprofit or if necessary.	garization, all partners of a pa	rtnership, and all members,
Last Name	First Name		ile	Phone
Grasse	James		Owner	608-332-50
			7	
Part D: Attestation				
One of the following must sign and attest	to this application:			
	al partner of a partnership der penalty of law, I have ans ousiness and not on behalf of sense(s), if granted, will not b if to, purchasing alcohol beve hispection will be deemed a r any license issued contrary to nitting false statements and a	owered each of any other indiversity of assigned to a rages from statefusal to allow of Wis. Stat. Childavits in control	the above questions completed widual or entity seeking the lice another individual or entity. I also a with the authorized wholesakers. I use inspection. Such refusal is a mapter 125 shall be void under nection with this application, and	erise. Further, I agree that the agree to operate this business inderstand that lack of access insidemeanor and grounds for penalty of state law. I further and that any person who know-
Corasse	First	2MLS		M.t.
TideOwner	Orasscs	gnille	agnail con	Phone
signature M.			H-15-	25
Part E: For Clerk Use Only				
	ise Number		Date License Granted	Date License Issued
Signature of Clark/Deputy Clerk		,	Date Provisional	License Issued (if applicable)

(bee) -entle rest Front beer bec beer beer beer beer beer beer beer beer beer rking -ot Kitchen beer beer back

For Municipal Use Only					
Municipality	er Ray				
License Period	1 0009				
3034	5-2026				

License(s) Requested: (up to two boxes ma	ay be checked)				Fees		
Class "A" Beer \$	Class "B" Beer	\$10	00 Lice	nse Fe	es	\$	200
Class A" Liquor \$	Class B" Liquor .	\$	Bac	kgroun	d Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B"	"Liquor \$	- Pub	lication	Fee	\$	30
☑ "Class C" Liquor (wine only) \$100			Tota	al Fees		\$	230
Part A: Premises/Business Informati 1. Legal Business Name (individual name if sole p							
HAPPY COFFEE DOCO LLC	roprietorsnip)						
2. Business Trade Name or DBA						-0	
happy coffee							
3. FEIN		4. Wisconsin Selle	er's Permit N	umber			
83-1372723		456-10295	503946-	02			
5. Entity Type (check one)							
Sole Proprietor Partnership	Limited Liability	y Company [Corpora	ation	☐ Nonpro	fit Organiz	ation
6. State of Organization	7. Date of Organizati		8. W	isconsin	DFI Registration	on Number	
MI	07/27/2018		S1	1949	4		
9. Premises Address	2						
10678 N BAY SHORE DR UN.	d		144.0	4 - 4 -	10 7in Code		
10. City SISTER BAY			11. S	tate VI	12. Zip Code 54234		
13. County	14. Governing Municip	pality: City C			15. Aldermanie	c District	
Door			101111	, mage			
16, Premises Phone	17. Premises Email			18. Web	site		
(920) 854-3113	LILLY@HAPPYC	COFFEEDOCO.	COM I	HAPPY	COFFEEDO	CO.COM	1
Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this application.	g, including living quarter	s. Authorized alcoho	ol beverage	activitie	s and storage o		
Beer and wine to be serve	ed by authori	ized staff	behin	d th	e count	er. On	
premise consumption wich			pstari	s se	ating lo	o yddc	r
outdor patio seating area	a (weather pe	ermiting).					
20. Mailing Address (if different from premises add	ress)						
PO BOX 781							
21. City			22. S		23. Zip Code		
SISTER BAY				VI.	54234		
Part B: Questions							
Has the business (sole proprietorship, part violating federal or state laws or local ordin						Yes	✓ No
If yes, list the details of violation below. Att	ach additional sheets	if necessary.					
Law/Ordinance Violated	Location			Tri	al Date		
Penalty Imposed		Wa	s sentence	compl	eted?	Yes	☐ No
Law/Ordinance Violated	Location			Tri	al Date		
		T. T.					
Penalty Imposed		Wa	s sentence	compl	eted?	Yes	☐ No

Are charges for any offenses pending a beverages.	against the I	busines	s? Exclude traff	c offe	enses unl	ess related to alc	ohol	Yes No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.								
Is the applicant business or any of its individuals or entities a restricted investif yes, provide the name of the restrict.	stor with an	y intere	st in an alcohol	beve	erage pro	ducer or distribut	related or?	Yes 🔽 No
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other busine) of the busi	ss entit iness er	y? ntity owners belo	 ow. A	ttach add	itional sheets as	needed.	Yes 🔽 No
4a. Name of Business Entity			4b. Busin	ess E	ntity FEIN			
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfie noletion	ed the re	esponsible beve	rage	server tra	aining requiremer	it for	Yes \ \ \ No
6. Is the applicant business indebted to a	•						لبسب	Yes 🔽 No
7. Does the applicant business owe past								Yes 🔽 No
Part C: Individual Information								
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director	s, and agent	of a corp	oration or nonpro	fit org	ons in the a anization,	applicant business of a par	or businesses tnership, and	listed in Part B, all members,
managers, and agent of a limited liability compa	-							
Include Form AB-100 for each person listed be		tions and	d LLCs must appo	int an		including Form AB-	101. Phone	
Last Name	First Name	T 7\		_	NER			866-0891
OROZCO	TITITIAN	NA		- 00	AIACL		(920)	000-0091
				+				
David Dr. Attactation				1			1	Herrie
One of the following must sign and attest	to this appli	cation						
• sole proprietor • one genera			ership • o	ne co	orporate o	officer • one	member of	an LLC
READ CAREFULLY BEFORE SIGNING: Und	er penalty of	law, I ha	ive answered eac	h of t	he above (questions complete	ly and truthfu	illy. I agree that
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	isiness and r	not on be	half of any other	indivi	dual or ent	tity seeking the lice	nse. Further,	I agree that the
according to the law, including but not limited	to, purchasin	ig alcoho	ol beverages from	state	authorize	d wholesalers. I ur	derstand tha	t lack of access
to any portion of a licensed premises during in revocation of this license. I understand that are	ny license iss	ued con	trary to Wis. Stat	. Cha	pter 125 s	hall be void under	penalty of sta	ite law. I further
understand that I may be prosecuted for submi	itting false sta	atements	and affidavits in	conne	ection with	this application, an	d that any pe	rson who know-
Last Name	THE SIPPLIFE		First Name					M.I.
OROZCO			LILLIANA					L
Title		Email					Phone	
OWNER /		LIĻL	Y@HAPPYCOE	FEE		COM	(920) 8	66-0891
Signature	< .				Date	04/2	6/25	
Part E: For Clerk Use Only								
DESCRIPTION Was Filed, With Clark Licens	e Number				Date Lic	cense Granted	Date Licen	se Issued
Signature of Clerk/Deputy Clerk						Date Provisional L	icense Issue	d (if applicable)

pantry Espresso Seating over Patio walk way gorden

Bay shore Dr.

Storage

walk-in storage

up Stairs lobby/ Seating

ruil

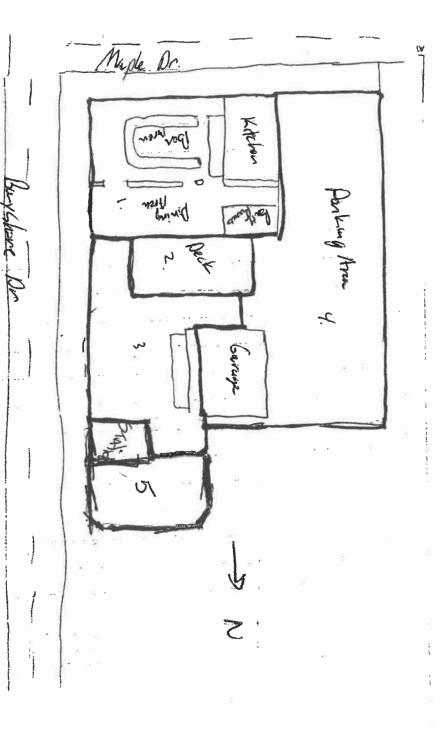
down Stail 45

For Municipal Use Only					
Municipality OSter Bay					
License Period 2024					

License(s) Requested: (up to two boxes may	be checked)				Fees		
☑ Class "A" Beer \$	Class "B" Beer	\$	100	License F	ees	\$	600
Class A" Liquor \$ 6	☑ "Class B" Liquor .	\$	500	Backgrou	nd Check Fee	\$	
Glass A" Liquor (cider only) \$ [Reserve "Class B" Liquor \$			Publication Fee		\$	20
Class C" Liquor (wine only) \$				Total Fee	es	\$	620
Part A: Premises/Business Information	n						
Legal Business Name (individual name if sole pro							
Husbys EL LLC	priotoro.iip)						
2. Business Trade Name or DBA							
Husbys Food & Spirits							
3. FEIN		4. Wisconsin	Seller's Pe	rmit Numbe	r		
264738244		456102	63234				
5. Entity Type (check one)							
☐ Sole Proprietor ☐ Partnership	✓ Limited Liabilit	y Company	☐ Co	orporation	☐ Nonpro	fit Organi	zation
6. State of Organization	7. Date of Organizati	· · ·			in DFI Registration		
WI	04/16/2009						
9. Premises Address							
10641 N Bay Shore Drive							
10. City				11. State	12. Zip Code		
Sister Bay				WI	54234		
13. County	14. Governing Municip	_	Town	✓ Village	15. Aldermanio	c District	
Door	of: Sister 1	Bay					
16. Premises Phone	17. Premises Email			18. W			
(920) 854-2624				Husl	pysdoorcou	inty.c	om
 Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application Entire restaurant, deck, 	including living quarter on. Attach a map or diag	s. Authorized a gram and additi	lcohol beve ional sheet	erage activit s if necessa	ies and storage o ry.	f records r	nay occur
20. Mailing Address (if different from premises addre	ess)						
P.O. Box 74							
21. City				22. State	23. Zip Code		
Sister Bay				WI	54234		
Part B: Questions							
Has the business (sole proprietorship, partn violating federal or state laws or local ordina						Yes	√ No
If yes, list the details of violation below. Attach	ch additional sheets	if necessary.					
Law/Ordinance Violated	Location				Trial Date		
Penalty Imposed			Was sen	tence com	pleted?	Yes	☐ No
Law/Ordinance Violated	Location				Trial Date		
Penalty Imposed			Was sen	tence com	pleted?	Yes	☐ No

Are charges for any offenses pending a beverages.	against the business? E	exclude traffic offe	enses un	less related to alco	ohol 🔲	Yes [✓ No
If yes, describe the nature and status of	of pending charges using	g the space belo	w. Attach	additional sheets	as needed.		
3. Is the applicant business or any of its							
individuals or entities a restricted inve If yes, provide the name of the restrict					>r?∐ `	Yes L	√ No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s						Yes [√ No
4a. Name of Business Entity		4b. Business E	ntity FEIN				
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the respo	nsible beverage	server tra	aining requirement	t for ······ ✓ `	Yes [No
6. Is the applicant business indebted to a	ny wholesaler beyond 1	5 days for beer o	or 30 day	s for liquor/wine?.	🔲 `	Yes 🔽	✓ No
7. Does the applicant business owe past	due municipal property	taxes, assessme	ents, or ot	her fees?		Yes 🔽	✓ No
Part C: Individual Information							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compared to the	s, and agent of a corporation	on or nonprofit orga	ons in the a anization,	applicant business of a part	r businesses nership, and	listed in all mem	Part B, bers,
Include Form AB-100 for each person listed be	low. Corporations and LLC	Cs must appoint an	agent by	including Form AB-1	01.		
Last Name	First Name	Titl	е		Phone		
Sawyer	John	M∈	ember		(920) 4	121-0	190
Kodanko	Chad	M∈	ember		(920) 2	279-0	191
Larsen	James	Me	mber		(920) 7	737-7	838
Radosevich	Joseph	Me	mber		(920) 4	121-4	230
Part D: Attestation							
One of the following must sign and attest	to this application:						
sole proprietor	l partner of a partnershi	p • one co	orporate o	officer • one	member of	an LLC	,
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that ar understand that I may be prosecuted for submit ingly provides materially false information on the	usiness and not on behalf or ense(s), if granted, will not to, purchasing alcohol bevispection will be deemed a ny license issued contrary itting false statements and	of any other individually be assigned to an verages from state refusal to allow in to Wis. Stat. Chap affidavits in conne	dual or entended authorized spection. opter 125 section with	ity seeking the licer ridual or entity. I ag d wholesalers. I und Such refusal is a mi hall be void under p this application, and	nse. Further, I ree to operate derstand that sdemeanor a penalty of state I that any pers	l agree to the this but lack of and grounted the law. I	that the usiness access inds for further
Last Name Sawer	Firs	t Name John				M.I.	-
Title Partner 1	Email				Phone		
/gnature	John	nsawjer	762	zmail. Com	9204	21-0	190
July any			Date				
Part E: For Clerk Se Only							
Date Application Was filed With Clerk Licens	e Number		Date Lic	ense Granted	Date License	e Issued	i
Signature of Clerk/Deputy Clerk				Date Provisional Li	cense Issued	(if applie	cable)
							11

AB-200 (N. 03-24)



2. The Aeck Attached to Itarby's Food + 6pirits
3. The Area avant the base bon @ Husby's 5. Villing Station + Ratio 4. The Area within our lot thes / Parking lot 1. The Aven maide Husby's Food + Spirits

For Municipal Use Only					
Municipality Ster	Bay				
License Period 2005	-2024				

□ "Class A" Liquor \$	License(s) Requested: (up to two boxes ma	y be checked)				Fees		
□ "Class A" Liquor (cider only) \$ □ Reserve "Class B" Liquor \$ □ Publication Fee \$ 3 □ "Class C" Liquor (wine only) \$ □ Total Fees \$ 63 Part A: Premises/Business Information 1. Legal Business Name (individual name if sole proprietorship) Lew Group Inc 2. Business Trade Name or DBA Lure 3. FEIN 4. Wisconsin Seller's Permit Number 456-1029122538-02	Class "A" Beer \$	✓ Class "B" Beer		100	License f	\$	600	
Class C" Liquor (wine only) \$ Total Fees \$ 63 Part A: Premises/Business Information 1. Legal Business Name (individual name if sole proprietorship) Lew Group Inc 2. Business Trade Name or DBA Lure 3. FEIN	Class A" Liquor \$	✓ "Class B" Liquor	\$	500	Backgrou	ınd Check Fee	\$	
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole proprietorship) Lew Group Inc 2. Business Trade Name or DBA Lure 3. FEIN 4. Wisconsin Seller's Permit Number 456-1029122538-02	Class A" Liquor (cider only) \$	Reserve "Class B"	Publication	on Fee	\$	30		
1. Legal Business Name (individual name if sole proprietorship) Lew Group Inc 2. Business Trade Name or DBA Lure 3. FEIN 4. Wisconsin Seller's Permit Number 456-1029122538-02	Class C" Liquor (wine only) \$				Total Fee	es	\$	630
Lew Group Inc 2. Business Trade Name or DBA Lure 3. FEIN 81-1908836 4. Wisconsin Seller's Permit Number 456-1029122538-02								
2. Business Trade Name or DBA Lure 3. FEIN 81-1908836 4. Wisconsin Seller's Permit Number 456-1029122538-02		roprietorship)						
Lure 4. Wisconsin Seller's Permit Number 3. FEIN 4.56-1029122538-02								
3. FEIN 81-1908836 4. Wisconsin Seller's Permit Number 456-1029122538-02								
81-1908836 456-1029122538-02			4 105	0 - II I - D -				
01 190000						ſ		
	81-1908836		456-10	291225	38-02			
	5. Entity Type (check one)					<u></u>		
Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization				V Cc				
6. State of Organization 7. Date of Organization 8. Wisconsin DFI Registration Number	6. State of Organization	1				•	on Number	
WI 04/01/2016 L057992	WI	04/01/2016			L0579	992		
9. Premises Address								
10627 N Bayshore Dr	10627 N Bayshore Dr							
10. City 11. State 12. Zip Code	1							
Sister Bay WI 54234	<u> </u>							
13. County 14. Governing Municipality: City Town Village 15. Aldermanic District	13. County		_ ,	☐ Town	☐ Village	15. Aldermani	c District	
Door of: Sturgeon Bay	Door		ı Bay			÷(
16. Premises Phone17. Premises Email18. Website	16. Premises Phone							
(920) 854-8111 sisterbayrestaurants@gmail. luredoorcounty.com								
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related record are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.	are kept. Describe all rooms within the building only on the premises described in this applicate	g, including living quarters tion. Attach a map or diag	s. Authorized a ram and additi	lcohol beve onal sheet	erage activit s if necessa	ies and storage ory.	of records n	nay occur
entire premesis located at 10627 N Bay Shore Dr. including all interior and exterior seating, decks and green space on property							interi	Lor
20. Mailing Address (if different from premises address)	20. Mailing Address (if different from premises add	lress)						
PO Box 558	PO Box 558							
21. City 22. State 23. Zip Code	21. City				22. State	23. Zip Code		
Sister Bay WI 54234	Sister Bay				WI	54234		
Part B: Questions	Part B: Questions							
Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ✓ N	Has the business (sole proprietorship, partiviolating federal or state laws or local ordinates)	tnership, limited liability nances? Exclude traffic	y company, c c offenses un	or corpora less relate	tion) been ed to alcoh	convicted of ol beverages.	Yes	✓ No
If yes, list the details of violation below. Attach additional sheets if necessary.	If yes, list the details of violation below. At	tach additional sheets i	f necessary.					
Law/Ordinance Violated Location Trial Date	Law/Ordinance Violated	Location				Trial Date		
Penalty Imposed Was sentence completed? Yes N	Penalty Imposed			Was sen	tence com	pleted?	Yes	☐ No
Law/Ordinance Violated Location Trial Date	Law/Ordinance Violated	Location			1	Trial Date		
Penalty Imposed Was sentence completed? Yes N	Penalty Imposed			Was sen	tence com	pleted?.	Yes	☐ No

Are charges for any offenses pending a beverages.	against the busines	ss? Exclude tra	affic offe	nses un	less re	elated to ald	cohol	Yes	✓ No
If yes, describe the nature and status of	es, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.								
O Letter and in the continue of the	-ffinana directore	momboro ogo	nt om	alovoos	OWNO	re or other	rolated		
3. Is the applicant business or any of its individuals or entities a restricted inve If yes, provide the name of the restrict	stor with any intere	est in an alcoh	ol beve	rage pro	oducei	or distribu	tor?	Yes	✓ No
 Is the applicant business owned by and If yes, provide the name(s) and FEIN(s 	other business enti) of the business e	ty? ntity owners b	elow. At	tach add	ditiona	l sheets as	needed.	Yes	✓ No
4a. Name of Business Entity		4b. Bus	iness Er	ntity FEIN	l				
5. Have the partners, agent, or sole proprethis license period? Submit proof of co	ietor satisfied the r	esponsible be	verage	server tr	aining	requireme	nt for · · · · · · ✓	Yes	☐ No
6. Is the applicant business indebted to a								Yes	✓ No
7. Does the applicant business owe past	due municipal prop	erty taxes, as	sessme	nts, or o	ther fe	es?		Yes	✓ No
Part C: Individual Information									
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	s, and agent of a corp	poration or nonp	rofit orga	ns in the anization,	applica all par	ant business tners of a pa	or businesse irtnership, an	s listed d all m	in Part B, embers,
Include Form AB-100 for each person listed be		nd LLCs must ap			includ	ing Form AB			
Last Name	First Name		Title			Phone			
Louis	Wuollett		Ow	ner			(920)	401	-8155
Patsy	Wuollett		Ow	wner			(920)		-8154
Benjamin	Ehlers		Ow	Owner/Agent			(920)	595	-1026
Part D: Attestation	·		· · · · · · · · · · · · · · · · · · ·						
One of the following must sign and attest									
	ll partner of a partn	•		rporate			e member o		
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a	usiness and not on b ense(s), if granted, w to, purchasing alcoh aspection will be deer ny license issued co	ehalf of any oth fill not be assign fol beverages from med a refusal to ntrary to Wis. S	er individed to an om state allow in tat. Chap	dual or er other ind authoriz spection oter 125	ntity se ividual ed who . Such shall be	eking the lice or entity. I a blesalers. I u refusal is a r e void under	ense. Furthe agree to oper nderstand th nisdemeano penalty of s	r, I agre ate this at lack r and g tate lav	ee that the business of access rounds for w. I further
understand that I may be prosecuted for submingly provides materially false information on	itting false statement	s and affidavits	in conne	ction with	า this a	pplication, a	nd that any p	erson	who know-
Last Name		First Name						M.I.	
Ehlers		Benjami	n						D
Title	Email	. 7 0 1-					Phone	-0-	1000
Agent/ Owner Signature	baer	nlers@yah	00 . CC		10	1.00	(920)	595-	1026
Signatury)				Date 2	14	125			
Part E. For Clerk Use Only					- 1				
Date Application Was Filed With Clerk Licens	se Number			Date L	icense	Granted	Date Lice	nse Iss	ued
RECEIVED MAY 19 2025					Data	Provisional	License Issu	ed (if a	nnlicable\
Signature of Clerk/Deputy Clerk					Date	FIONSIONAL	LICEUSE ISSU	eu (II a	ppiicabie)

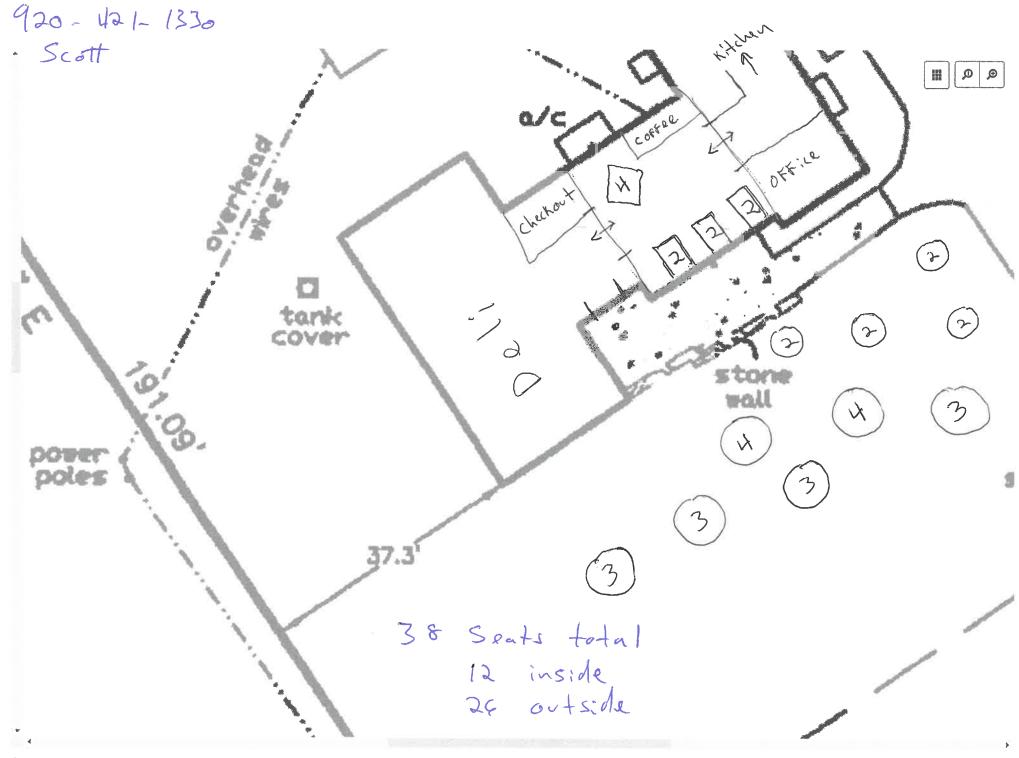
Cree

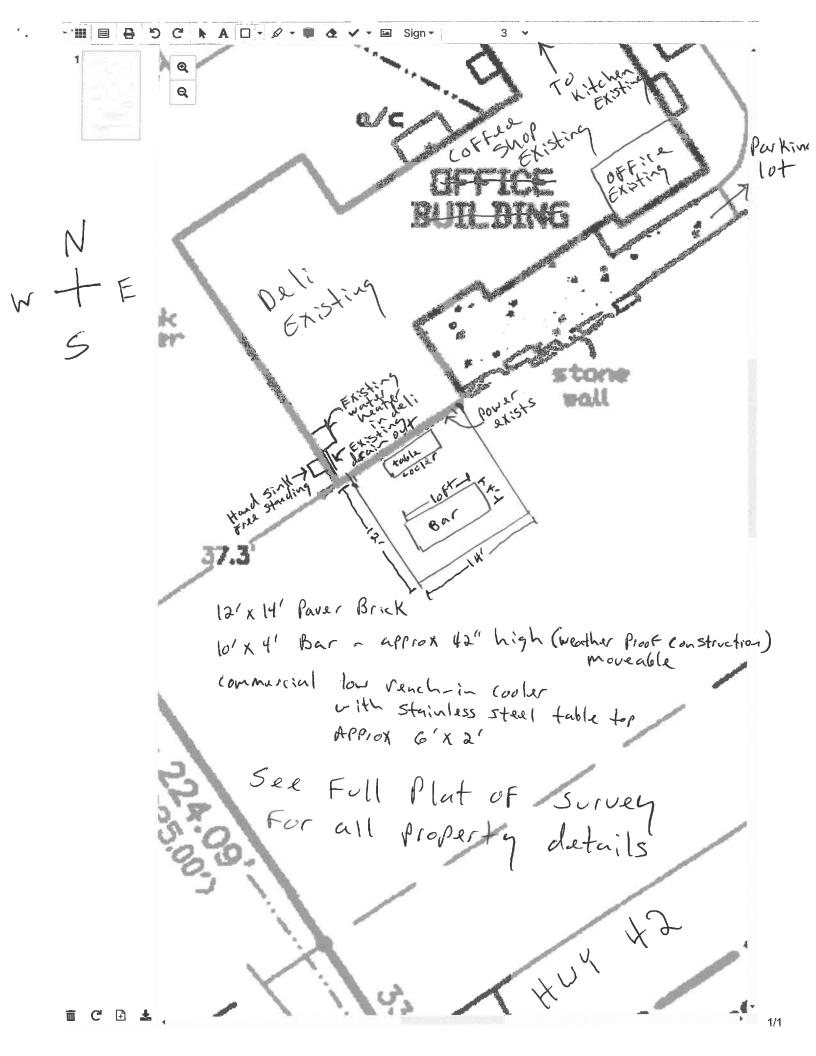
0,500 Divid Distribused Front Porch The sound

1.1	For Municipal Use Only	
Municip	glity.	
(Dister Bay	
License	Period	1
α	2026	

License(s) Requested: (up to two boxes in	cense(s) Requested: (up to two boxes may be checked)					
Class "A" Beer \$	Class "B" Beer\$	100 L	icense Fe	es	\$	200
Class A" Liquor \$	Class B" Liquor \$	В	ackgroun	d Check Fee	\$	
"Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	P	ublication	Fee	\$	30
Class C" Liquor (wine only) \$100		т	otal Fees		\$	230
Part A: Premises/Business Informa	ffor.					
Legal Business Name (individual name if sole	and the second of the second o					
McEvoys Culinaria LLC	proprietoromp)					
2. Business Trade Name or DBA						
Culinaria						
3. FEIN	4. Wisconsin	Seller's Perm	it Number			-
45-0712896		10273		94-03		
	17242	1001	2310	10-03		
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liability Company	☐ Core	oration	Nonpro	fit Organiz	zation
	7. Date of Organization			DFI Registration		
6. State of Organization	01/01/2009	"	-	79920		
wi	01/01/2003		1410	1120		
9. Premises Address						
2602 S Bayshore Dr		14	1. State	12. Zip Code		
10. City		1	WI	54234		
Sister Bay	14. Governing Municipality: City	, C Town [15. Aldermani	c District	
13. County		☐ IOWII [Village		_	
Door	of: 17. Premises Email		18. Web	nsite		
16. Premises Phone	sm.culinaria@gmail.c	aom		oysculina	aria@on	nail c
(920) 854-8029						
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application. Main Deli room, coffee kitchen, patio	ling, including living quarters. Authorized a cation. Attach a map or diagram and addit	alcohol bevera tional sheets if	ige activitie f necessary	s and storage o	of records n	nay occur
20. Mailing Address (if different from premises a	ddress)					
21. City		2	2. State	23. Zip Code		
Part B: Questions						
Has the business (sole proprietorship, p violating federal or state laws or local or	dinances? Exclude traffic offenses ut	niess related	on) been o to alcoho	convicted of l beverages.	Yes	✓ No
If yes, list the details of violation below.	Attach additional sheets if necessary.					
Law/Ordinance Violated	Location		Tr	ial Date		
Penalty Imposed		Was sente	nce comp	leted?	Yes	☐ No
Law/Ordinance Violated	Location		Tr	rial Date		
Penalty Imposed		Was sente	nce comp	leted?	Yes	☐ No
		L		UNE	opein Donartm	ent of Paven

Are charges for any offenses pendin beverages.	 Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes volume beverages. 								
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.									
Is the applicant business or any of it individuals or entities a restricted in If yes, provide the name of the restricted.	estor with a	ny intere	est in an alcoh	ol beve	erage pro	ducer or distribu] Yes	₩ No
4. Is the applicant business owned by a If yes, provide the name(s) and FEIN] Yes	№ No
4a. Name of Business Entity			4b. Bus	iness E	ntity FEIN				
5. Have the partners, agent, or sole pro this license period? Submit proof of c] Yes	☐ No
6. Is the applicant business indebted to	any wholesa	ler beyo	nd 15 days for	beer o	or 30 day	s for liquor/wine?	[Yes	✓ No
7. Does the applicant business owe pas	t due munici	pal prop	erty taxes, ass	essme	ents, or of	her fees?	· · · · · · [Yes	✓ No
Part C: Individual Information									
List the name, title, and phone number for ea Question 4: sole proprietor, all officers, direct managers, and agent of a limited liability com	ors, and agent	of a corp	poration or nonpi	rofit org					
Include Form AB-100 for each person listed by		ations an	d LLCs must app			including Form AB-	1		
Last Name	First Name			Tit	le		Phone		
McEvoy	Scott			OV	owner (920			421-	-1330
Part D: Attestation				T A					
One of the following must sign and attes	t to this appl	cation:							
• sole proprietor • one gene	ral partner of	a partne	ership •	one co	orporate o	officer • one	member o	of an Ll	_C
READ CAREFULLY BEFORE SIGNING: U									
I am acting solely on behalf of the applicant rights and responsibilities conferred by the li	business and cense(s), if gr	not on be anted, wi	ehalf of any othe	r indivi	dual or ent other indi	tity seeking the lice vidual or entity. I a	nse. Furthe aree to ooei	r, I agre rate this	e that the
according to the law, including but not limite	d to, purchasi	ng alcoho	ol beverages fro	m state	authorize	d wholesalers. I ur	derstand th	at lack	of access
to any portion of a licensed premises during revocation of this license. I understand that									
understand that I may be prosecuted for sub ingly provides materially false information or	mitting false st	atements	s and affidavits in	n conne	ction with	this application, an	d that any p		
Last Name	tilis applicati	on may b	First Name	ieit not	more trial	1 \$1,000 ii Convicte	·u.	M.I.	
McEvoy			Scott						A
Title		Email					Phone		
owner /		sm.c	ulinaria@	gmai	1.com		(920)	421-1	L330
Signature					Date	1041			
Date For Start Has Only					>	1-117	- 2		
Part E: For Clerk Use Only Date Application Was Filed With Clerk Lice	nse Number				Date Lin	cense Granted	Date Lice	nse Issi	ied
RECEIVED MAY 2 9 2025									
Signature of Clerk/Deputy Clerk						Date Provisional L	icense Issu	ed (if ap	plicable)







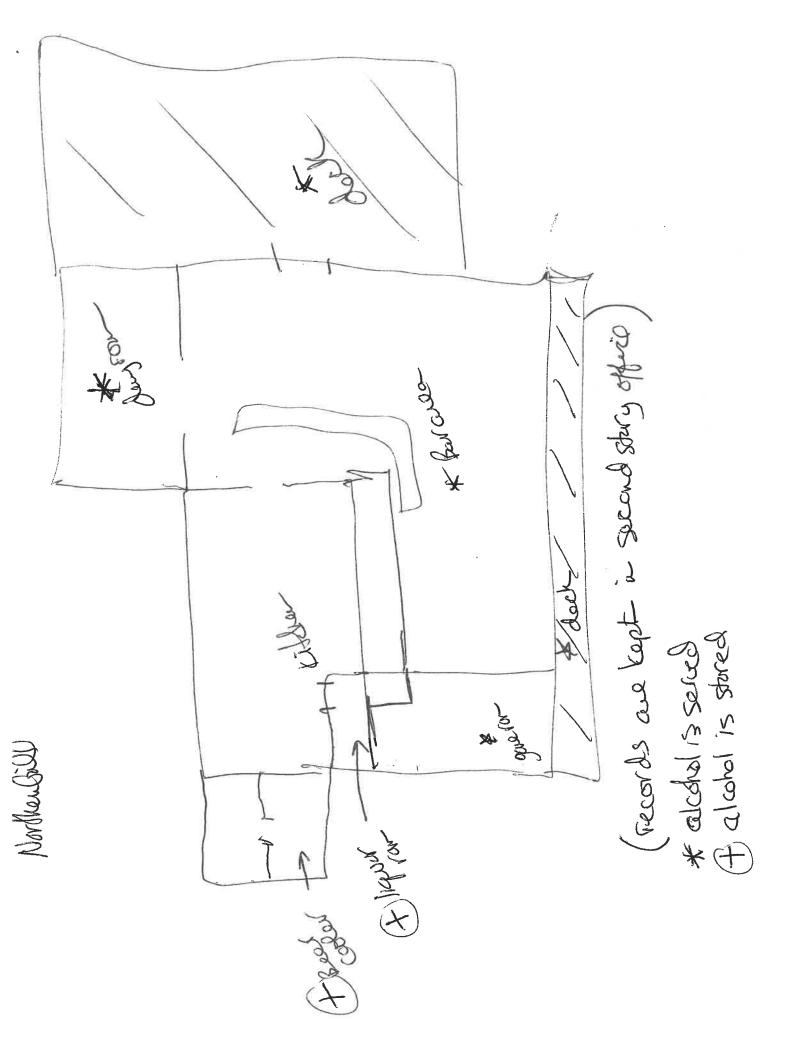




F	or Munici	pal Use O	nly
Municipalit	y ,	0	
21	ster	Da	4
License Pe	riod		j
2	025	202	6

License(s) Requested: (up to two boxes may			Fees				
☐ Class "A" Beer	Class "B" Beer	\$_10	00	License Fe	es	\$	600
Class A" Liquor \$	Class B" Liquor .	\$_50	00	Backgroun	d Check Fee	\$	
"Class A" Liquor (cider only) \$ Reserve "Class B" Liquor \$				Publication	Fee	\$	30
Class C" Liquor (wine only) \$			[Total Fees		\$	630
Part A: Premises/Business Information	า						
1. Legal Business Name (individual name if sole pro	prietorship)						
Northern Grill & Lodging Inc							
2. Business Trade Name or DBA							
Northern Grill & Pub							
3. FEIN		4. Wisconsin					
39-1924282		456-00	0004585	2803			
5. Entity Type (check one)							
Sole Proprietor Partnership	Limited Liability			rporation		fit Organiz	ation
6. State of Organization	7. Date of Organization	on			DFI Registration	on Number	
WI	512/1998			NO	26045		
9. Premises Address 10573 Country Walk Dr							
10. City				11. State	12. Zip Code		
Sister Bay					WI 54234		
13. County	14. Governing Municip	ality: City	Town		15. Aldermanic	c District	
Door	of: Sister Ba			• • • • • • • • • • • • • • • • • • •			
16. Premises Phone	17. Premises Email			18. Web	site		
920-854-9590	northerngril	lpub@qma	ail.com	m northerngrill.com			
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	buildings where alcoho including living quarters	l beverages ar s. Authorized a	re produced, alcohol beve	, sold, stored, rage activities	and storage o		
Pub, dining room, kitchen	, storage a	rea, bee	er coo	ler, li	quor cl	oset,	
deck, attic (records)							
20. Mailing Address (if different from premises address	ss)						
Box 709							
21. City				22. State	23. Zip Code		
Sister Bay				WI	54234		
Part B: Questions							
Has the business (sole proprietorship, partner violating federal or state laws or local ordina						☐ Yes	✓ No
If yes, list the details of violation below. Attac	ch additional sheets	if necessary.					
Law/Ordinance Violated	Location			Tria	al Date		
Penalty Imposed	1		Was sent	ence compl	eted?	Yes	☐ No
Law/Ordinance Violated	Location			Tria	al Date		
Penalty Imposed			Was sent	ence compl	eted?	Yes	☐ No

Are charges for any offenses pending a beverages.	against the l	busines	s? Exc	lude traffic	offenses un	less related to alco	ohol 🔲 Y	es 🔽 No	
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.									
individuals or entities a restricted inve	3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? Yes Volume 1 yes, provide the name of the restricted investor and describe the nature of the interest.								
	46 1 1							N-	
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other busine b) of the busi	iness er	ntity ow	ners below	. Attach add	litional sheets as r	needed.	es 🔽 No	
4a. Name of Business Entity				4b. Business	s Entity FEIN				
Have the partners, agent, or sole proprior	iotor caticfic	od tho re	enone	ible bevera	ne conver fr	zining requirement	t for		
this license period? Submit proof of co	mpletion		sohous		ge server u	aning requirement	🔲 Ye	es 🗸 No	
6. Is the applicant business indebted to a	ny wholesal	er beyo	nd 15 d	days for bee	er or 30 day	s for liquor/wine?.	🔲 Y	es 🗸 No	
7. Does the applicant business owe past	due municip	al prope	erty tax	es, assess	ments, or of	her fees?	🔲 Ye	es 🔽 No	
Part C: Individual Information									
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent	of a corp	oration	or nonprofit					
Include Form AB-100 for each person listed be	low. Corpora	tions and	LLCs	must appoint	an agent by	including Form AB-1	01.		
Last Name	First Name				Title		Phone		
MacDonald	Ronald				Preside	ent, owner	920-421	-1405	
MacDonald	Lisa				Treasur	e, owner	920-421	-1404	
Part D: Attestation									
One of the following must sign and attest	to this applic	cation:							
sole proprietor one genera	l partner of	a partne	ership	• one	corporate o	officer • one	member of a	n LLC	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	isiness and n	ot on be	half of	any other ind	lividual or en	tity seeking the licer	ise. Further, I a	gree that the	
according to the law, including but not limited	to, purchasin	g alcoho	l bever	ages from st	ate authorize	d wholesalers. I und	derstand that la	ack of access	
to any portion of a licensed premises during in revocation of this license. I understand that ar	spection will ny license iss	be deem	ned a re trary to	fusal to allov Wis. Stat. C	v inspection. hapter 125 s	Such refusal is a mi hall be void under p	iscemeanor an enalty of state	d grounds for law. I further	
understand that I may be prosecuted for submingly provides materially false information on t	itting false sta	atements	and aff	fidavits in cor	nnection with	this application, and	that any perso		
Last Name	по аррисано	II IIIay D	First N		not more than	ii \$1,000 ii collinatet		1 .1.	
MacDonald			Lis	a				R	
Title		Email					Phone		
Treasure		nort	hern	grillpu	b@gmail	com	920-421-	1404	
Signature					Date	4-10-2	5		
Part E: For Clerk Use Only									
	e Number				Date Lic	cense Granted	Date License	Issued	
Signature of Clerk/Deputy Clerk						Date Provisional Li	icense Issued (if applicable)	

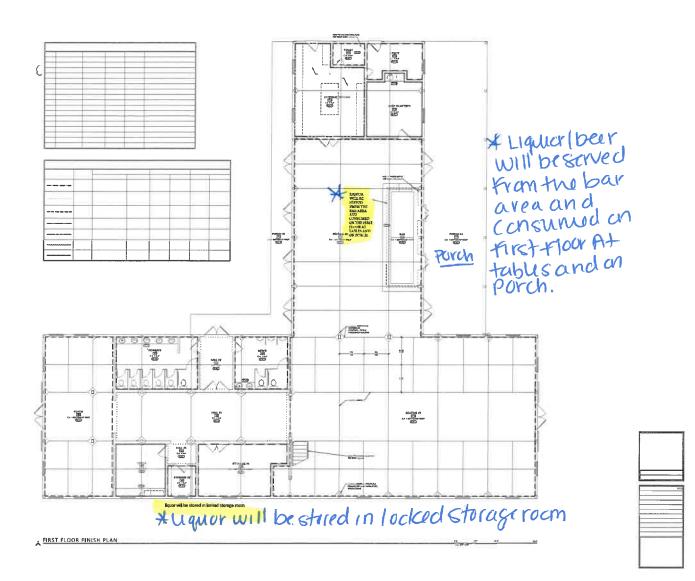


License(s) Requested: (up to two boxes may be checked)

For Municipal Use Only	٦
Municipality 51Ster Bay	
License Period	

License(s) Requested: (up to two boxes may	y be checked)				Fees			
Class "A" Beer \$	☑ Class "B" Beer	\$	100	License I	ees	\$		
Class A" Liquor\$	✓ "Class B" Liquor .	\$ <u></u>	500	Backgrou	ind Check Fee	\$		
Glass A" Liquor (cider only) \$	☐ Reserve "Class B		Publication	\$.3				
Class C" Liquor (wine only) \$	·			Total Fee	ıs	\$ 63		
Part A: Premises/Business Information	n							
1. Legal Business Name (individual name if sole pro	oprietorship)				ri Voj			
Northern Haus LLC								
2. Business Trade Name or DBA			1 1 1					
Northern Haus	(4. WI	Sellers	Perm:	it Numb	er 456-10	3015152302)		
3. FEIN		4. Wisconsin	Seller's Pe	ermit Numbe				
83-0834740								
5. Entity Type (check one)				11.				
☐ Sole Proprietor ☐ Partnership	✓ Limited Liabilit		C	orporation		fit Organization		
6. State of Organization	7. Date of Organizat			1	in DFI Registration	on Number		
WI	06/08/2018	}:		N048	736			
9. Premises Address 10414 Fieldcrest Road								
10. City				11. State	12. Zip Code	3		
Sister Bay				MI	54234			
13. County	14. Governing Municip	oality: 🔲 City	Town	√ Village	15. Aldermani	c District		
Door	of: Sister	Bay	kirika Erang					
16. Premises Phone	17. Premises Email			18. W	ebsite	A Argentia Contrata		
(920) 401-1044	Info@norther	nhaus.co	m	nor	hernhaus.	COM		
 Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. 	including living quarter on. Attach a map or diag	s. Authorized al gram and addition	cohol bevonal sheet	erage activit s if necessa	es and storage o y.			
Entire Building and outdo	or areas at	10414 f	ieldd	rest r	d			
할 마족되고 불편을 취실하면 하는 이 글이								
20. Mailing Address (if different from premises addre	acc)							
PO Box 1022	553)			1000	jija wa			
21. City				22. State	23. Zip Code	·		
Sister Bay				WI	54234			
Part B: Questions		71.00		***	34234	18, 16		
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal						☐ Yes 🗸 No		
If yes, list the details of violation below. Atta	ch additional sheets	if necessary.						
Law/Ordinance Violated	Location			1	rial Date	=		
Penalty Imposed			Mac con	tence com	alotod2	□ Voc. □ No.		
#6h	4. 75		vvas seli	iterice com	vieteu (,	∐ Yes ∐ No		
Law/Ordinance Violated	Location			1	rial Date			
Penalty Imposed			Was sen	tence com	oleted?	☐ Yes ☐ No		
<u>的是一些一种的</u>			. 100 0011	.51,55 5011				

				for the second			
Are charges for any offenses pending a beverages.	against the I	ousines	s? Exclude traffic	offenses unl	ess related to alc	ohol 🔲 🗅	Yes ✓ No
If yes, describe the nature and status o	f pending c	harges	using the space b	elow. Attach	additional sheets	as needed.	
	Ĭ						
A. T. Marie Valle Van heiden eine eine dem er det	ed	. Y				distribution (1)	
 Is the applicant business or any of its individuals or entities a restricted investigation. If yes, provide the name of the restrict 	stor with an	y intere	st in an alcohol b	everage pro	ducer or distribut		Yes ✓ No
						1.4	
					P.		
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s				v. Attach add	itional sheets as		Yes ✓ No
4a. Name of Business Entity			4b. Busines	s Entity FEIN			
5. Have the partners, agent, or sole propr this license period? Submit proof of cor		ed the re	esponsible bevera	ige server tra	aining requiremen		γes ∏ No
6. Is the applicant business indebted to ar	ny wholesal	er beyo	nd 15 days for be	er or 30 day	s for liquor/wine?	¬	Yes ✓ No
7. Does the applicant business owe past		400000000000000000000000000000000000000	The second second second				Yes ✓ No
Part C: Individual Information							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent	of a corp	oration or nonprofit	organization,	applicant business of a par	r businesses i tnership, and a	isted in Part B, all members,
Include Form AB-100 for each person listed be	low. Corpora	tions and	d LLCs must appoin	t an agent by	including Form AB-	101	
Last Name	First Name			Title		Phone	
Anderson	Sara			Owner		(773) 5	552-5057
Hofkamp	Nick			Owner		(708) 8	322-9324
Leonard	Suzanne	e =		partner		(773) 5	531-9907
				E Akir			
Part D: Attestation				-11)			
One of the following must sign and attest	to this appli	cation:		A [*] L T			
• sole proprietor • one genera	l partner of	a partne	ership one	e corporate o	officer • one	member of	an LLC
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on t	usiness and rense(s), if grate, jurchasin spection will by license issuitting false st	not on be inted, wi ig alcoho be deen sued con atements	half of any other in il not be assigned to il beverages from s ned a refusal to allo trary to Wis. Stat. (and affidavits in co	dividual or en o another indi- tate authorize w inspection. Chapter 125 s innection with	tity seeking the lice vidual or entity. I ag ed wholesalers. I un Such refusal is a m hall be void under this application, an	nse. Further, I gree to operate derstand that isdemeanor a penalty of stat d that any per	agree that the e this business lack of access and grounds for te law. I further
Last Name			First Name				M.I.
Anderson			Sara				C
Title		Email	Line and the second			Phone	
Owner		sara	@northernha	aus.com		(773) 55	52-5057
Signature				Date			
Sara Anderson					04/0	8/25	
Part E: For Clerk Use Only				1 12 41			
	e Number			Date Lie	cense Granted	Date Licens	e Issued
RECEIVED MAY 3 0 2025	44.77						
Signature of Clerk/Deputy Clerk					Date Provisional L	icense Issued	(if applicable)
[항 명 : [] 공학 : [: [: [: [: [: [: [: [: [:							



	For Municipal Use Only	
Munic	patity 515ter Bay	
Licono	e Period	
Licens	e Period 2025-2026	

License(s) Requested: (up to two boxes may	be checked)	Fees				
Class "A" Beer \$	Class "B" Beer \$	100	License F	ees	\$ 2	€00.50
Class A" Liquor] "Class B" Liquor \$_		Backgrou	\$		
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$_		Publicatio	n Fee	\$	30.00
"Class C" Liquor (wine only) \$100			Total Fee	s	\$ 2	30.W
Part A: Premises/Business Information	enere crawn					
1. Legal Business Name (individual name if sole prop	prietorship)					
One Star Burgers LLC						
2. Business Trade Name or DBA						
One Star Burgers & Dogs						
3. FEIN		in Seller's Pe				
33-4493291	456-	-10320	53974	-02		
5. Entity Type (check one)	Towns .					
Sole Proprietor Partnership	Limited Liability Company	Co	orporation		fit Organ	
6. State of Organization	7. Date of Organization			in DFI Registration	on Numbe	r
WI	03/18/2025		00462	T 0	ANNAL SANSANANA ANNA SI SANAYAY PERSONA	
9. Premises Address 10440 Orchard Drive						
10. City			11. State 12. Zip Code			
Sister Bay		***	WI	54234		
13. County	14. Governing Municipality: C	ity 🗌 Town	✔ Village	15. Aldermani	c District	
15	of: Sister Bay		······································			
	17. Premises Email		18. We	bsite		
(920) 207-4786	onestarburgers@gma.	il.com	None			
19. Premises Description - Describe the building or lare kept. Describe all rooms within the building, in only on the premises described in this application. Alcohol will be served and stored in the 10440 Orchard Drive, Sister Bay, WI 542 back of the restaurant. Alcohol will be where there's outdoor seating, as well	ncluding living quarters. Authorized a. Attach a map or diagram and add the restaurant (main square 234) as well as the connect be served/consumed in the r	l alcohol bevo ditional sheet white stru ting walk estaurant	erage activiti s if necessar acture lak in cooler building,	es and storage of y. Weled on the sand freezer on the outs	of records of site plants of the site plants of the site pat	may occur an at he
20. Mailing Address (if different from premises address	SS)					
One Star Burgers & Dogs at	PO Box 121					
21. City			22. State	23. Zip Code		
Fish Creek			WI	54212		
Part B: Questions						
Has the business (sole proprietorship, partner violating federal or state laws or local ordina	ership, limited liability company nces? Exclude traffic offenses i	, or corpora unless relat	ition) been ed to alcoh	convicted of ol beverages.	Yes	✓ No
If yes, list the details of violation below. Attac	ch additional sheets if necessar	y.				
Law/Ordinance Violated	Location		- Tenan	rial Date		
Penalty Imposed		Was ser	ntence com	oleted?	Yes	☐ No
Law/Ordinance Violated	Location		Tour	rial Date		
Penalty Imposed		Was ser	nterice com	oleted?	Yes	☐ No

Are charges for any offenses pending a beverages.	2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . Yes beverages.										
If yes, describe the nature and status of	of pending char	ges using t	he space belo	ow. Attach	additional sheets	s as neede	d.				
					rakangang menggapa paraga						
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor?											
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business) of the busines	entity? ss entity ow	ners below. <i>F</i>	 Attach add	itional sheets as	needed.	Yes	√ No			
4a. Name of Business Entity			4b. Business E	Entity FEIN							
5. Have the partners, agent, or sole propr this license period? Submit proof of cor		-	_		aining requiremen		Yes	☐ No			
6. Is the applicant business indebted to a	ny wholesaler b	peyond 15 o	days for beer	or 30 days	s for liquor/wine?		Yes [✓ No			
7. Does the applicant business owe past	due municipal p	property tax	es, assessm	ents, or ot	her fees?		Yes [✓ No			
Part C: Individual Information							. 400 - 1 - 1 - 1 - 1 - 1				
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compared to the	s, and agent of a	corporation	or nonprofit ord								
Include Form AB-100 for each person listed bel	low. Corporation	s and LLCs	must appoint a	n agent by	including Form AB-	101.					
Last Name	First Name		Ti	tle		Phone					
Watts	Scott			wner/partner ga			20-421-2068				
Janisse	Chris		0	Owner/partner			920-421-2068				
Paulus	Hannah		General Manager			(920) 207-4786					
Part D: Attestation		and state on the state of the s				-					
One of the following must sign and attest to sole proprietor one general	to this application to the contraction of a partner of a		• one c	orporate c	officer • one	e member o	of an LL0	2			
READ CAREFULLY BEFORE SIGNING: Und		,									
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	isiness and not o	on behalf of a	any other indivi	idual or ent	ity seeking the lice	nse. Further	r, I agree	that the			
according to the law, including but not limited	to, purchasing al	lcohol bever	ages from state	e authorize	d wholesalers. I ur	iderstand th	at lack of	faccess			
to any portion of a licensed premises during in- revocation of this license. I understand that ar											
understand that I may be prosecuted for submi ingly provides materially false information on tl	tting false statem	nents and aff	idavits in conn	ection with	this application, an	d that any p					
Last Name	Mandagada	First N			AMALAN AMALAN AMALAN		M.I.				
Watts		Scot	t					M			
Title	Em	nail	1000-111			Phone					
Member	on	nestarbu	ırgers@gı	mail.co	om	(920)	121-8	594			
Signature				Date	04/1	0/25					
Part E: For Clerk Use Only											
Pate Application Was Filed With Clerk RECEIVED MAY 0 5 2025	e Number			Date Lic	ense Granted	Date Licer	rse Issue	d			
Signature of Clerk/Deputy Clerk	San Caldon	eritatik dilik kerimana masa melan Milahin melikula dalah di			Date Provisional L	icense Issue	ed (if app	licable)			



Pink lines: Alcohol serving/consumption by customers will be able to buy Idrink outoned within the full restaurant building, on the atdear patio seating area, as well as on the property grands up to the road right of way.

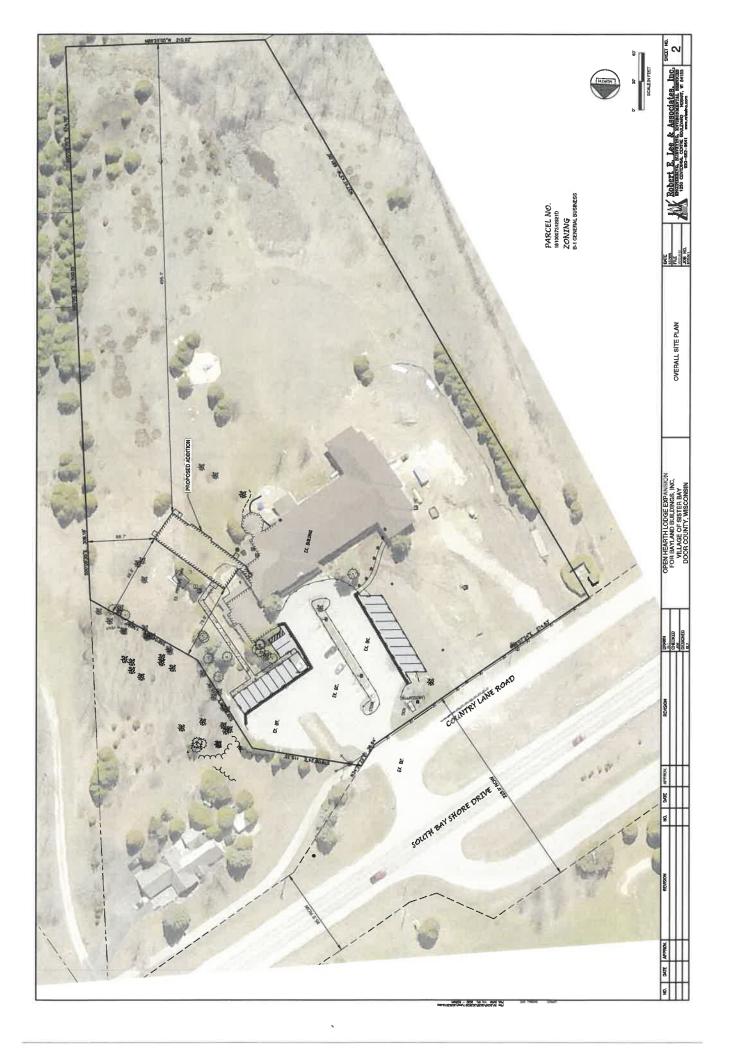
Yellow lines: Alcohol storage, as well as serve/consumption Alcohol will be stored as well as served/sold / consumed within the restaurant building, as well as in the walk-in cooler + freezer. Both are located at the back of the restaurant building, outside.

Beer/Wine license site plan for One Star Burgers & Dogs | April 20205

For Munic	cipal Use Only
Municipality	
SISTER	bay
License Period	
2025	2026

	may be ch	,				Fees		
Class "A" Beer \$	Cla	ss "B" Beer	\$		License Fe	es	\$	200
Glass A" Liquor \$. 🗋 "Cla	ass B" Liquor .	\$		Backgroun	d Check Fee	\$	
"Class A" Liquor (cider only) \$	Res	serve "Class B'	Liquor \$		Publication	Fee	\$	30
Class C" Liquor (wine only) \$					Total Fees		\$ 6	230
Part A: Premises/Business Information 1. Legal Business Name (individual name if solution) 2. Business Trade Name or DBA Ope - Harth Loc	e proprietor		4. Wisconsin	Sallar's Po	mit Number			
27-0402165					3 9 8	149		
5. Entity Type <i>(check one)</i> Sole Proprietor Partnershi	in \Box	Limited Liabilit	v Company	Ĉ	rporation	☐ Nonpro	fit Orga	nizatio
6. State of Organization		ate of Organizat	ion			DFI Registration		
9. Premises Address		08/01	12004					
2669 S. Bay Sh	ure O	۸,						
10. City Sister Bay, WI					11. State	12. Zip Code	ч	
13. County	14. G	overning Munici	nality: City	Town		15. Aldermani		t
			panty. City			1		
Door	0	f: Sis	Per Bay					
16. Premises Phone	17. P	f: Sis	ter Bay		18. Web		and rel	ated rec
16. Premises Phone	ng or buildir Iding, includ lication. Atta	remises Email ngs where alcohing living quarteach a map or dia	ol beverages arrs. Authorized a	e produced Icohol beve onal sheets	18. Web	d, or consumed,	and rel	ated rec
16. Premises Phone 19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application. The last point of the	ng or buildir ding, includ lication. Atta	remises Email ngs where alcohing living quarteach a map or dia	ol beverages arrs. Authorized a	e produced Icohol beve onal sheets	18. Web	d, or consumed,	and rel	ated rec
16. Premises Phone 19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application of the premises described in the premises of the premise of the premis	ng or buildir ding, includ lication. Atta	remises Email ngs where alcohing living quarteach a map or dia	ol beverages arrs. Authorized a	e produced Icohol beve onal sheets	18. Web	d, or consumed,	and rel	ated rec
16. Premises Phone 19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this apply that I have I	ng or buildir ding, includ lication. Atta	remises Email ngs where alcohing living quarteach a map or dia	ol beverages arrs. Authorized a	e produced Icohol beve onal sheets	18. Web	I, or consumed, es and storage o	and rel	ated rec
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application of the second of the	ng or buildir ding, includ lication. Atta address)	remises Email remises Email remises Email rings where alcoholing living quarter rich a map or dia rich 2669 S. Ba	ol beverages arrs. Authorized a gram and additional sy Shore Druger ity company, of ic offenses un	e produced loohol beve onal sheets ive.	18. Wet	I, or consumed, is and storage of. 23. Zip Code	and rel	s may o
19. Premises Phone 19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this apply that I will be a second of the seco	ng or buildir Iding, includ lication. Atta address)	remises Email remises Email remises Email rings where alcoholing living quarter rich a map or dia rich 2669 S. Ba	ol beverages arrs. Authorized a gram and additional sy Shore Druger ity company, of ic offenses un	e produced loohol beve onal sheets ive.	18. Web	I, or consumed, is and storage of. 23. Zip Code	of record	s may o
19. Premises Phone 19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this apply that I will be a second of the seco	ng or buildir Iding, includ lication. Atta address)	remises Email ngs where alcoh- ing living quarter ach a map or dia at 2669 S. Ba o, limited liabil ? Exclude traff ditional sheets	ol beverages arrs. Authorized a gram and additional sy Shore Druger ity company, of ic offenses un	e produced lcohol beve onal sheets ive.	18. Wet 1, sold, stored erage activities if necessary 22. State 22. State	23. Zip Code	Ye	es 💢
16. Premises Phone 19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application. 20. Mailing Address (if different from premises Scare As	ng or buildir ding, includ lication. Atta address) partnership ordinances. Attach ad	remises Email ngs where alcoh- ing living quarter ach a map or dia at 2669 S. Ba o, limited liabil ? Exclude traff ditional sheets	ol beverages arrs. Authorized a gram and additional sy Shore Druger ity company, of ic offenses un	e produced lcohol beve onal sheets ive.	18. Wet 1, sold, storecerage activities if necessary 22. State tion) been ced to alcohological to alcohological to alcohological tence compared to alcohological tences are alcoholo	23. Zip Code convicted of beverages.	Ye	es 💢

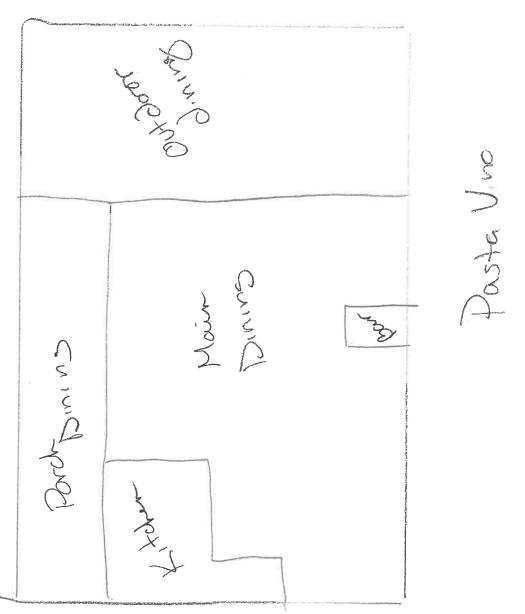
Are charges for any offenses pending a beverages.	gainst the business	s? Exclude traffic of	offenses unle	ess related to alc	ohol . Y	es 🔀 No
If yes, describe the nature and status of	f pending charges ι	using the space be	elow. Attach	additional sheets	as needed.	
Is the applicant business or any of its condition individuals or entities a restricted investif yes, provide the name of the restricted.	tor with any interes	st in an aicohol be	everage prod	ducer or distribut	related or? Y	es X No
Is the applicant business owned by ano If yes, provide the name(s) and FEIN(s)	ther business entity	y?	Attach addi	tional sheets as	Y	es No
4a. Name of Business Entity	, or and business on	4b. Business				
5. Have the partners, agent, or sole propri this license period? Submit proof of con	etor satisfied the re	esponsible beverag	ge server tra	ining requiremer	nt for	es 🗶 No
6. Is the applicant business indebted to ar	ny wholesaler beyon	nd 15 days for bee	er or 30 days	for liquor/wine?	Y	es 🔀 No
7. Does the applicant business owe past of						
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compa	s, and agent of a corp any. Attach additional	oration or nonprofit or sheets if necessary.	organization, a	all partners of a pai	tnership, and a	sted in Part B, ill members,
Include Form AB-100 for each person listed bel				ncluding Form AB-	101. Phone	
Last Name	First Name		Title	-Pres		54-4890
Zacek	John		ل نسامر	- tres	1200	31-1810
Part D: Attestation		-5t. -5t			1	
One of the following must sign and attest t						
	partner of a partne	•	corporate o		e member of a	
READ CAREFULLY BEFORE SIGNING: Und- I am acting solely on behalf of the applicant bu- rights and responsibilities conferred by the lice according to the law, including but not limited to to any portion of a licensed premises during in revocation of this license. I understand that ar understand that I may be prosecuted for submi- ingly provides materially false information on the	isiness and not on be ense(s), if granted, will to, purchasing alcoho spection will be deen ny license issued con tting false statements	chalf of any other incomentally not be assigned to be beverages from standard to allow trary to Wis. Stat. Cost and affidavits in colors.	dividual or ento another indivitate authorize winspection. Chapter 125 s nnection with	tity seeking the lice vidual or entity. I a d wholesalers. I ur Such refusal is a n hall be void under this application, ar	ense. Further, I gree to operate inderstand that nisdemeanor ar penalty of state and that any pers	agree that the ethis business lack of access and grounds for e law. I further
Last Name		First Name ,				M.I.
Lacek	Te. u	John			Dhana	(
Owner-President	Email 8 (-K	Ex@Ope.V	reash 1	udst. co-	Phone 410-8	54-489
Signature		Ec@ope.h	Date	130/25		
Part E: For Clerk Use Only	T. 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	e Number		Date Lie	cense Granted	Date License	e Issued
Signature of Clerk/Deputy Clerk				Date Provisional	License Issued	(if applicable)



	For Municipal Use Only						
Munja	pality						
- (Dister Bay						
Licens	se Period						
6	2025-2026						

License(s) Requested: (up to two boxes may be	pe checked)	Fees	
☐ Class "A" Beer \$	Class "B" Beer \$	License Fees	\$ 20000
Grand Class A" Liquor State St	"Class B" Liquor \$	Background Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication Fee	\$ 30-
"Class C" Liquor (wine only) \$		Total Fees	\$ 23000
Part A: Premises/Business Information			
Legal Business Name (individual name if sole prop			
Steamhort MISSI	ILIC.		
2. Business Trade Name or DBA			
Pasta VIDO	4 Micconsin	Seller's Permit Number	
88 OLA 15910		-103091253	3-04
5. Entity Type (check one)	/		
☐ Sole Proprietor ☐ Partnership	Limited Liability Company	☐ Corporation ☐ Nonpro	ofit Organization
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registrati	on Number
9. Premises Address			
10571 country wal	k in		
10. City		11. State 12. Zip Code	2/1
SISTER BOY		Town Willage 15. Alderman	ic District
	14. Governing Municipality: City of: Sistex BOU	Town Village 13. Aldernan	ic District
16. Premises Phone	17. Premises Email	Ogm 18. Website	
10:110:110:00	reampeatmissu	10 Sun an	
19 Premises Description - Describe the building or b	ouildings where alcohol beverages ar	e produced, sold, stored, or consumed	, and related records
are kept. Describe all rooms within the building, i	ncluding living quarters. Authorized a	lcohol beverage activities and storage o	of records may occur
only on the premises described in this application			
in the walk in ao	are a simple	all control to	2000
entrance there	DOLD TO OR	of all the the	2110
20. Mailing Address (if different from premises address	ss)		
937 Penneullan	iast		
21. City	1 91	22. State 23. Zip Code	2
Styrgeon Bay		WV 542	35
Part B: Questions			
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal control or the state laws or local ordinal control ordin	ership, limited liability company, d nces? Exclude traffic offenses un	or corporation) been convicted of less related to alcohol beverages.	Yes No
If yes, list the details of violation below. Attac	ch additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date	3110
Panalty Imposed	ISTURGEDIE	14 109/2	118
Penalty Imposed	red licence	Was sentence completed?	Yes No
Law/Ordinance Violated	Location	· Trial Date	
Penalty Imposed	*	Was sentence completed?	Yes No

Are charges for any offenses pending a beverages.	against the business? Exc	clude traffic off	enses unl	ess related to alco	ohol Tyes	NO NO	
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.							
3. Is the applicant business or any of its							
individuals or entities a restricted investif yes, provide the name of the restrict					or? .⊭∐ Yes	No	
~							
						1	
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s						No	
4a. Name of Business Entity	,	4b. Business E					
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the respons	sible beverage	server tra	aining requirement	t for Yes	☐ No	
6. Is the applicant business indebted to a	ny wholesaler beyond 15	days for beer	or 30 day:	s for liquor/wine?.	Yes	N ₀	
7. Does the applicant business owe past	due municipal property ta	xes, assessme	ents, or ot	her fees?	Yes	No	
Part C: Individual Information	b names as autits halding the	fallouine nesiti	in the .	muliaant businssa s	- h i ! i . t . d : .	n Dard D	
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corporation	n or nonprofit org					
Include Form AB-100 for each person listed be	low. Corporations and LLCs	must appoint a	n agent by	including Form AB-1	01.		
Last Name	First Name	Tit	tle		Phone		
Orlock	Nicholas	<u> </u>	ML	rer	9205599	7234	
orbook	Amanolo	A C	MC	er	920951	011	
Part D: Attestation							
One of the following must sign and attest • sole proprietor • one genera	to this application: I partner of a partnership		orporate o	officer - ene	member of an III	C	
READ CAREFULLY BEFORE SIGNING: Und			•		member of an LL v and truthfully. I a		
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	usiness and not on behalf of	any other indivi	idual or en	tity seeking the licer	nse. Further, l'agree	that the	
according to the law, including but not limited	to, purchasing alcohol beve	rages from state	e authorize	d wholesalers. I und	derstand that lack o	of access	
to any portion of a licensed premises during in revocation of this license. I understand that are	ny license issued contrary to	o Wis. Stat. Cha	apter 125 s	hall be void under p	enalty of state law.	. I further	
understand that I may be prosecuted for submingly provides materially false information on t						no know-	
Last Name	First	Name	ALEX I		M.I.		
Title	Email	man	DOC	00 - 5 1	Phone		
owner	aman	daorio	XX	yman.	920256	NIK	
Signature			Date	30105			
Part E: For Clerk Use Only			101-	<u> </u>			
Ruage Application West Aled Will Cleff Licens	se Number		Date Lie	cense Granted	Date License Issu	ed	
Signature of Clerk/Deputy Clerk				Date Provisional L	cense Issued (if ap	plicable)	
, ,					. (

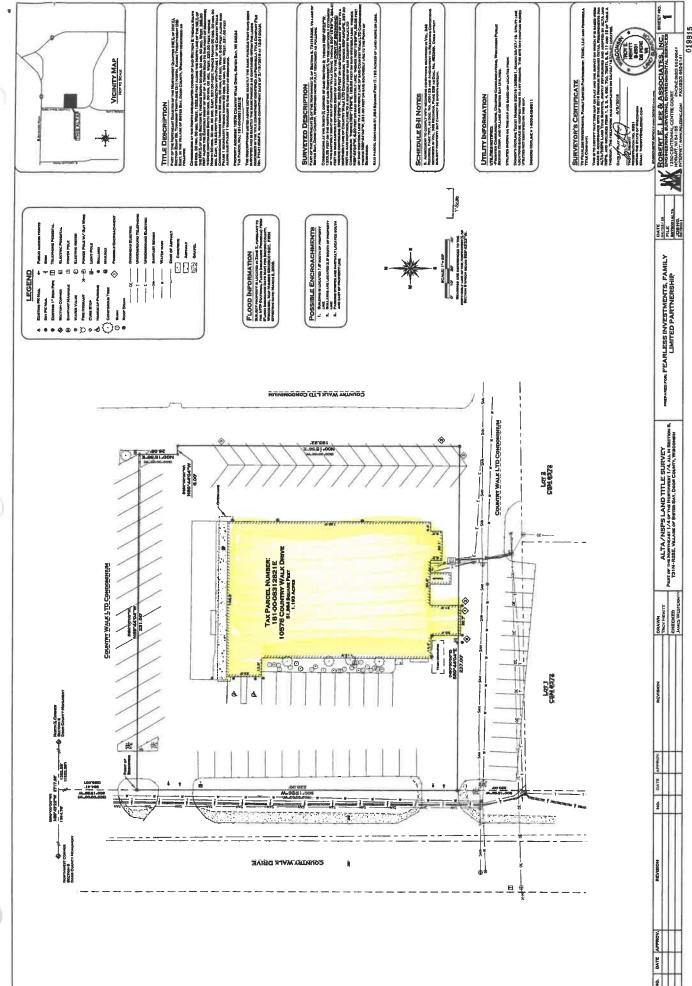


	For Municipal Use Only	
Munic	ipality	
Licens	se Period	

License(s) Requested: (up to two boxes may be checked)				Fees			
✓ Class "A" Beer \$100	Class "B" Beer			License	ees	\$	600
☑ "Class A" Liquor \$ 500	Class B" Liquor .	\$		Backgrou	ınd Check Fee	\$	
☑ "Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$		Publication	on Fee	\$	20
☐ "Class C" Liquor (wine only) \$				Total Fe)S	\$	
Part A: Premises/Business Information							
1. Legal Business Name (individual name if sole prop	rietorship)						
Piggly Wiggy of Sister Bay,	Inc						
2. Business Trade Name or DBA							
Piggly Wiggly Sister Bay							
3. FEIN		4. Wisconsin		mit Numbe	r		
391423414		456000	01760				
5. Entity Type (check one)	CO Contact of Colombia	. 0	[7] 0		N	£:4 O	
Sole Proprietor Partnership	Limited Liability		V C	orporation	Nonpro		ation
6. State of Organization WI	 Date of Organization 12/29/1982 			IP123	in DFI Registration	on Number	
				15123			
9. Premises Address 10567 Country Walk Dr							
10. City				11. State	12. Zip Code		
Sister Bay				WI	54234		
13. County	14. Governing Municip	ality: City	Town	√ Village	15. Aldermanie	c District	
Door	of: Sister E	Bay			•>		
16. Premises Phone	17. Premises Email			18. W	ebsite		
(920) 854-2381	pigglywiggly	sb@gmail	.com	shop	othepig.co	m	
 Premises Description - Describe the building or beare kept. Describe all rooms within the building, in only on the premises described in this application 24,000 building remodeled is liquor, wine and beer 	ncluding living quarters . Attach a map or diag	s. Authorized a ram and addit	lcohol beve ional sheet	erage activit s if necessa	ies and storage o	f records m	ay occur
CO. Navilia a Address (Edifferent framerosis)	-1						
 Mailing Address (if different from premises address P.O.Box 437 	s)						
21. City				22. State	23. Zip Code		
Sister Bay				WI	54234		
Part B: Questions				77.1	1 31231		
				£			
 Has the business (sole proprietorship, partner violating federal or state laws or local ordinan 						Yes	✓ No
If yes, list the details of violation below. Attach	n additional sheets i	f necessary.					
Law/Ordinance Violated	Location				Trial Date		
Penalty imposed	.!		Was sen	tence com	pleted?	Yes	☐ No
Law/Ordinance Violated	Location				rial Date		
Penalty Imposed			Was sen	tence com	pleted?	Yes	☐ No

Are charges for any offenses pend beverages.	ding against the b	ousiness	? Exclude traffic	offen	ses uni	ess related to alc	ohol [Yes	✓ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.									
Is the applicant business or any o individuals or entities a restricted If yes, provide the name of the res	investor with any	y interes	st in an alcohol l	bevera	age pro	ducer or distribut	related tor?[Yes	✓ No
Is the applicant business owned by If yes, provide the name(s) and FE	y another busine	ss entity	/?tity owners helo	w Atta	ach add	itional sheets as	needed	Yes	✓ No
4a. Name of Business Entity	ind(a) of the boar	11000 011	4b. Busine			indicate officers do	Ticcucu.		
Ta, Hame of Basiness Exiting					,				
Have the partners, agent, or sole partners, agent, agent	proprietor satisfie of completion	d the re	sponsible bever	age s	erver tra	aining requiremen	nt for	7 Yes	☐ No
6. Is the applicant business indebted	to any wholesale	er beyon	nd 15 days for be	eer or	30 days	s for liquor/wine?	[Yes	✓ No
7. Does the applicant business owe p	past due municip	al prope	erty taxes, asses	smen	ts, or ot	her fees?	[] Yes	✓ No
Part C: Individual Information									
List the name, title, and phone number for Question 4: sole proprietor, all officers, dir managers, and agent of a limited liability of	ectors, and agent of	of a corpo	oration or nonprofi	it orgar	s in the a nization,	applicant business of a pa	or business rtnership, a	ses listed and all m	in Part B, embers,
Include Form AB-100 for each person liste	ed below. Corporat	tions and	LLCs must appoi	nt an a	gent by	including Form AB-	101.		
Last Name	First Name			Title			Phone		
Nesbitt	Thomas			Pre	eside	nt	(920)	379	-8735
Nesbitt	Daniel			Vic	e Pr	esident	(920)	304	-6997
Part D: Attestation									
One of the following must sign and at	ttest to this applic	cation:							
• sole proprietor • one ge	eneral partner of a	a partne	rship • or	ne cor	porate o	officer • one	e member	of an L	.LC
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.									
Last Name	топ (по аррпсано	ii iiiay be	First Name	110111	TOTO trial	11 \$ 1,000 11 00111101		M.I.	
Nesbitt			Thomas						P
Title		Email					Phone		
President		tnesh	oitt318@ou	tloc	k.co	m	(920)	379-	8735
Signature,					Date OH	23/202	5		
Part E: For Clerk Use Only				-	- /	~_/	_		
	icense Number			T	Date Lic	cense Granted	Date Lic	ense Iss	ued
						Data David 1 11	1	und for	madic at 1 3
Signature of Clerk/Deputy Clerk						Date Provisional	License Iss	uea (if a	pplicable)

AB-200 (N. 03-24) - 2 -



For Municipal Use Only					
Municip	pality EX	Bay			
License	Period Dag	5-20	26		

Form	Alcohol Beverage License
AB-200	Application
License(s) Requested: (up to two boxes may be checked)

License(s) Requested: (up to two boxes may	be checked)		1		Fees		
☐ Class "A" Beer \$	Class "B" Beer	\$ <u>100</u>	- Lice	ense Fe	es	\$	200
Class A" Liquor \$ [Class B" Liquor \$			kground	d Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$	- Puk	olication	Fee	\$	30
Class C" Liquor (wine only) \$100			Tot	al Fees		\$	230
Part A: Premises/Business Information							
Legal Business Name (individual name if sole pro							
Roots Inn & Kitchen, LLC							
2. Business Trade Name or DBA							
3. FEIN		4. Wisconsin Seller's	s Permit I	Number			
81-2113295		456-10290	59861	-02			
5. Entity Type (check one)							
Sole Proprietor Partnership	Limited Liability	y Company 🔲	Corpor	ation	☐ Nonpro	fit Organiz	zation
6. State of Organization	7. Date of Organizati	on	8. W	/isconsin	DFI Registration	on Number	
Wi	04/2016		R	06500	08		
9. Premises Address							
2378 Maple Drive							
10. City			11. 9	State	12. Zip Code		
Sister Bay				WI	54234		
13. County	14. Governing Municip	oality: City T	own 🔽	Village	15. Aldermani	c District	
Door	of: Sister Ba	ay					
16. Premises Phone	17. Premises Email			18. Web	site		
02854-5107	rootsinnand	kitchen@gmai	1.co	root	sinnandk	itchen	.com
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarter	s. Authorized alcohol	beverage	activities	s and storage o	and related of records m	d records nay occur
Alcohol is sold & consume		_					
owner's living cooridor.	Alchohol/re	cords are s	store	d in	basemen	t cell	lar.
20. Mailing Address (if different from premises addre	ess)						
			22	State	22 7in Codo		
21. City			22.	State	23. Zip Code		
Part B: Questions							
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal	ership, limited liabili ances? Exclude traffi	ty company, or corp c offenses unless r	ooration) elated to	been c	onvicted of beverages.	Yes	☑ No
If yes, list the details of violation below. Atta	ch additional sheets	if necessary.					
Law/Ordinance Violated	Location			Tri	ial Date		
Penalty Imposed		Man	contono	o comp	leted?	□ Voc	□ No
		4492	301110110			L 169	
Law/Ordinance Violated	Location			Tri	ial Date		
Penalty Imposed	1	Was	sentenc	e comp	leted?	Yes	☐ No
AB-200 (R. 1-25)	-	1 -			Wisco	onsin Departme	ent of Revenue

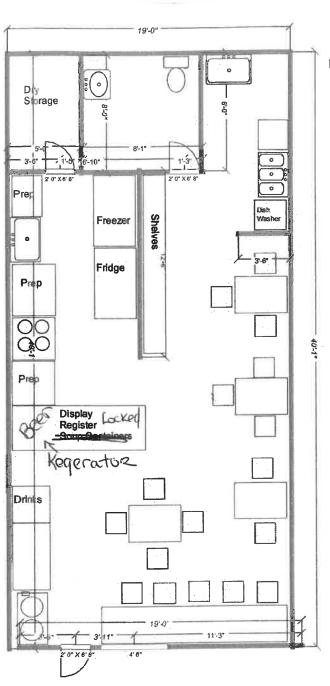
Are charges for any offenses pending a beverages.	against the b	ousines	s? Exclude traffic	offenses unle	ess related to alc	ohol 📋 `	Yes 🔽 No
If yes, describe the nature and status o	f pending ch	narges i	using the space be	elow. Attach	additional sheets	as needed.	
, 00, 000020 2		3					
Is the applicant business or any of its individuals or entities a restricted investigation.	officers, dire	ctors, r	nembers, agent, o	employees, o	owners, or other ducer or distribut	related or? [] `	Yes 🗹 No
If yes, provide the name of the restrict	ed investor	and de	scribe the nature	of the intere	st.		
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other busine) of the busi	ss entit ness er	y? itity owners below		tional sheets as	needed.	Yes 🔽 No
4a. Name of Business Entity				s Entity FEIN			
·							
5. Have the partners, agent, or sole propr	ietor satisfie	d the re	esponsible bevera	ge server tra	ining requiremen	t for	
this license period? Submit proof of cor	npletion		,			.gr.g 🗸 `	res 🗌 No
6. Is the applicant business indebted to a	ny wholesale	er beyo	nd 15 days for bed	er or 30 days	for liquor/wine?	🔲 `	res 🗹 No
7. Does the applicant business owe past	due municip	al prope	erty taxes, assess	ments, or ot	her fees?	····· 🗆 `	res 🗹 No
Part C: Individual Information							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors	s, and agent (of a corp	oration or nonprofit	organization, a	pplicant business of a par	or businesses tnership, and	isted in Part B, all members,
managers, and agent of a limited liability compa							
Include Form AB-100 for each person listed be	low. Corpora	tions and	LLCs must appoint		ncluding Form AB-		
Last Name	First Name			Title		Phone	
						}	
						-	
		_		-		1	
Part D: Attestation							
One of the following must sign and attest • sole proprietor • one genera			ership • one	e corporate c	officer • one	member of	an LLC
READ CAREFULLY BEFORE SIGNING: Und	=			of the above o	uestions complete	ly and truthful	ly. I agree that
I am acting solely on behalf of the applicant by	isiness and n	ot on be	half of any other inc	dividual or ent	ity seeking the lice	nse. Further, I	agree that the
rights and responsibilities conferred by the lice according to the law, including but not limited	ense(s), it gra to. purchasin	nted, wii a alcoho	il not be assigned to bl beverages from s	anotner indiv tate authorize	ndual or entity. Tag d wholesalers. I ur	gree to operat iderstand that	lack of access
to any portion of a licensed premises during in	spection will	be deem	ned a refusal to allow	w inspection.	Such refusal is a m	nisdemeanor a	nd grounds for
revocation of this license. I understand that as understand that I may be prosecuted for subm	ny license iss ittina false sta	ued con	trary to Wis. Stat. C and affidavits in co	napter 125 si nnection with	nali be void under this application, an	penalty of stated that any per	son who know-
ingly provides materially false information on t	his applicatio	n may b	e required to forfeit	not more than	\$1,000 if convicte	ed.	
Last Name			First Name				M.I.
Doherty			Collin				G
Title		Email				Phone	
Owner		root	sinnandkito		il.com	920-854	-5107
Signature				Date 4/17/2	4		
Part E: For Clerk Use Only							
	se Number			Date 1 in	ense Granted	Date Licens	e Issued
RECEIVED APR 17 2025	, , turring			22.0			
Signature of Clerk/Deputy Clerk					Date Provisional I	icense Issued	(if applicable)



For Municipal Use Only	
Municipality Bay	
License Period	

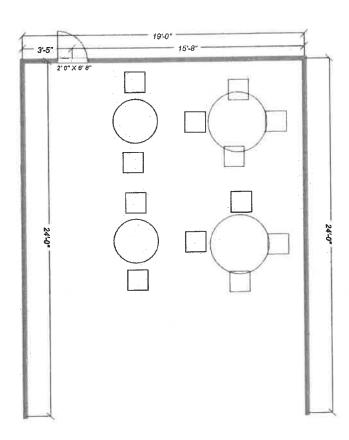
License(s) Requested: (up to two boxes may be checked)			Fees					
☐ Class "A" Beer \$ Ø	Class "B" Beer\$	00	License F	ees	\$ 200			
Class A" Liquor \$ [☐ "Class B" Liquor \$	[Backgroui	nd Check Fee	\$			
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	[Publicatio	n Fee	\$ 30			
Class C" Liquor (wine only) \$ 100			Total Fees \$ 230 -					
Part A: Premises/Business Informatio	n							
1. Legal Business Name (individual name if sole pro								
2. Business Trade Name or DBA								
3. FEIN 87- (68830)	4. Wisconsin			838-04	/			
5. Entity Type (check one)	[0	0 10	51070	8 31-09	(1)			
Sole Proprietor Partnership	☐ Limited Liability Company	Ø Co	rporation		fit Organization			
6. State of Organization	7. Date of Organization		-	n DFI Registrati				
9. Premises Address	4/2022			14055	0			
10635 N. Burgher	e Dr.			11				
10. City			11. State	12. Zip Code 54 6	134			
13. County	14. Governing Municipality: City	/ Town	Village	15. Aldermani	c District			
Door	of:		1					
16. Premises Phone	17. Premises Email		18. We		RLO - Com			
920-365 -2748 19. Premises Description - Describe the building or	Savor bbaco and	re produced						
are kept. Describe all rooms within the building, only on the premises described in this application	including living quarters. Authorized	alcohol beve	erage activiti	es and storage of	of records may occur			
Stored in Regulator	in the resta	uran f	(4)					
20. Mailing Address (if different from premises addre								
12265 Hwy 42			22. State	23. Zip Code				
21. City Ellison Ray			WI	542	I D			
Part B: Questions								
Has the business (sole proprietorship, partr violating federal or state laws or local ordinal	nership, limited liability company, ances? Exclude traffic offenses u	or corpora	tion) been ed to alcoh	convicted of ol beverages.	Yes 🗷 No			
If yes, list the details of violation below. Atta	ach additional sheets if necessary							
Law/Ordinance Violated	Location			rial Date				
Penalty Imposed	1 1	Was sen	tence com	pleted?	Yes No			
Law/Ordinance Violated	Location		1	rial Date				
Penalty Imposed		Was sen	itence com	pleted?	Yes No			

beverages.	pending against the busines	s? Exclude traffic o	menses uniess related to al	cohol Yes 🔼 N
If yes, describe the nature and	d status of pending charges	using the space be	elow. Attach additional sheet	s as needed.
Is the applicant business or a individuals or entities a restriction of the second of the secon	cted investor with any intere	est in an alcohol be	everage producer or distribu	r related itor? 😹 🗌 Yes 💋 N
Is the applicant business own If yes, provide the name(s) ar	ed by another business entit d FEIN(s) of the business e	ty?ntity owners below	Attach additional sheets as	Yes Yes
4a. Name of Business Entity		4b. Business	Entity FEIN	
5. Have the partners, agent, or sthis license period? Submit pr6. Is the applicant business inde7. Does the applicant business of	oof of completion bted to any wholesaler beyo	and 15 days for bee	er or 30 days for liquor/wine	
Part C: Individual Informat		erty taxes, assess	ments, or other rees:	103 201
List the name, title, and phone numb		ding the following pos	itions in the applicant business	or businesses listed in Part
Include Form AB-100 for each person Last Name	n listed below. Corporations an		an agent by including Form AE Title	Phone 920-365-2
yash	~~			
Part D: Attestation				
One of the following must sign a • sole proprietor • or	nd attest to this application: ne general partner of a partne	ership • one	corporate officer • or	ne member of an LLC
	ne general partner of a partner of a partner of law, I hat pplicant business and not on by the license(s), if granted, wind limited to, purchasing alcohols during inspection will be deer and that any license issued cord for submitting false statement.	ave answered each of the land of any other incoming and the assigned to old beverages from stand a refusal to allow and the land of the la	of the above questions completed invidual or entity seeking the liction another individual or entity. It at a authorized wholesalers. It is a winspection. Such refusal is a chapter 125 shall be void unden nection with this application, a	tely and truthfully. I agree to cense. Further, I agree that agree to operate this busine understand that lack of accomisdemeanor and grounds or penalty of state law. I furthand that any person who know
• sole proprietor • or READ CAREFULLY BEFORE SIGI I am acting solely on behalf of the a rights and responsibilities conferred according to the law, including but r to any portion of a licensed premise revocation of this license. I understunderstand that I may be prosecuted.	ne general partner of a partner of a partner of law, I hat pplicant business and not on by the license(s), if granted, wind limited to, purchasing alcohols during inspection will be deer and that any license issued cord for submitting false statement.	ave answered each of the land of any other incoming and the assigned to old beverages from stand a refusal to allow and the land of the la	of the above questions completed invidual or entity seeking the liction another individual or entity. It at a authorized wholesalers. It is a winspection. Such refusal is a chapter 125 shall be void unden nection with this application, a	tely and truthfully. I agree to cense. Further, I agree that agree to operate this busine understand that lack of accomisdemeanor and grounds or penalty of state law. I furthand that any person who know
• sole proprietor • or READ CAREFULLY BEFORE SIGI I am acting solely on behalf of the a rights and responsibilities conferred according to the law, including but r to any portion of a licensed premise revocation of this license. I underst understand that I may be prosecuteingly provides materially false information. Last Name	ne general partner of a partner of a partner of law, I hat pplicant business and not on by the license(s), if granted, wind limited to, purchasing alcohols during inspection will be deer and that any license issued cord for submitting false statement.	enance answered each of the control of any other income in the control of the con	of the above questions completed invidual or entity seeking the liction another individual or entity. It at a authorized wholesalers. It is a winspection. Such refusal is a chapter 125 shall be void unden nection with this application, a	tely and truthfully. I agree to the tense. Further, I agree that agree to operate this busing understand that lack of accomisdemeanor and grounds or penalty of state law. I furthand that any person who knot ted. M.I.
• sole proprietor • or READ CAREFULLY BEFORE SIGI I am acting solely on behalf of the a rights and responsibilities conferred according to the law, including but r to any portion of a licensed premise revocation of this license. I understunderstand that I may be prosecuteingly provides materially false information.	ne general partner of a partner of a partner of law, I hamplicant business and not on by the license(s), if granted, which imited to, purchasing alcohols during inspection will be deer and that any license issued cord for submitting false statement thation on this application may be	ave answered each of ehalf of any other income ill not be assigned to oll beverages from standard to allow the averages from the contrary to Wis. Stat. On the standard affidavits in concern the contrary to	of the above questions completed invidual or entity seeking the liction another individual or entity. It at a authorized wholesalers. It is a winspection. Such refusal is a chapter 125 shall be void unden nection with this application, a	tely and truthfully. I agree to cense. Further, I agree that agree to operate this busing understand that lack of accomisdemeanor and grounds or penalty of state law. I furth and that any person who knot ted.
• sole proprietor • or READ CAREFULLY BEFORE SIGI I am acting solely on behalf of the a rights and responsibilities conferred according to the law, including but into any portion of a licensed premise revocation of this license. I understunderstand that I may be prosecuted ingly provides materially false information. Last Name	ne general partner of a partner of a partner of a partner of law, I have pplicant business and not on by the license(s), if granted, which is during inspection will be deer and that any license issued cord for submitting false statement that on this application may be said that any license issued cord for submitting false statement that any license issued cord for submitting false statement that any license issued the said on this application may be said the said of the	ave answered each of ehalf of any other income ill not be assigned to oll beverages from standard to allow the averages from the contrary to Wis. Stat. On the standard affidavits in concern the contrary to	of the above questions completed invidual or entity seeking the liction another individual or entity. It at a authorized wholesalers. It is a winspection. Such refusal is a hapter 125 shall be void unden nection with this application, a	tely and truthfully. I agree to the tense. Further, I agree that agree to operate this busine understand that lack of accomisdemeanor and grounds or penalty of state law. I furthand that any person who knot ted. M.I. Phone
• sole proprietor • or READ CAREFULLY BEFORE SIGI I am acting solely on behalf of the arights and responsibilities conferred according to the law, including but r to any portion of a licensed premise revocation of this license. I understanderstand that I may be prosecuted ingly provides materially false information. Last Name Title	ne general partner of a partner of a partner of a partner of law, I have pplicant business and not on by the license(s), if granted, which is during inspection will be deer and that any license issued cord for submitting false statement that on this application may be said that any license issued cord for submitting false statement that any license issued cord for submitting false statement that any license issued the said on this application may be said the said of the	ave answered each of ehalf of any other income ill not be assigned to oll beverages from standard to allow the averages from the contrary to Wis. Stat. On the standard affidavits in concern the contrary to	of the above questions completed in the above questions completed in the lice another individual or entity. It also another individual or entity. It also attended in the lice another individual or entity. It is a that the lice and the lice another individual indivi	tely and truthfully. I agree to the tense. Further, I agree that agree to operate this busine understand that lack of accomisdemeanor and grounds or penalty of state law. I furthand that any person who knot ted. M.I. Phone
• sole proprietor • or READ CAREFULLY BEFORE SIGI I am acting solely on behalf of the a rights and responsibilities conferred according to the law, including but r to any portion of a licensed premise revocation of this license. I underst understand that I may be prosecute ingly provides materially false inforr Last Name Title Dwne Signature	ne general partner of a partner of a partner of a partner plike. Under penalty of law, I have pplicant business and not on be by the license(s), if granted, without limited to, purchasing alcohols during inspection will be deer and that any license issued cord for submitting false statement mation on this application may be made to the property of	ave answered each of ehalf of any other income ill not be assigned to oll beverages from standard to allow the averages from the contrary to Wis. Stat. On the standard affidavits in concern the contrary to	of the above questions completed in the above questions completed in the lice another individual or entity. It also another individual or entity. It also attended in the lice another individual or entity. It is a that the lice and the lice another individual indivi	tely and truthfully. I agree to the tense. Further, I agree that agree to operate this busine understand that lack of accomisdemeanor and grounds or penalty of state law. I furthand that any person who knot ted. M.I. Phone



Intdoor Layout

Outdoor Layout



10.46	For Municipal Use Only	
Municir	pality, Bay	
License	e Period 2035 - 2024	

License(s) Requested: (up to two boxes may be checked)				Fees					
☐ Class "A" Beer	-			License F	ees	\$	60	0	
Class A" Liquor \$	₫ "Class B" Liquor	\$ 5		Backgrou	nd Check Fee	\$			
Gass A" Liquor (cider only) \$	Reserve "Class B" L	iquor \$		Publication	n Fée	\$	30	5	
Class C" Liquor (wine only) \$				Total Fee	es	\$ (030	o –	
Part A: Premises/Business Information	n								
Legal Business Name (individual name if sole pro	prietorship)								
SISTER BAY BOW	II INC.								
2. Business Trade Name or DBA	. 11								
3. FEIN	4	. Wisconsin S	eller's Per	mit Numbe	r				
39-1424756		456.	m	0396817-03					
5. Entity Type (check one)	Limited Liability	Company	1521 Co	rporation	☐ Nonpro	fit Ora	anizati	ion	
Sole Proprietor Partnership 6. State of Organization	7. Date of Organization				in DFI Registration				
WI	1950'.								
9. Premises Address									
10640 N. BAY Shore	DRIVE			11. Staţe	12. Zip Code				
Sister GAU				WI	54239	f			
13. County	14. Governing Municipal	hamment .	Town	Village	15. Aldermani	Distric	ot		
DOOR		RBAL	1_	140 114	-				
16. Premises Phone	17. Premises Email	do ho	J Desa	18. W	ebsite				
920 -854 - 284/ 19. Premises Description - Describe the building or	buildings where alcohol b	peverages are	produced	, sold, store	ed, or consumed,	and re	lated re	cords	
are kept. Describe all rooms within the building, only on the premises described in this application	including living quarters on. Attach a map or diagra	Authorized alc am and additio	ohol beve nal sheets	rage activits if necessa	ies and storage o ry.	f record	ds may	occur	
mentire restaurant and	dalley bar,	front	Pat	io ar	ea				
1	,								
20. Mailing Add' (if different from premises addre	ess)								
P.D. BOX 85				22. State	22 Zin Codo				
21. City SISTER BALL				W1	23. Zip Code 542	34			
Part B: Questions									
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal control	ances? Exclude traffic	offenses unle	corporates relate	tion) been ed to alcoh	convicted of old beverages.	Y	es 🗏	₹No	
If yes, list the details of violation below. Atta	ch additional sheets if	necessary.			ne i i en				
Law/Ordinance Violated	Location				Trial Date				
Penalty Imposed			Was sen	tence con	pleted?	Ye	es [] No	
Law/Ordinance Violated	Location				Trial Date				
Penalty Imposed	4.		Was sen	tence con	pleted?	Ye	es [] No	

Are charges for any offenses pending a beverages.						No No
If yes, describe the nature and status of	of pending charges using	the space below	. Attach add	litional sheets	as needed.	
Is the applicant business or any of its individuals or entities a restricted investigation of the restrict in the restric	stor with anv interest in a	in alcohol bever	age produc	ners, or other er or distribut	related or? Yes	s ☑ No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity?	wners below. Atta	ach additior	nal sheets as	Yes needed.	No No
4a. Name of Business Entity		4b. Business Ent	ity FEIN			
Have the partners, agent, or sole proprethis license period? Submit proof of contract the second secon	mpletion				.∴a. /\/\/\/\\	□ No
6. Is the applicant business indebted to a	ny wholesaler beyond 15	days for beer or	30 days fo	r liquor/wine?	Yes	No No
7. Does the applicant business owe past						
Part C: Individual Information	A CASA TAPE	The six to the	TOP IN	CAMPY.		710 DE-1
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	s, and agent of a corporation any. Attach additional sheets	n or nonprofit orgai if necessary.	nization, all p	artners of a par	nersnip, and all r	nembers,
Include Form AB-100 for each person listed be	low. Corporations and LLCs First Name	must appoint an a		laing Form Ab-	Phone	
Last Name	DAO O . 1	20		1.2.1.1.1.0	920-854	1-2841
MINSONUIZ	19119		MUCK	1 uperacure	700-001	Scall
Daubner	STOUTH		Dune	<u></u>	920.854.	2841
Part D: Attestation	I Salam	11.				
One of the following must sign and attest					(!	
	ll partner of a partnership		porate offic		e member of an	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant brights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during ir revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on the supplementary of	usiness and not on behalf o ense(s), if granted, will not b to, purchasing alcohol beve espection will be deemed a ny license issued contrary t witting false statements and a	f any other individual assigned to ano arages from state a refusal to allow inso Wis. Stat. Chapit fidavits in connectifications.	ual or entity of other individu authorized w spection. Suc ter 125 shall ction with this	seeking the lice al or entity. I as sholesalers. I ur the refusal is a m be void under application, ar	ense. Further, I ag gree to operate the nderstand that lac nisdemeanor and penalty of state land that any persor	his business of access grounds for aw. I further
Last Name Anschutz		Penne	/		M.	١.۷.
Title Owner Operator Signature	earls:	sisterba	y bou	le ymad	Phone 920-L	193-79
Part E: For Clerk Use Only					127	
RECEIVED APR 2 5 2025	se Number		Date Licens		Date License Is	
Signature of Clerk/Deputy Clerk			Da	ate Provisional I	License Issued (if	applicable)

Save

Print

Clear

Alcohol Beverage License Application

For Municipal Use Only

Municipality

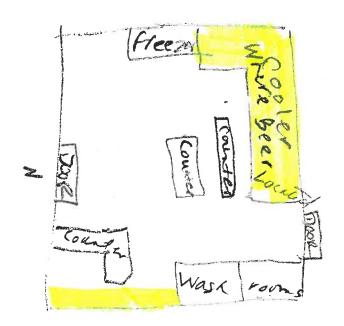
515tev Bay

License Period

2026

License(s) Requested: (up to two boxes ma	y be checked)				Fees		
Class "A" Beer	Class "B" Beer	\$		_icense Fe	ees	\$	600
P'Class A" Liquor	Class B" Liquor	\$		Backgroun	d Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B" Li	quor \$		Publication Fee \$.30
Grass C" Liquor (wine only) \$			-	Total Fees		\$ (030
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole presented in the pres	onrietorshin)						
	Kana	lle					
2. Business Trade Name or DBA	bay BD						
3. FEIN 88-1260211	4	Wisconsin S 456 — 1			5-04		
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liability C	Company	Corr	ooration	Nonpro	fit Ora:	anization
6. State of Organization	7. Date of Organization				DFI Registration		
9. Premises Address & 43 L S. Bay	shore or						
10. City Sisker bay			10.1	1. State	12. Zip Code 5423	4	
13. County	14. Governing Municipali	ty: City	Town	Village	15. Aldermanio	c Distric	it
16. Premises Phone 443-716-8858	17. Premises Email Rana LLe 220	ymal	com	18. Web	site		
Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this application Convenience store at 2431 S. Bay Short	, including living quarters. A on. Attach a map or diagram	outhorized ald m and additio	cohol bevera onal sheets i	age activities f necessary	s and storage o	f record	ls may occur
20. Mailing Address (if different from premises address	ess)						
21. City			2	2. State	23. Zip Code		
Part B: Questions							
Has the business (sole proprietorship, partr violating federal or state laws or local ordin	nership, limited liability of ances? Exclude traffic o	company, or ffenses unle	r corporations related	on) been co to alcohol	onvicted of beverages.	Ye	es ∦⊈ No
If yes, list the details of violation below. Atta		ecessary.					
Law/Ordinance Violated	Location			Tri	al Date		
Penalty Imposed		1	Was sente	nce compl	eted?	☐ Ye	s 🔀 No
Law/Ordinance Violated	Location			Tri	al Date		
Penalty Imposed		A .	Was sente	nce compl	eted?	Ye	s No

beverages.	agamet the business.	Exclude trailic of	ffenses unless related to al	cohol Yes	≱ No
If yes, describe the nature and status of	of pending charges usi	ng the space bel	ow. Attach additional sheet	ts as needed.	
Is the applicant business or any of its individuals or entities a restricted investiges, provide the name of the restrict.	stor with any interest i	n an alcohol bev	verage producer or distribu	r related utor? Yes	No No
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business entity?) of the business entity	y owners below.	Attach additional sheets as	Yes needed.	∏ No
4a. Name of Business Entity		4b. Business	Entity FEIN		
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	mpletion			Yes	☐ No
6. Is the applicant business indebted to at7. Does the applicant business owe past					∧ No √ No
Part C: Individual Information	ade manicipal property	, taxes, assessin	ionis, or other recovers.		110
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compared include Form AB-100 for each person listed be	s, and agent of a corpora any. Attach additional she	tion or nonprofit or eets if necessary.	rganization, all partners of a pa	artnership, and all me	in Part B, embers,
Last Name	First Name		Title	Phone	
Rana	Biscel		over/marger	445-H	5-8158
			,		
Part D: Attestation					
One of the following must sign and attest	* *				
One of the following must sign and attest • sole proprietor • one genera	l partner of a partnersl	•	•	ne member of an L	
One of the following must sign and attest	I partner of a partnersler penalty of law, I have usiness and not on behalense(s), if granted, will not on purchasing alcohol be spection v/iii be deemed by license issued contratiting false statements and his application may be re-	answered each of for any other indi- ot be assigned to a everages from sta a refusal to allow by to Wis. Stat. Chand affidavits in contact equired to forfeit n	the above questions completed widual or entity seeking the lider another individual or entity. It is the authorized wholesalers. It is inspection. Such refusal is a papter 125 shall be void undenection with this application, a of more than \$1,000 if convictions.	tely and truthfully. I a sense. Further, I agree agree to operate this understand that lack misdemeanor and gi r penalty of state lav and that any person w	agree that the that the business of access rounds for v. I further
One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of acensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submit ingly provides materially false information on t	I partner of a partnersler penalty of law, I have usiness and not on behalense(s), if granted, will not on purchasing alcohol be spection v/iii be deemed by license issued contratiting false statements and his application may be re-	answered each of for any other indi- ot be assigned to a everages from sta a refusal to allow by to Wis. Stat. Chand affidavits in contact equired to forfeit n	the above questions completed widual or entity seeking the lider another individual or entity. It is the authorized wholesalers. It is inspection. Such refusal is a papter 125 shall be void undenection with this application, a of more than \$1,000 if convictions.	tely and truthfully. I a sense. Further, I agree agree to operate this understand that lack misdemeanor and gi r penalty of state lav and that any person w	agree that the that the business of access rounds for v. I further
One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of acensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submit ingly provides materially false information on t	I partner of a partnersler penalty of law, I have usiness and not on behalense(s), if granted, will not on purchasing alcohol be spection v/iii be deemed by license issued contratiting false statements and his application may be re-	answered each of for any other indi- ot be assigned to a everages from sta a refusal to allow by to Wis. Stat. Chand affidavits in contact equired to forfeit n	the above questions completed widual or entity seeking the lider another individual or entity. It is the authorized wholesalers. It is inspection. Such refusal is a papter 125 shall be void undenection with this application, a of more than \$1,000 if convictions.	tely and truthfully. I also tense. Further, I agree agree to operate this understand that lack misdemeanor and graph penalty of state lavind that any person vited.	agree that te that the business of access rounds for v. I further who know-
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of acensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially false information on the last Name RAMA	I partner of a partnersler penalty of law, I have usiness and not on behalense(s), if granted, will not on purchasing alcohol be spection v/iii be deemed by license issued contratiting false statements and his application may be re-	answered each of for any other indi- ot be assigned to a everages from sta a refusal to allow by to Wis. Stat. Chand affidavits in contact equired to forfeit n	the above questions completed to the above questions completed another individual or entity. It is to authorized wholesalers. It is inspection. Such refusal is a lighter 125 shall be void undenection with this application, a	tely and truthfully. I sense. Further, I agree to operate this understand that lack misdemeanor and graph penalty of state law and that any person wited. Phone	agree that te that the business of access rounds for v. I further who know-
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of aensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially false information on the last Name Title Owney mayer Signature Part E: For Clerk Use Only	I partner of a partnersler penalty of law, I have usiness and not on behalense(s), if granted, will not on purchasing alcohol be spection v/iii be deemed by license issued contratiting false statements and his application may be re-	answered each of for any other indi- ot be assigned to a everages from sta a refusal to allow by to Wis. Stat. Chand affidavits in contact equired to forfeit n	the above questions completed vidual or entity seeking the lick another individual or entity. It is te authorized wholesalers. It is inspection. Such refusal is a capter 125 shall be void under the nection with this application, and the more than \$1,000 if convictions.	tely and truthfully. I sense. Further, I agree agree to operate this understand that lack misdemeanor and gir penalty of state law and that any person wited. M.I. Phone	agree that the that the business of access rounds for v. I further vho know-
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of acensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially false information on the last Name Title Owner Mayer Signature Part E: For Clerk Use Only Date Application Was Filed With Clerk License.	I partner of a partnersler penalty of law, I have usiness and not on behalense(s), if granted, will not on purchasing alcohol be spection v/iii be deemed by license issued contratiting false statements and his application may be re-	answered each of for any other indi- ot be assigned to a everages from sta a refusal to allow by to Wis. Stat. Chand affidavits in contact equired to forfeit n	the above questions completed widual or entity seeking the lider another individual or entity. It is the authorized wholesalers. It is inspection. Such refusal is a papter 125 shall be void undenection with this application, a of more than \$1,000 if convictions.	tely and truthfully. I sense. Further, I agree to operate this understand that lack misdemeanor and graph penalty of state law and that any person wited. Phone	agree that the that the business of access rounds for v. I further vho know-
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of aensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially false information on the last Name Title Owney mayer Signature Part E: For Clerk Use Only	I partner of a partnersler penalty of law, I have usiness and not on behalense(s), if granted, will not operation visible deemed by license issued contratiting false statements an his application may be referred. Email	answered each of for any other indi- ot be assigned to a everages from sta a refusal to allow by to Wis. Stat. Chand affidavits in contact equired to forfeit n	the above questions completed vidual or entity seeking the lice another individual or entity. It is to authorized wholesalers. It is inspection. Such refusal is a lapter 125 shall be void under the entity who is a possible of the entity of	tely and truthfully. I sense. Further, I agree agree to operate this understand that lack misdemeanor and gir penalty of state law and that any person wited. M.I. Phone	agree that the that the business of access rounds for v. I further vho know-



	For M	unicip	al Use C	Inly
Munic	ality		0	
- 2	DISte	X	Sas	1
Licens	e Period			
2	126	-21	Dal	2

License(s) Requested: (up to two boxes may	be checked)				Fees		
☑ Class "A" Beer \$100	Class "B" Beer	\$		icense Fe	ees	\$	200
Class A" Liquor \$	☐ "Class B" Liquor .	ş \$ <u></u>	В	ackgroun	d Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$	P	ublicatior	r Fee	\$	30
Class C" Liquor (wine only) \$100			To	otal Fees	5	\$	230
Part A: Premises/Business Information	The state of the s						
1. Legal Business Name (individual name if sole pro	prietorsnip)						
Sister Bay Inn LLC	WALLES OF THE PARTY OF THE PART						
2. Business Trade Name or DBA							
Sister Bay Inn		4. Wisconsin	Sallar's Permi	it Number		7	
3. FEIN		4. 111500115111	Ocher 3 r omin	it i tailiboi			
81-2253974							
5. Entity Type (check one) Sole Proprietor Partnership	✓ Limited Liabilit	v Company	□ Corn	oration	Nonpro	fit Organiz	ation
6. State of Organization	7. Date of Organizati				n DFI Registration		
WI	7. Date of Organizati	OII	0.	***************************************			
9. Premises Address				- unio			
10490 HWY 57							
10. City			11	, State	12. Zip Code		
Sister Bay				WI	54234		
13. County	14. Governing Munici	pality: City	Town •	✓ Village	15. Aldermani	c District	
Door	of: Sister		t				
16. Premises Phone	17. Premises Email			18. Wel	osite		
(920) 854-4242	innkeepers@si	sterbayir	nn.com	www.	sisterbay	yinn.co	om
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application sold -Lobby Stored- breakfast prep room.	including living quarter in. Attach a map or dia	s. Authorized a	lcohol bevera	ge activitie	es and storage o	and related f records m	records ay occur
20. Mailing Address (if different from premises addre	ess)						
P. O. Box 123							
21. City			22	2. State	23. Zip Code		
Sister Bay				TM	54234		
Part B: Questions							
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal	ances? Exclude traffi	ic offenses un	or corporatio less related	n) been o to alcoho	convicted of beverages.	Yes	✓ No
If yes, list the details of violation below. Atta	ch additional sheets	if necessary.					
Law/Ordinance Violated	Location			Tı	rial Date		
Penalty Imposed			Was senter	nce comp	oleted?	Yes	☐ No
(6)	I Lacati	,			rial Date		
Law/Ordinance Violated	Location				nai Date		
Penalty Imposed			Was senter	nce comp	oleted?	Yes	☐ No

If yes, describe the nature and status		Juanica	? Exclude traffic of	fenses unl	ess related to alc	cohol [_]	Yes V No
	of pending ch	narges u	ising the space bel	ow. Attach	additional sheet	s as needed.	
 Is the applicant business or any of its individuals or entities a restricted inve If yes, provide the name of the restric 	estor with any	v interes	st in an alcohol bev	verage pro	ducer or distribu	related tor?	Yes 🗸 No
Is the applicant business owned by an If yes, provide the name(s) and FEIN(s)	other busine s) of the busi	ss entity ness en	y? utity owners below.	Attach add	itional sheets as	needed.	Yes 🔽 No
4a. Name of Business Entity			4b. Business	Entity FEIN		-	
5. Have the partners, agent, or sole prop this license period? Submit proof of co6. Is the applicant business indebted to a	ompletion any wholesal	 er beyoı	nd 15 days for beer	or 30 days	s for liquor/wine?	?	Yes No
7. Does the applicant business owe past	due municip	al prope	erty taxes, assessn	nents, or ot	ner tees?		Tes F NO
Part C: Individual Information				الماد المادة	where the state shows		
List the name, title, and phone number for eac Question 4: sole proprietor, all officers, directo managers, and agent of a limited liability comp Include Form AB-100 for each person listed be	ors, and agent pany. Attach ad	of a corp dditional	oration or nonprofit of sheets if necessary.	rganization,	all partners of a pa	artnersnip, and	all members,
Last Name	First Name	atorio dire		Title	<u> </u>	Phone	
Vaicekauskas	Alma	***	(Owner		920-579	-4322
Part D: Attestation		uddish of Antonian all 404 (404)	indexida como en entre procedente in esta en esta esta esta en entre esta en esta esta en esta esta en esta est	avoras program (n. l. p. n. dy b . n. n. 1 i de las primera n	LOCALITY DESCRIPTION		
One of the following must sign and attest	t to this appli	cation:	THE RESERVE THE PROPERTY OF TH	and doub discount of the	5.68	alladia arii.	The state of the s
	al partner of		ership • one	corporate o	officer • on	e member of	an LLC
READ CAREFULLY BEFORE SIGNING: Un I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during it revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on	ousiness and recense(s), if grad to, purchasin inspection will any license issuitting false stand	not on be anted, will ng alcoho be deen sued con atements	whalf of any other indi ill not be assigned to oll beverages from sta ned a refusal to allow trary to Wis. Stat. Ch s and affidavits in con	vidual or en another indi ate authorize inspection. napter 125 s nection with	tity seeking the lic vidual or entity. I a ed wholesalers. I u Such refusal is a shall be void under this application, a	ense. Further, agree to operal understand that misdemeanor ar penalty of sta	I agree that the te this business t lack of access and grounds for te law. I further
Last Name		Í	First Name				M.I.
			Alma			+	
Vaicekauskas		Email				Phone	
Vaicekauskas Title						1 (020) E	70-1222
Title Owner		alml	iu@yahoo.com			(920) 5	79-4322
Title Owner Signature Alua Vaichaushu	ar	alml	iu@yahoo.com	m Date	04/1	(920) 5 6/2025	79-4322
Owner Signature Valua Valuationshi Part E: For Clerk Use Only		alml	iu@yahoo.com	Date		6/2025	
Title Owner Signature Alua Vaielaursha Part E: For Clerk Use Only	nse Number	alml	iu@yahoo.com	Date	04/1		

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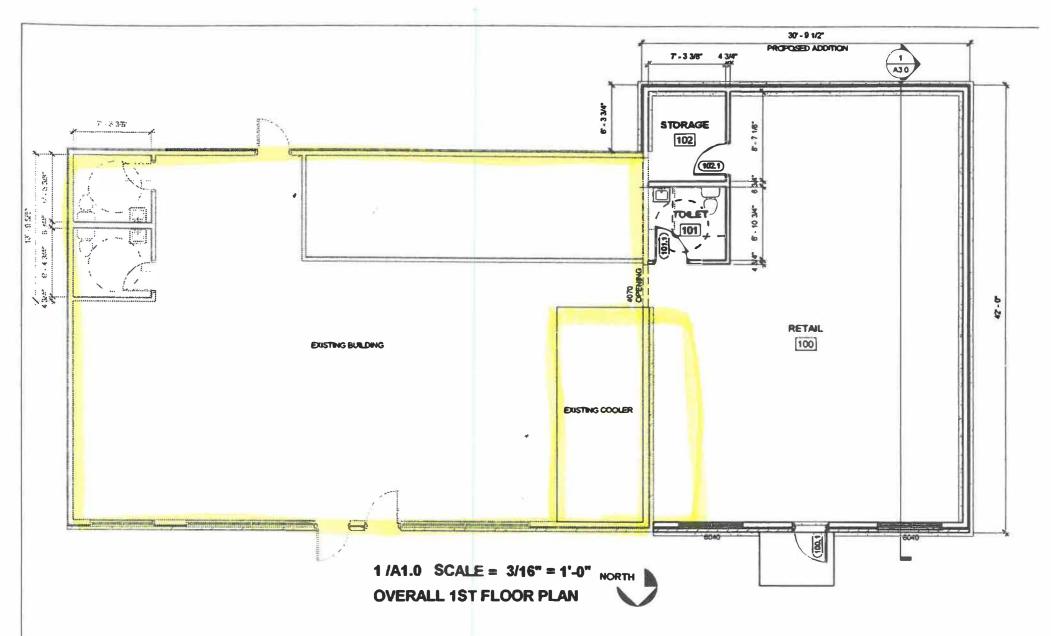
Save Print Clear

Form AB-200

For Municipal U	se Only
Municipality B	ay
License Period	1
2025-26	126

License(s) Requested: (up to two boxes ma	y be checked)		Fees	
Class "A" Beer	☐ Class E'Beer\$	License F	ees	\$ (000
Class A" Liquor \$ 500	Class B" Liquor	Backgrou	nd Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication	n Fee	\$ 30
☐ "Class C" Liquor (wine only) ⑤		Total Fee	s	\$ 630
Part A: Premises/Business Information	on			
1. Legal Business Caree (individual name if sole pr	oprietorship) Rana LLC			
2. Business Trace Name or DBA	Law Dobca			
3. FEIN 88 - 1260211	4. Wisconsin	Seller's Permit Numbe		
5. Entity Type (cn=cκ one) Sole Proprietor Partnership	Limited Liability Company	Corporation	Nonnro	fit Organization
6. State of Organization	7 Date of Organization		in DFI Registration	
9. Premises Address 2579 S. Bay Shore	δr .			
10. City Sisterbay		11 State	12. Zip Code 5423 (1
13. County	14. Governing Municipality: City	☐ Town ✔Village	15. Aldermani	c District
16. Premises Pnone	17. Premises Email	18. We	bsite	
443-716-8858	Ranalle 22 agmelle lo			
19. Premises Description - Describe the building o are kept. Describe all rooms within the building only on the premises described in this application. Convenience store located by 2579 S	g, including living quarters. Authorized a ion. Attach a map or diagram and additi	lcohol beverage activiti	es and storage o	and related records f records may occur
20. Mailing Acdress (if different from premises address) 1. 0. 130 x 47				
21. City Sisterbay		22. State <i>W</i> /	23. Zip Code 54234	1
Part B: Questions				
Has the business (sole proprietorship, parti- violating federal or state laws or local ordin	nership. Iimited liability company o nances? Exclude traffic offenses un	or corporation) been less related to alcoh	convicted of ol beverages.	☐ Yes 📑 No
If yes, list the details of violation below. Atta	ach additional sheets if necessary.			
Law/Ordinance Violated	Location	Т	rial Date	
Penaity Imposed		Was sentence com	oleted?	Yes No
Law/Ordinance Violated	Location	Т	rial Date	
Penalty Imposed		Was sentence com	oleted?	Yes No

beverages	against the business? Ex	clude traffic offenses unless related to	alcohol Yes P No
If yes, describe the nature and status of	of pending charges using	the space below. Attach additional she	ets as needed.
Is the applicant business or any of its individuals or entities a restricted inveit in the provide the name of the restrict.	stor with any interest in a	an alcohol beverage producer or distril	er related outor? . Yes 👍 No
4. Is the applicant pusiness owned by and If yes, provide the name(s) and FEIN(s			Yes Y No as needed.
4a. Name of Business Entity		4b. Business Entity FEIN	
Have the partners, agent, or sole proprethis license period? Submit proof of core			
6. Is the applicant business indebted to all	•		
7. Does the applicant business owe past	due municipal property ta	ixes, assessments, or other fees?	Yes 🙀 No
Part C: Individual Information			rametre de la companya de la company
List the name fittle and phone number for each Question 4' sole proprietor, all officers, director managers and again of a limited liability comparation.	s, and agent of a corporation	or nonprofit organization, all partners of a	ss or businesses listed in Part B, partnership, and all members,
Include Form AB-100 for each person listed be	low. Corporations and LLCs	must appoint an agent by including Form A	
Last Name	First Name	Title	Phone Ov Ca
Kana	191561	owney mager	443-7-16-8858
	i i	160 6	
300			
Part D: Attestation			
Part D: Attestation One of the following must sign and attest			
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera	I partner of a partnership	'	one member of an LLC
Part D: Attestation One of the following must sign and attest	I partner of a partnership er penalty of law, I have and isiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol beve spection who be deemed a ray license issued contrary to itting false statements and a	swered each of the above questions complifiency other individual or entity seeking the leastigned to another individual or entity. Trages from state authorized wholesalers. It is efusal to allow inspection. Such refusal is a power of the work of	etely and truthfully. I agree that icense. Further, I agree that the I agree to operate this business understand that lack of access a misdemeanor and grounds for er penalty of state law. I further and that any person who know-
Part D: Attestation One of the following must sign and attest of sole proprietor one general read of the applicant but rights and respectabilities conferred by the lice according to the law including but not limited to any portion of a localised premises during in revocation of this license. I understand that an understand that I may be prosecuted for submit	I partner of a partnership er penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol beve spection will be deemed a ray license issued contrary to titing false statements and a mis application, may be required.	swered each of the above questions complifiency other individual or entity seeking the leastigned to another individual or entity. Trages from state authorized wholesalers. It is efusal to allow inspection. Such refusal is a power of the work of	etely and truthfully. I agree that icense. Further, I agree that the I agree to operate this business understand that lack of access a misdemeanor and grounds for er penalty of state law. I further and that any person who know-
Part D: Attestation One of the following must sign and axtest one of sole proprietor one general representations of the applicant burights and responsabilities conferred by the lice according to the last including but not limited to any portion of a localed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially false information on the sole provides materiall	I partner of a partnership er penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol beve spection will be deemed a ray license issued contrary to titing false statements and a mis application, may be required.	swered each of the above questions complified any other individual or entity seeking the leassigned to another individual or entity. The assigned to another individual or entity. The arages from state authorized wholesalers. It is a sefusal to allow inspection. Such refusal is a so Wis. Stat. Chapter 125 shall be void und affidavits in connection with this application, iried to forfeit not more than \$1,000 if convi	etely and truthfully. I agree that icense. Further, I agree that the I agree to operate this business understand that lack of access a misdemeanor and grounds for er penalty of state law. I further and that any person who knowcted.
Part D: Attestation One of the following must sign and attest on sole proprietor one general representations of the applicant burights and responsabilities conferred by the lice according to the law including but not limited to any portion of a localised premises during in revocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially faise information on the Last Name	I partner of a partnership er penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol beve spection who be deemed a many license issued contrary to titing false statements and a mis application may be required.	swered each of the above questions complified any other individual or entity seeking the leassigned to another individual or entity. The assigned to another individual or entity. The arages from state authorized wholesalers. It is a sefusal to allow inspection. Such refusal is a so Wis. Stat. Chapter 125 shall be void und affidavits in connection with this application, iried to forfeit not more than \$1,000 if convi	etely and truthfully. I agree that icense. Further, I agree that the I agree to operate this business understand that lack of access a misdemeanor and grounds for er penalty of state law. I further and that any person who knowcted. M.I.
Part D: Attestation One of the following must sign and attest on sole proprietor one general responsibilities and responsibilities conferred by the lice according to the Last including but not limited to any portion of a recensed premises during in revocation of this license. I understand that I may be prosecuted for submitingly provides materially faise information on the Last Name Title Owwww.mag.g. Signature	I partner of a partnership er penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol beve spection who be deemed a many license issued contrary to titing false statements and a mis application may be required.	swered each of the above questions complified any other individual or entity seeking the leassigned to another individual or entity. The assigned to another individual or entity. The arages from state authorized wholesalers. It is a sefusal to allow inspection. Such refusal is a so Wis. Stat. Chapter 125 shall be void und affidavits in connection with this application, iried to forfeit not more than \$1,000 if convi	etely and truthfully. I agree that ticense. Further, I agree that the I agree to operate this business understand that lack of access a misdemeanor and grounds for er penalty of state law. I further and that any person who knowcted. M.I.
Part D: Attestation One of the following must sign and attest of sole proprietor one general responsibilities conferred by the lice according to the last including but not limited to any portion of a scensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submittingly provides materially faise information on the last Name Title Owwww.magge. Signature Part E: For Clark Use Only	I partner of a partnership er penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol beve spection will be deemed a ray license issued contrary to titing false statements and a nils application, may be required. Email Bisay	swered each of the above questions complified any other individual or entity seeking the leassigned to another individual or entity. The assigned to another individual or entity. The arages from state authorized wholesalers. It is a sefusal to allow inspection. Such refusal is a so Wis. Stat. Chapter 125 shall be void und affidavits in connection with this application, iried to forfeit not more than \$1,000 if convi	etely and truthfully. I agree that ticense. Further, I agree that the I agree to operate this business understand that lack of access a misdemeanor and grounds for er penalty of state law. I further and that any person who knowcted. M.I.
Part D: Attestation One of the following must sign and attest on sole proprietor one general responsibilities and especial solely or behalf of the applicant burights and especial ities conferred by the lice according to the last including but not limited to any portion of a social depremises during in revocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially faise information on the last Name Title OWM MAGO. Signature	I partner of a partnership er penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol beve spection will be deemed a ray license issued contrary to titing false statements and a nils application, may be required. Email Bisay	swered each of the above questions complificant of the responsibility seeking the least signed to another individual or entity. The east signed to another individual or entity. The east signed to another individual or entity. The east signed to allow inspection. Such refusal is a complete of the east signed to allow inspection. Such refusal is a complete of the east signed to the east signe	etely and truthfully. I agree that icense. Further, I agree that the I agree to operate this business understand that lack of access a misdemeanor and grounds for er penalty of state law. I further and that any person who know-cted. M.I. Phone Yyy

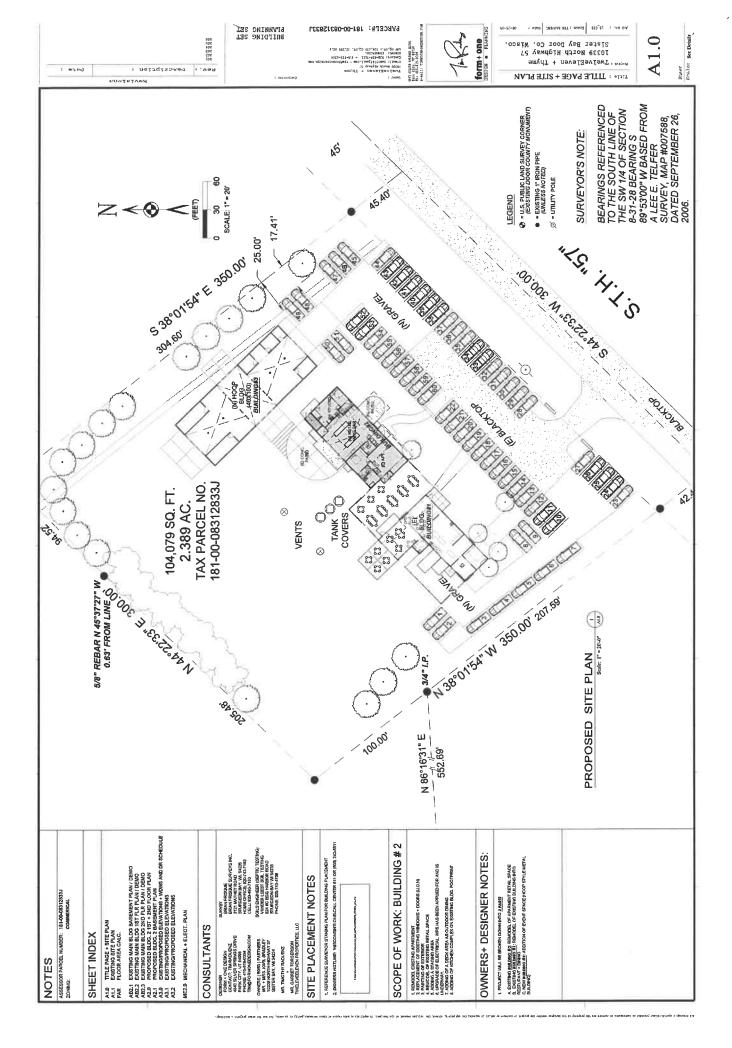


EXISTING BU

	For Municipal Use Only	
Muniç	ipality 1	
(DISTER BALL	
Licens	e Period	
d	435-2026	

License(s) Requested: (up to two boxes may	be checked)				Fees	
☐ Class "A" Beer	Class "B" Beer	\$_	100	License F	ees	\$ 260 -
Grass A" Liquor \$	☐ "Class B" Liquor .	\$_		Backgroui	nd Check Fee	\$
"Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$_		Publicatio	n Fee	\$ 30 ~
☑ "Class C" Liquor (wine only) \$ _/00				Total Fee	S	\$ 230-
Part A: Premises/Business Information	n					
Legal Business Name (individual name if sole pro						
THYME, INC.						
2. Business Trade Name or DBA	1					
3. FEIN RESTAURANT	- LATERIN	4. Wisconsir	n Seller's De	rmit Number		
A1.0710261					133-03	
5. Entity Type (check one)						
Sole Proprietor Partnership	Limited Liability		₹ C∘	rporation		it Organization
6. State of Organization <i></i>	7. Date of Organization			8. Wisconsii	n DFI Registratio	n Number
9. Premises Address	7 7 7 4 07					
10339 St. Hwy 57						
10339 ST. Hwy 57 10. City Sesser BAY				11. State	12. Zip Code 5727	1
13. County Woon	14. Governing Municipa of: りょうしょ	ality: City	y 🔲 Town	Village	15. Aldermanic	District
	17. Premises Email			18. Web	site	
920-421-5013	KW019710	GMASL.	com			
19. Premises Description - Describe the building or to are kept. Describe all rooms within the building, it only on the premises described in this application. **RESTRURANT F (A)	ncluding living quarters n. Attach a map or diagr	. Authorized a ram and addit	alcohol beve tional sheets	rage activitie	s and storage of	and related records records may occur
20. Mailing Address (if different from premises addres	ss)					
21. City				22. State	23. Zip Code	
Part B: Questions						
Has the business (sole proprietorship, partne violating federal or state laws or local ordinar						☐ Yes 🌠 No
If yes, list the details of violation below. Attack	h additional sheets if	necessary.				
Law/Ordinance Violated	Location			Tria	al Date	
Penalty Imposed			Was sente	ence comple	eted? [Yes No
Law/Ordinance Violated	Location				al Date	
Penalty Imposed	1		Was sente	ence compl	eted? [Yes No

2. Are charges for any offenses pending a		Total color despetits and				- 171 Ma
beverages.	gainst the business? E	exclude traffic of	ffenses unle	ss related to alco	ohol 🔲 Ye	es 🔀 No
If yes, describe the nature and status of	pending charges usin	g the space bel	ow. Attach a	additional sheets	as needed.	
3. Is the applicant business or any of its o	officers directors men	nhers agent et	mplovees o	wners or other i	related	
individuals or entities a restricted investigation of the rest	stor with any interest in	n an alcohol bev	verage proc	lucer or distribute	or? 🗌 Y	es 💢 No
						553 No
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity? of the business entity	owners below.	Attach addi	tional sheets as r	needed.	es 🔀 No
4a. Name of Business Entity		4b. Business	Entity FEIN			
Have the partners, agent, or sole propri	ietor satisfied the resn	onsible beverag	e server tra	ining requiremen	t for	
this license period? Submit proof of con	npletion				ж. ж. ж. <u>У</u> Ү	es 🔲 No
6. Is the applicant business indebted to ar						es 🔀 No
7. Does the applicant business owe past of	due municipal property	taxes, assessn	nents, or oth	ner fees?	Y	es 🔀 No
Part C: Individual Information						atadia Bad B
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compared to the compared to th	s, and agent of a corpora	tion or nonprofit o	itions in the a organization, a	pplicant business o all partners of a par	r businesses ii tnership, and a	sted in Part B, Il members,
Include Form AB-100 for each person listed bel	ow. Corporations and LL			ncluding Form AB-	T	
Last Name	First Name	-	Title		Phone	
BAGIEARDU	HARC		KAESZ	PENT RESEDENT	920.51	9.7111
GAGLEARDU	TONAA		UFCE P	RESEDENS	920.51	9-7112
Part D: Attestation						
One of the following must sign and attest				<i>I</i> C		11.6
One of the following must sign and attest • sole proprietor • one genera	l partner of a partners	•	corporate o		e member of a	
One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant by	I partner of a partners ler penalty of law, I have usiness and not on beha	answered each o	of the above of th	uestions complete	ely and truthfull	y. I agree that agree that the
One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law including but not limited	I partner of a partnersi ler penalty of law, I have usiness and not on behal ense(s), if granted, will no to, purchasing alcohol b	answered each of if of any other ind ot be assigned to everages from sta	of the above of lividual or ent another indivate authorize	questions complete ity seeking the lice ridual or entity. I ag d wholesalers. I ur	ely and truthfull nse. Further, I gree to operate nderstand that	y. I agree that agree that the this business lack of access
One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in	I partner of a partnersi ler penalty of law, I have usiness and not on behal ense(s), if granted, will no to, purchasing alcohol b ispection will be deemed	answered each of if of any other ind of be assigned to everages from sta a refusal to allow	of the above of lividual or ent another indivate authorize v inspection	uestions complete ity seeking the lice ridual or entity. 1 a d wholesalers. I ur Such refusal is a m	ely and truthfull nse. Further, I gree to operate nderstand that nisdemeanor a	y. I agree that agree that the this business lack of access nd grounds for
One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that all understand that I may be prosecuted for subm	Il partner of a partnersi ler penalty of law, I have usiness and not on behale ense(s), if granted, will no to, purchasing alcohol be ispection will be deemed ny license issued contrai titting false statements ar	answered each of of any other ind of be assigned to everages from state a refusal to allow y to Wis. Stat. Cold affidavits in cord	of the above of ividual or ent another indivate authorize vinspection. hapter 125 sinnection with	questions complete ity seeking the lice ridual or entity. I a d wholesalers. I ur Such refusal is a rr hall be void under this application, an	ely and truthfull inse. Further, I gree to operate inderstand that hisdemeanor a penalty of state and that any pers	y. I agree that agree that the this business lack of access nd grounds for e law. I further
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that all understand that I may be prosecuted for submingly provides materially false information on the	Il partner of a partnersi der penalty of law, I have usiness and not on behale ense(s), if granted, will no to, purchasing alcohol b ispection will be deemed ny license issued contra- titting false statements ar this application may be re-	answered each of of any other ind of be assigned to everages from state a refusal to allow y to Wis. Stat. Cold affidavits in cord	of the above of ividual or ent another indivate authorize vinspection. hapter 125 sinnection with	questions complete ity seeking the lice ridual or entity. I a d wholesalers. I ur Such refusal is a rr hall be void under this application, an	ely and truthfull inse. Further, I gree to operate inderstand that hisdemeanor a penalty of state and that any pers	y. I agree that agree that the this business lack of access nd grounds for e law. I further
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One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that all understand that I may be prosecuted for submingly provides materially false information on the solution. Last Name RABBURT	Il partner of a partnersi ler penalty of law, I have usiness and not on behale ense(s), if granted, will no to, purchasing alcohol be spection will be deemed ny license issued contra itting false statements ar this application may be re	answered each of of any other ind of be assigned to everages from star a refusal to allowry to Wis. Stat. Cold affidavits in corequired to forfeit rest Name	of the above of tividual or ent another indivate authorize vinspection. hapter 125 sinnection with not more than	questions complete ity seeking the lice vidual or entity. I as d wholesalers. I ur Such refusal is a m hall be void under this application, an a \$1,000 if convicte	ely and truthfull inse. Further, I gree to operate inderstand that hisdemeanor a penalty of state ind that any persect.	y. I agree that agree that the ethis business lack of access and grounds for e law. I further son who know-
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that all understand that I may be prosecuted for submingly provides materially false information on to the solution. Last Name RABBUT Title Title	Il partner of a partnersi ler penalty of law, I have usiness and not on behale ense(s), if granted, will no to, purchasing alcohol be spection will be deemed ny license issued contra itting false statements ar this application may be re	answered each of for any other ind of the assigned to everages from strain a refusal to allow to Wis. Stat. Conditional of the correquired to forfeit in the correct Name	of the above of ividual or ending another individual and attempted in its pection. In the present of the present in the presen	questions complete ity seeking the lice vidual or entity. I as d wholesalers. I ur Such refusal is a m hall be void under this application, an a \$1,000 if convicte	ely and truthfull inse. Further, I gree to operate inderstand that hisdemeanor a penalty of state ind that any persect.	y. I agree that the agree that the this business lack of access and grounds for e law. I further son who know-
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that all understand that I may be prosecuted for submingly provides materially false information on the solution. Last Name RABBURT	Il partner of a partnersi ler penalty of law, I have usiness and not on behale ense(s), if granted, will no to, purchasing alcohol be spection will be deemed ny license issued contra itting false statements ar this application may be re	answered each of of any other ind of be assigned to everages from star a refusal to allowry to Wis. Stat. Cold affidavits in corequired to forfeit rest Name	of the above of tividual or ent another indivate authorize vinspection. hapter 125 sinnection with not more than	questions complete ity seeking the lice vidual or entity. I as d wholesalers. I ur Such refusal is a m hall be void under this application, an a \$1,000 if convicte	ely and truthfull nse. Further, I gree to operate derstand that nisdemeanor a penalty of state d that any persod. Phone Pao-50	y. I agree that agree that the ethis business lack of access and grounds for e law. I further son who know-
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One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant by rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that al understand that I may be prosecuted for submingly provides materially false information on to Last Name BRABULY Title Signature OWNIN PRIVATION Part E: For Clerk Use Only	Il partner of a partnersi ler penalty of law, I have usiness and not on behale ense(s), if granted, will no to, purchasing alcohol be spection will be deemed ny license issued contra itting false statements ar this application may be re	answered each of of any other ind of be assigned to everages from star a refusal to allowry to Wis. Stat. Cold affidavits in corequired to forfeit rest Name	of the above of the above of lividual or ent another indivate authorized vinspection. hapter 125 sonection with not more than another t	questions complete ity seeking the lice vidual or entity. I and wholesalers. I ur Such refusal is a minal be void under this application, and \$1,000 if convicted the complete	ely and truthfull nse. Further, I gree to operate derstand that nisdemeanor a penalty of state d that any persod. Phone Pao-50	y. I agree that agree that the athis business lack of access and grounds for e law. I further son who know-

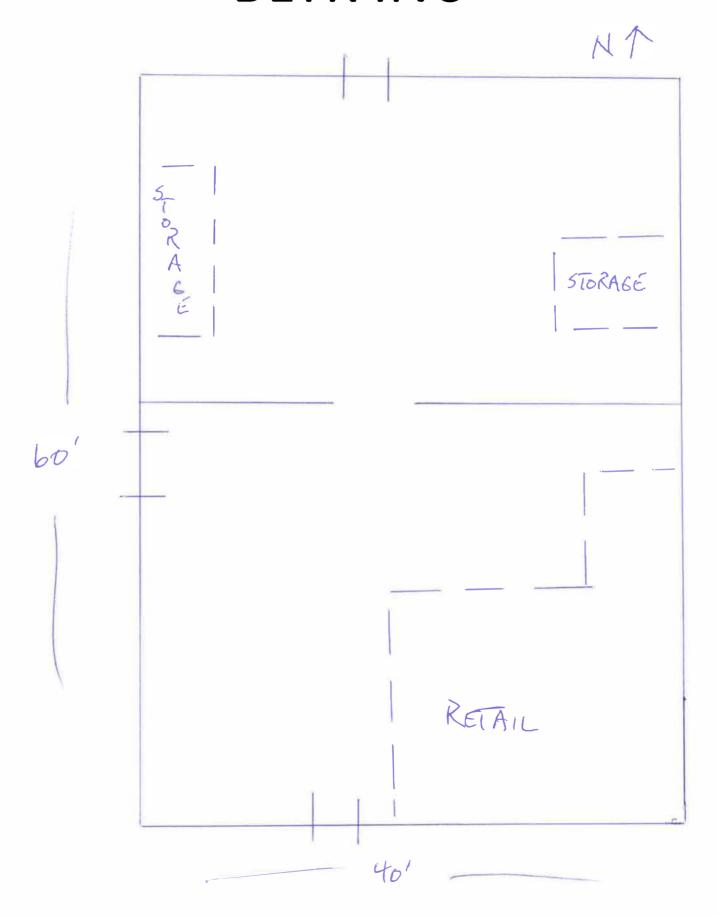


For Municipal Use Only	
Municipality Bru	
License Period	
2025-2026	

License(s) Requested: (up to two boxes may	be checked)				Fees	
☑ Class "A" Beer	Class "B" Beer			License F	ees	\$ 600
(X) "Class A" Liquor \$ 500	☐ "Class B" Liquor .	\$	[Backgrou	nd Check Fee	\$
☐ "Class A" Liquor (cider only) \$ ☐	Reserve "Class B"	Liquor \$	[Publicatio	n Fee	\$ 30
Class C" Liquor (wine only) \$				Total Fee	s	\$630-
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole pro BLTK, INC. 2. Business Trade Name or DBA Thime MARKET, Land	prietorship)					
3. FEIN 99-3128637		4. Wisconsin S	Seller's Per	rmit Numbe フゟソソ	25.04	
5. Entity Type (check one) Sole Proprietor Partnership 6. State of Organization	Limited Liability 7. Date of Organizati	y Company on		rporation		ofit Organization on Number
9. Premises Address 10588 COUNTRY WALK 10. City SZITER BAY	A. # 16	pality: 🏻 City	☐ Town	11. State	12. Zip Code 5 7 2 7 15. Alderman	
13. County Jour	of: SF174	a Bot				
16. Premises Phone	17. Premises Email	A 0.40.484	Can	18. W	ebsite	
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. RETARE FOOD, LEO	buildings where alcoholincluding living quarter	ol beverages are s. Authorized a gram and additi	e produced Icohol beve onal sheets	s if necessa	ry.	, and related records of records may occur
20. Mailing Address (if different from premises address of the second of	ess)					
20. Mailing Address (in different from premises address (in different from premises address and some services are some services and some services are some services and some services and some services are some services are some services and some services are some services are some services and some services are some s				22. State	23. Zip Code	
Part B: Questions						
Has the business (sole proprietorship, partry violating federal or state laws or local ordinal lf yes, list the details of violation below. Atta	ances? Exclude traffi	ic oπenses un	or corpora less relate	ition) been ed to alcoh	convicted of old beverages.	Yes X No
Law/Ordinance Violated	Location				Trial Date	
Penalty Imposed			Was ser	ntence com	pleted?	Yes No
Law/Ordinance Violated	Location				Trial Date	
Penalty Imposed	1,		Was ser	ntence com	pleted?	Yes No

Are charges for any offenses pending a beverages.	gainst the business? Ex	clude traffic offen	ses unless rela	ted to alco	hol Yes	⊠ No
If yes, describe the nature and status of	f pending charges using	the space below.	Attach addition	nal sheets a	as needed.	
*	ec				a lata d	
Is the applicant business or any of its of individuals or entities a restricted investif yes, provide the name of the restricted.	stor with any interest in	an alcohol bever	age producer o	, or other n r distributo	erated or? Yes	I € No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity?	wners below. Atta	ach additional s	heets as n	eeded.	⊠ No
4a. Name of Business Entity		4b. Business Ent	ity FEIN			
5. Have the partners, agent, or sole propri this license period? Submit proof of cor	etor satisfied the respor	nsible beverage s	erver training re	equirement	for X Yes	☐ No
6. Is the applicant business indebted to ar						⊠ No
7. Does the applicant business owe past of	due municipal property t	axes, assessmen	its, or other fee	s?		⊠ No
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corporation	n or nonprofit orga	is in the applicant nization, all partn	business or ers of a part	businesses liste nership, and all n	d in Part B, nembers,
Include Form AB-100 for each person listed bel				Form AB-1		
Last Name	First Name	Title	1		Phone	
DAADLEY	ISRYAN	- 1	MESZOEN)		920-495-	0432
BRADLEY	KARL		REMOURE		920-559-	
ISAPOLET	CAURA		ECRETARY		920.495-	
GAGLEARAO	TONDA	U	ELF PRISE	OENS	920-55	9-7112
Part D: Attestation						
One of the following must sign and attest						
	I partner of a partnership		porate officer		member of an	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant bu	usiness and not on behalf	of any other individual	ual or entity seek	ing the licer	nse. Further, I ag	ree that the
rights and responsibilities conferred by the lice according to the law, including but not limited	to, purchasing alcohol bev	erages from state	authorized whole	salers. I und	derstand that lac	k of access
to any portion of a licensed premises during in revocation of this license. I understand that at	spection will be deemed a	refusal to allow ins	pection. Such re	fusal is a mi	sdemeanor and	grounds for
understand that I may be prosecuted for submingly provides materially false information on t	itting false statements and	affidavits in connec	ction with this app	dication, and	that any person	who know-
Last Name _		Name /LM/L			М.	1. W
Title OWNER- TREMONER	Email	WD 1971@	GMARL.	com	Phone <i>920.555</i>	7111
Signature (1)			Date	1.25		
Part E: For Clerk Use Only	_	L	, ~ /	~		
	se Number		Date License G	ranted	Date License Is	sued
RECEIVED MAY 2 9 2025 Signature of Clerk/Deputy Clerk	se Number				Date License Is icense Issued (if	

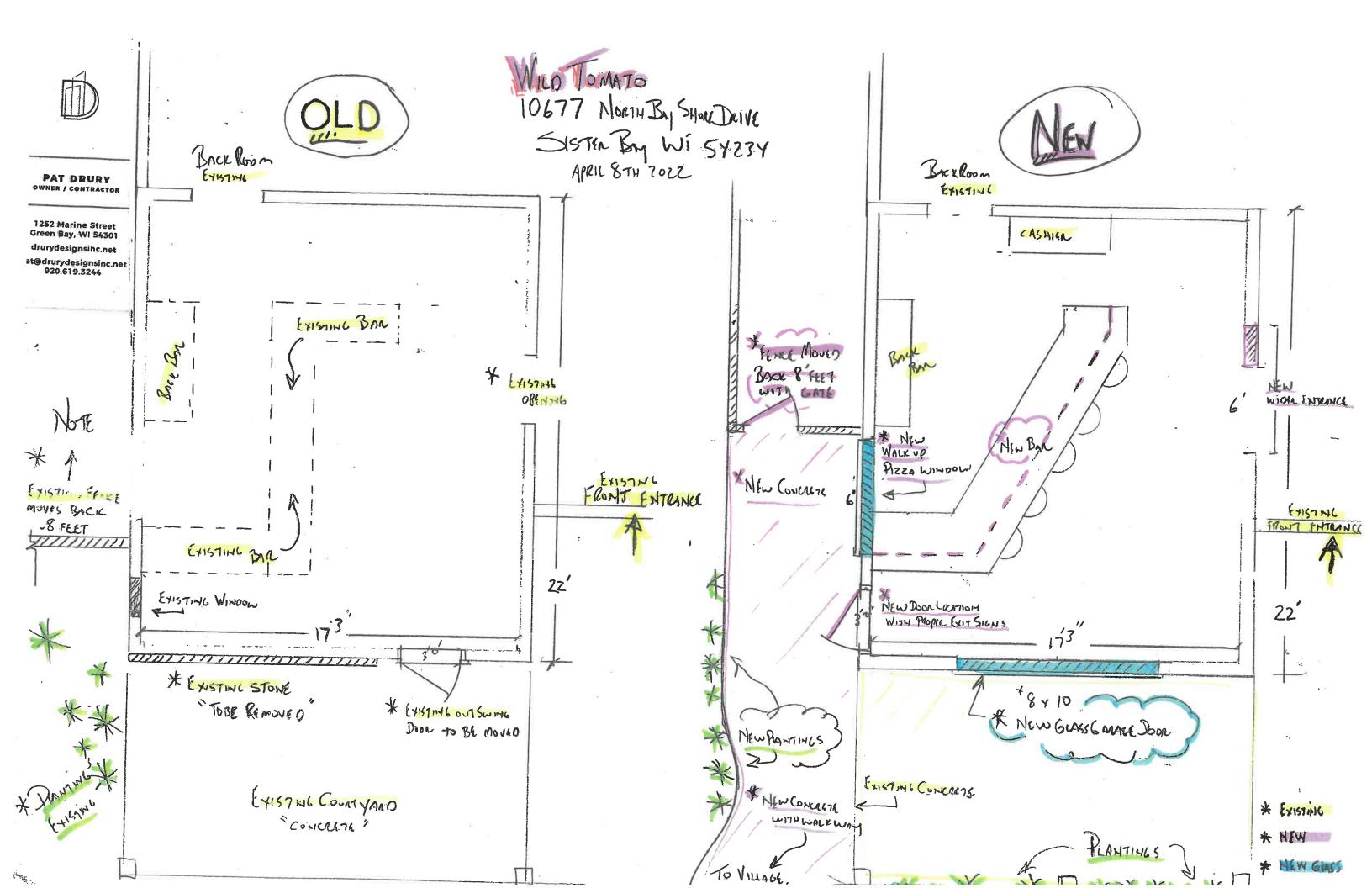
BLTK INC



77	For Municipal Use Only	Ħ
Muni	cipality	
	Dister Day	
Licen	se Period	
0	2026-2026	

Class "A" Beer\$ — "Class A" Liquor\$ — "Class A" Liquor (cider only) \$ — "Class C" Liquor (wine only) \$ — DD Part A: Premises/Business Information 1. Legal Business Name (individual name if sole produced in the produce	Class B" Liquor \$ Reserve "Class B" Liquor \$ on roprietorship) 4. Wisconsin S	Background (Publication F Total Fees	Check Fee \$
"Class A" Liquor (cider only) \$ "Class C" Liquor (wine only) \$ Part A: Premises/Business Information 1. Legal Business Name (individual name if sole property) 1. OMA + O COMMA 2. Business Trade Name or DBA Toma + O Sist 3. FEIN 93-4755375 5. Entity Type (check one)	Reserve "Class B" Liquor \$ on roprietorship) a LLC 4. Wisconsin S	Publication F Total Fees	
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole property) 2. Business Trade Name or DBA Tomato Sist 3. FEIN 93-4755375 5. Entity Type (check one)	on roprietorship) a LLC c- Bay 4. Wisconsin S	Total Fees	* 30 * 230 -
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole property) 2. Business Trade Name or DBA 1. Tomato Sistem 3. FEIN 1. Tomato Sistem 1. Legal Business Name (individual name if sole property) 2. Business Trade Name or DBA 1. Tomato Sistem 1. September 1. Legal Business Information 2. Business Trade Name or DBA 2. Business Trade Name or DBA 3. FEIN 3. FEIN 1. Legal Business Information 1. Legal Business Information 1. Legal Business Name (individual name if sole property) 2. Business Trade Name or DBA 1. September 1. Legal Business Information 2. Business Trade Name or DBA 3. FEIN 3. FEIN 1. Legal Business Name (individual name if sole property) 3. FEIN 1. Legal Business Name (individual name if sole property) 3. FEIN 4. September 1. Legal Business Name (individual name if sole property) 3. FEIN 4. September 1. Legal Business Name (individual name if sole property) 5. Entity Type (check one)	roprietorship) a LLC c- Bay 4. Wisconsin S		\$ 230 -
1. Legal Business Name (individual name if sole provided in the first of the first	roprietorship) a LLC c- Bay 4. Wisconsin S		
Wild Tomato Pizz 2. Business Trade Name or DBA Wild Tomato Sist 3. FEIN 93-4755375 5. Entity Type (check one)	er Bay 4. Wisconsin S		
13. FEIN 93-4755375 5. Entity Type (check one)	4. Wisconsin S		
93-4755375 5. Entity Type (check one)	4. Wisconsin S		
N RR N N	, , , ,	Seller's Permit Number	04
I COURTIONNEIO I FAITHEISTIN	Limited Liability Company	Corporation	□ Nonprofit Organization
6. State of Organization	7. Date of Organization		FI Registration Number
Wisconsin	12-28-23		
9. Premises Address		· · · · · · · · · · · · · · · · · · ·	
10677 N Bay shore	D ₅		
10. City Sister Bay		11. State 12	2. Zip Code 5 42 3 4
10.677 N Bayshore 10. City Sister Bay 13. County	14. Governing Municipality: City of: Sister Bay	☐ Town ☑ Village 15	5. Aldermanic District
16. Premises Phone 0-65 4 - 4685	17. Premises Email Ryan Wildtonatop	18. Website	
19. Premises Description - Describe the building or are kept. Describe all rooms within the building only on the premises described in this application.	r buildings where alcohol beverages are , including living quarters. Authorized ald	produced, sold, stored, or cohol beverage activities a	r consumed, and related record:
Dining room, Dinin	of Patio, Indoo	- Bar, Pat	tro Bar,
Take out lobbu			
20. Mailing Address (if different from premises address of the premise address of the premises address of the premise address of th	ess)		
21. City_		22. State 23	3. Zip Code
Fish Creek			54212
Part B: Questions			
1. Has the business (sole proprietorship, partr	nership, limited liability company, or	corporation) been conv	victed of
violating federal or state laws or local ordin		ess related to alcohol be	everages. 🗌 Yes 🔀 No
If yes, list the details of violation below. Atta			
Law/Ordinance Violated	Location	Trial C	Date
Penalty Imposed		Was sentence complete	ed? Yes No
Law/Ordinance Violated	Location	Trial C	Date
Penalty Imposed		Was sentence complete	ed? Yes No

beverages.	es pending against the business? E	Exclude traffic offenses unless related to alcohol	Yes 🔄 N
If yes, describe the nature	and status of pending charges usin	ng the space below. Attach additional sheets as needed.	
individuals or entities a res	or any of its officers, directors, men stricted investor with any interest in f the restricted investor and descri	mbers, agent, employees, owners, or other related n an alcohol beverage producer or distributor? \(\) be the nature of the interest.	Yes 🔽 N
4. Is the applicant business of	wned by another business entity?	owners below. Attach additional sheets as needed.	Yes ⊠ N
4a. Name of Business Entity	and i Ling(s) of the business entity	4b. Business Entity FEIN	
this license period? Submit 6. Is the applicant business in	proof of completion	onsible beverage server training requirement for	res 🔀 No
Part C: Individual Inform			CESI T
		the following positions in the applicant business or businesses li	istad in Day
	liability company. Attach additional shee son listed below. Corporations and LLC First Name	cs must appoint an agent by including Form AB-101. Title Phone	
Sagorac	Matthew	Owner/President 920-	71/-7
0			10 10 20 20
Part D: Attestation			
One of the following must sign	and attest to this application:		
READ CAREFULLY BEFORE SIGNATION IN THE STATE OF THE STATE	applicant business and not on behalf ed by the license(s), if granted, will not t not limited to, purchasing alcohol bev ses during inspection will be deemed a stand that any license issued contrary ted for submitting false statements and	ip • one corporate officer • one member of a inswered each of the above questions completely and truthfully of any other individual or entity seeking the license. Further, I is be assigned to another individual or entity. I agree to operate verages from state authorized wholesalers. I understand that is a refusal to allow inspection. Such refusal is a misdemeanor are to Wis. Stat. Chapter 125 shall be void under penalty of state a affidavits in connection with this application, and that any persequired to forfeit not more than \$1,000 if convicted.	y. I agree that the this busines lack of accessed grounds for law. I further
ast Name			M.I.
Sagorac	M	atthew	
Fittle President	Email	orac wild tonatopizacom Phone Glo- Date 4-28-25	716-77
1 Jones		4-28-25	
Dawl E. Eau Olaula Maa Oul			
Part E: For Clerk Use Onl			
Date Application Was Filed With Cl CEIVED APR 2 9 2025 Signature of Clerk/Deputy Clerk		Date License Granted Date License	Issued



For Municipal Use Only						
Municipality						
SISTER Bay						
License Period						
2025-2026						

License(s) Requested: (up to two boxes may be	checked)		Fees		
☐ Class "A" Beer \$ ☐ C	Class "B" Beer \$	License	Fees	\$ 600	70
☐ "Class A" Liquor \$ 500 ☐ "	Class B" Liquor \$	Backgro	und Check Fee	\$	
	Reserve "Class B" Liquor \$	Publicat	on Fee	\$ 30	5
Class C" Liquor (wine only) \$		Total Fe	es	\$ 63	0-
The state of Provincian Information			H 11		
Part A: Premises/Business Information 1. Legal Business Name (individual name if sple proprie	etorship)				
1. Legal Business Name (individual name if sole proprie	Marketll				
2. Business Trade Name or DBA Zekes U	Ilice Murcet				
3. FEIN 87-4349287	4. Wisconsin S	Seller's Permit Numb	8747	25-0	4
5. Entity Type (check one)	Limited Liability Company	☐ Corporation	☐ Nonpro	ofit Organiz	ation
	Date of Organization	8. Wiscon	nsin DFI Registrati		
WH	12-23-202	1 20	07272		
9. Premises Address 236 Mill Road	0#2				
10. City Sister Bay		11. State	_ 51	1284	
13. County 14	Governing Municipality: City of:	☐ Town 🔀 Villag	ge 15. Alderman	ic District	
16. Premises Phone 17	Premises Email		Vebsite *. 78 Ke(u)	100 100	tate
414-801-1257 M	anger@Zekoulkemuk				
Premises Description - Describe the building or building are kept. Describe all rooms within the building, including only on the premises described in this application. A	luding living quarters. Authorized at	CUTIOI Deverage activ	nies and storage		7 7
101 101 101	- 1-0 LILLA CA HICKY	Such ANKOS	DV914. M	110100	- 6 (00)
Sold is in the relail Store, add h	ind mentary Stored	in but so	on. Keca	os in bi	
20. Mailing Address (if different from premises address)					
21. City SiSIVBGY		22. State	23. Zip Code 5433	4	
Part B: Questions					
Has the business (sole proprietorship, partners violating federal or state laws or local ordinance)	hip, limited liability company, c es? Exclude traffic offenses un	or corporation) bee less related to alco	n convicted of shol beverages.	Yes	No No
If yes, list the details of violation below. Attach	additional sheets if necessary.		I=1.15.		
Law/Ordinance Violated	Location		Trial Date		
Penalty Imposed		Was sentence co	mpleted?	Yes	☐ No
Law/Ordinance Violated	Location		Trial Date		

0.4.1	and the boards of	alicata disente			shall ITT Va	14
2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol .						
If yes, describe the nature and status o	f pending charges using	the space below	. Attach	additional sheets	as needed.	
Is the applicant business or any of its of individuals or entities a restricted investif yes, provide the name of the restricted.	stor with any interest in a	in alcohol bever	age pro	ducer or distribute	related or? Yes	No
					-	
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity? of the business entity o	wners below. Att	ach add	itional sheets as r	needed.	MNO
4a. Name of Business Entity		4b. Business En	tity FEIN			
		L				
5. Have the partners, agent, or sole propr this license period? Submit proof of cor						□ No
6. Is the applicant business indebted to a			• •		—	☑ No
7. Does the applicant business owe past					· · · · · · · · · · · · · · · · · · ·	₩ No
Part C: Individual Information				<u> </u>		
List the name, title, and phone number for each	n person or entity holding the	e following position	ns in the a	policant business o	r businesses listed	in Part B.
Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corporation	n or nonprofit orga	nization,	all partners of a par	tnership, and all m	embers,
Include Form AB-100 for each person listed be	low. Corporations and LLCs	must appoint an	agent by	including Form AB-	101.	
Last Name	First Name	Title			Phone	
Joseph,	Ken	- 1	Men	ber	414-801-	1957
Joseph	Victoria	W	Nen Tenbe		312-972	-1777
Dad D. Amazadia	1		P.			
Part D: Attestation	to this application:				:	
One of the following must sign and attest • sole proprietor • one genera	to trils application. I partner of a partnership	• one co	roorate d	officer • one	member of an L	LC
READ CAREFULLY BEFORE SIGNING: Und						
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	usiness and not on behalf o ense(s), if granted, will not b	f any other individ se assigned to and	ual or entother indiv	tity seeking the lice vidual or entity. I ag	nse. Further, I agr gree to operate thi	ee that the s business
according to the law, including but not limited to any portion of a licensed premises during in	spection will be deemed a	efusal to allow ins	spection.	Such refusal is a m	isdemeanor and g	rounds for
revocation of this license. I understand that are understand that I may be prosecuted for submit						
ingly provides materially false information on t						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Last Name Joseph	First	Name) C			M.I.	-
Title Member	Email Mchres	67ekaulle	ernak	eh-con	Phone 414-801-16	957
Signature		E 20 - 14 - 14	Date C	eticen 5-20-25	•	
Part E: For Clerk Use Only						
Date Application Was Filed With Clerk Licens	se Number	:	Date Lie	cense Granted	Date License Iss	sued
RECEIVED MAY 2 0 2025						
Signature of Clerk/Deputy Clerk				Date Provisional L	icense Issued (if a	pplicable)

1 Zeke's Village Marker LLC





For Municipal Use Only					
Municipality					
Sister Bay					
License Period					
2025-2024					

License(s) Requested: (up to two boxes may be checked)			Fees				
☐ Class "A" Beer	Class "B" Beer \$ 1		0	License F	ees	\$	200
Class A" Liquor \$	☐ "Class B" Liquor .	\$		Backgrou	nd Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$		Publication	n Fee	\$	30
Class C" Liquor (wine only) \$				Total Fee	s	\$	230
Part A: Premises/Business Information	on						
1. Legal Business Name (individual name if sole p	roprietorship)						
Proto Foods LLS							
2. Business Trade Name or DBA							
Zero Sum							
3. FEIN		4. Wisconsin		ermit Numbe			
821487365		456102	299430				
5. Entity Type (check one)							
☐ Sole Proprietor ☐ Partnership	Limited Liability	y Company	Co	orporation	☐ Nonpro	fit Organiz	zation
6. State of Organization	7. Date of Organizati	on		8. Wisconsin DFI Registration Number			
WI	5/20/2020			P0699	908		
9. Premises Address							
10578 Country Walk Dr,unit	c 30						
10. City				11. State	12. Zip Code		
Sister Bay				WI	54234	- D'- (-'-)	
13. County	14. Governing Municip		Town	✓ Village	15. Aldermani	C DISTRICT	
Door	of: Sister Ba	ay		1			
16. Premisės Phone	17. Premises Email			18. We		,	
9206291352	protofoods@g				os://zero		
 Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this applicate 	g, including living quarter	s. Authorized a	icohol beve	erage activiti	es and storage o	and related of records m	d records nay occur
Entering the building, y	ou will find	the sea	rving	area,	which in	clude	S
three tables, a couch ar	ea, and a con	unter wi	ith fi	ve sea	ts. Behi	nd the	е
20. Mailing Address (if different from premises add	ress)						
21. City				22. State	23. Zip Code		
211 01.9					·		
Part B: Questions							
Has the business (sole proprietorship, part violating federal or state laws or local ordinals)	tnership, limited liabili nances? Exclude traffi	ty company, o c offenses un	or corpora	ation) been ed to alcoh	convicted of ol beverages.	Yes	✓ No
If yes, list the details of violation below. Att	tach additional sheets	if necessary.					
Law/Ordinance Violated	Location			, 1	rial Date		
Penalty Imposed		(4)	Was ser	ntence com	pleted?	Yes	☐ No
Law/Ordinance Violated	Location		,	1	rial Date		
Penalty Imposed			Was ser	ntence com	pleted?	Yes	☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes very beverages.							
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.							
Is the applicant business or any of its of individuals or entities a restricted investif yes, provide the name of the restrict.	stor with any intere	st in an alcohol b	everage pro-	ducer or distribut	related tor? Yes	s V No	
4. Is the applicant business owned by and	ther business entit	w2				NI-	
If yes, provide the name(s) and FEIN(s	of the business entity)	ntity owners below	w. Attach add	itional sheets as	needed.	No No	
4a. Name of Business Entity		4b. Busines	ss Entity FEIN				
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	etor satisfied the re	esponsible bever	age server tra	aining requiremen	nt for	s No	
6. Is the applicant business indebted to ar	ny wholesaler beyo	nd 15 days for be	er or 30 days	s for liquor/wine?	Yes	No No	
7. Does the applicant business owe past	due municipal prop	erty taxes, asses	sments, or ot	her fees?	Yes	No No	
Part C: Individual Information							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corp	oration or nonprofit	torganization,	ipplicant business of a par	or businesses lister rtnership, and all	ed in Part B, members,	
Include Form AB-100 for each person listed bel	ow. Corporations and	d LLCs must appoir	nt an agent by i	including Form AB-	101.		
Last Name	First Name		Title		Phone		
Dimitrov	Stoyan		Owner		92085401	57	
Marinova	Marinova Martina			Manager 92032875			
					-		
Part D: Attestation							
One of the following must sign and attest • sole proprietor • one genera	to this application: I partner of a partne	ershin • on	e corporate c	officer • one	e member of an	шс	
READ CAREFULLY BEFORE SIGNING: Und			•				
I am acting solely on behalf of the applicant bu	isiness and not on be	half of any other in	idividual or ent	tity seeking the lice	nse. Further, I ag	ree that the	
rights and responsibilities conferred by the lice according to the law, including but not limited	to, purchasing alcoho	l beverages from s	state authorize	d wholesalers. I un	nderstand that lac	k of access	
to any portion of a licensed premises during in revocation of this license. I understand that ar	spection will be deem	ned a refusal to allo	w inspection.	Such refusal is a m	nisdemeanor and	grounds for	
understand that I may be prosecuted for submi	tting false statements	and affidavits in co	onnection with	this application, an	nd that any persor	who know-	
ingly provides materially false information on to Last Name	nis application may be	e required to forfeit First Name	t not more thar	1 \$1,000 if convicte	ed.		
Dimitrov Stoya						D.	
Title	a Email	00074111			Phone		
Owner	stoy	an.dimitro	v3@gmail	.com	920854015	7	
Signature	1		Date				
	1		05/01/	25			
Part E: For Clerk Use Only	J .		-				
Date Application Was Filed With Clerk Licens RECEIVED MAY 19 2025	e Number		Date Lic	cense Granted	Date License Is	ssued	
Signature of Clerk/Deputy Clerk	1 4%_		2	Date Provisional L	icense Issued (if	annlicable)	
- Committee of the comm				_ a.o. rovisional L	-,50,100 100000 (11	~ppnoable)	

MADOCRES Table 1 commtes Tables table 3

Zero sum