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Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only

Municipality

Sister Bay

License Period

2025 - 2026

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

## Fees

|                      |               |
|----------------------|---------------|
| License Fees         | \$ 600        |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 630</b> |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Al Johnson's Swedish Restaurant &amp; Butiks, Inc.

2. Business Trade Name or DBA

Al Johnson's Swedish Restaurant

3. FEIN

on file

4. Wisconsin Seller's Permit Number

on file

5. Entity Type (check one)

☐ Sole Proprietor    ☐ Partnership    ☐ Limited Liability Company    ☒ Corporation    ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

07/01/1992

8. Wisconsin DFI Registration Number

J017796

9. Premises Address

10698 N Bayshore Drive

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village  
of: Sister Bay

15. Aldermanic District

N/A

16. Premises Phone

9208542626

17. Premises Email

bjorn@aljohnsons.com

18. Website

www.aljohnsons.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Entirety of property located at 10698 N Bay Shore Drive including restaurant, outbuildings, beer garden (Stabbur), and parking lots

20. Mailing Address (if different from premises address)

PO Box 257

21. City

Sister Bay

22. State

WI

23. Zip Code

54234

## Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


| Last Name | First Name | Title            | Phone      |
|-----------|------------|------------------|------------|
| Johnson   | Lars       | Director/Officer | 9204211478 |
| Johnson   | Annika     | Director/Officer | 9204211349 |
| Johnson   | Rolf       | Director/Officer | 9204211879 |
| Johnson   | Bjorn      | Agent/Officer    | 9204212342 |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|  |  |                               |                  |                     |
|--|--|-------------------------------|------------------|---------------------|
| Last Name<br>Johnson   |  | First Name<br>Bjorn           |                  | M.I.<br>A           |
| Title<br>Agent/Officer   |  | Email<br>bjorn@aljohnsons.com |                  | Phone<br>9204212342 |
| Signature<br> |  |                               | Date<br>04-22-25 |                     |

### Part E: For Clerk Use Only

|  |                |                      |   |
|--|----------------|----------------------|---|
| Date Application Was Filed With Clerk<br><b>RECEIVED MAY 12 2025</b> | License Number | Date License Granted | Date License Issued                             |
| Signature of Clerk/Deputy Clerk                                      |                |                      | Date Provisional License Issued (if applicable) |

2020 AL JOHNSON'S SWEDISH RESTAURANT, Butik's  
& STABISUL



PROJECT LOCATION

PROPERTY LINE

SITE AERIAL

NO SCALE

Form  
AB-200

# Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer . . . . . \$ 100    ☐ Class "B" Beer . . . . . \$ \_\_\_\_\_
- ☐ "Class A" Liquor . . . . . \$ 500    ☐ "Class B" Liquor . . . . . \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_    ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |                            |
|----------------------|----------------------------|
| License Fees         | \$ <u>600</u>              |
| Background Check Fee | \$ _____                   |
| Publication Fee      | \$ <u>30</u>               |
| Total Fees           | \$ <u>630<sup>00</sup></u> |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Alpaca to Apparel LLC

2. Business Trade Name or DBA

Alpaca to Apparel

3. FEIN

82-2253306

4. Wisconsin Seller's Permit Number

456-1029362933-02

5. Entity Type (check one)

☐ Sole Proprietor    ☐ Partnership    ☒ Limited Liability Company    ☐ Corporation    ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

07/24/2017

8. Wisconsin DFI Registration Number

A083085

9. Premises Address

2340 Mill Road

10. City

Sister Bay

11. State

WI

12. Zip Code

54212

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: Sister Bay

15. Aldermanic District

-----

16. Premises Phone

(920) 868-5100

17. Premises Email

info@alpacatoapparel.com

18. Website

alpacatoapparel.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Entire 1st floor of building excluding the sun porch on the back of the building and the entire basement of the building.

20. Mailing Address (if different from premises address)

N3569 E Townline Road

21. City

Luxemburg

22. State

WI

23. Zip Code

54217

## Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |                                   |  |
|------------------------|-----------------------------------|--|
| Law/Ordinance Violated | Location                          | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location                          | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


| Last Name | First Name | Title | Phone          |
|-----------|------------|-------|----------------|
| Kornowski | Benjamin   | Owner | (920) 536-1394 |
|           |            |       |                |
|           |            |       |                |
|           |            |       |                |

### Part D: Attestation

One of the following must sign and attest to this application:

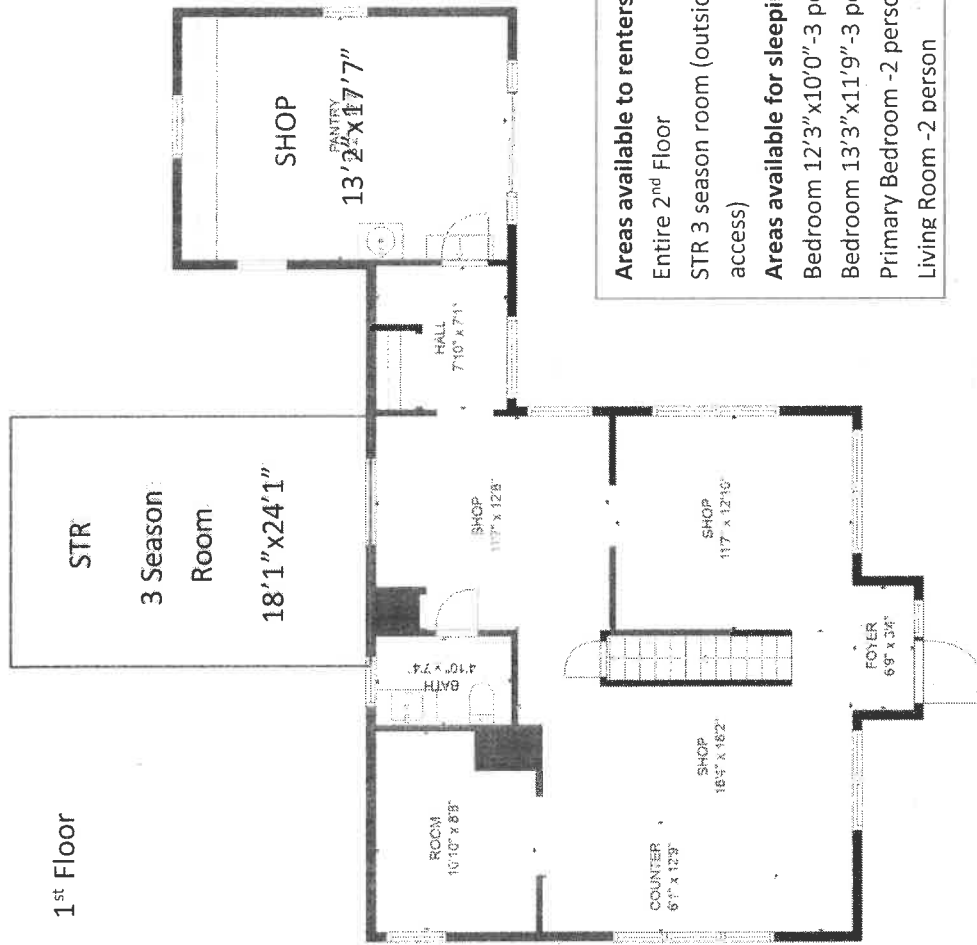
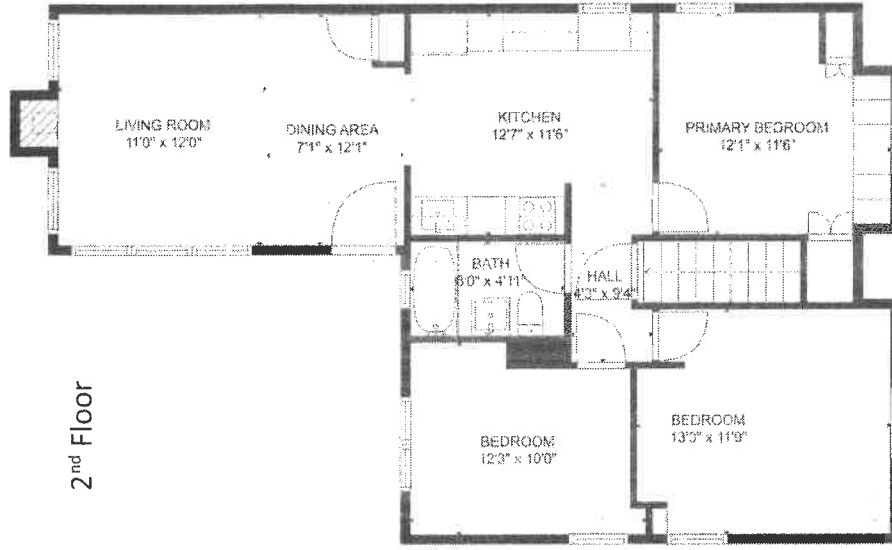
- sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC

**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.

|  |  |                                   |                         |           |
|--|--|-----------------------------------|-------------------------|-----------|
| Last Name<br>Kornowski   |  | First Name<br>Benjamin            |                         | M.I.<br>C |
| Title<br>Owner   |  | Email<br>info@alpacatoapparel.com | Phone<br>(920) 536-1394 |           |
| Signature<br> |  |                                   | Date<br>05/28/25        |           |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED MAY 28 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                      |                | Date Provisional License Issued (if applicable) |                     |



**Areas available to renters:**

- Entire 2<sup>nd</sup> Floor
  - STR 3 season room (outside stair access)
- Areas available for sleeping:**
- Bedroom 12'3" x 10'0" - 3 person
  - Bedroom 13'3" x 11'9" - 3 person
  - Primary Bedroom - 2 person
  - Living Room - 2 person

**Basement**



Total Retail Square Footage : 1031

Form  
AB-200

## Alcohol Beverage License Application

|                        |                   |
|------------------------|-------------------|
| For Municipal Use Only |                   |
| Municipality           | <u>Sister Bay</u> |
| License Period         | <u>2025-2026</u>  |

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ <u>200</u> |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 230</b> |

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Drink Coffee LLC

2. Business Trade Name or DBA

Analog Ice Cream and Coffee

3. FEIN

59-3829953

4. Wisconsin Seller's Permit Number

600000278213604

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WISCONSIN

7. Date of Organization

01/01/2006

8. Wisconsin DFI Registration Number

D050690

9. Premises Address

10649 N. Bay Shore Drive

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: Sister Bay

15. Aldermanic District

16. Premises Phone

(920) 854-1155

17. Premises Email

Analogsb@icloud.com

18. Website

analogsisterbay.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

The entire building including downstairs crawl space, upstairs office, kitchen, cafe area, and outside walk in cooler

20. Mailing Address (if different from premises address)

PO Box 84

21. City

Sister Bay

22. State

WI

23. Zip Code

54234

### Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |  |            |
|------------------------|--|------------|
| Law/Ordinance Violated | Location   | Trial Date |
| Penalty Imposed        | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |
| Law/Ordinance Violated | Location   | Trial Date |
| Penalty Imposed        | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


| Last Name | First Name | Title | Phone          |
|-----------|------------|-------|----------------|
| Lohman    | Rachel     | Owner | (920) 421-3438 |
|           |            |       |                |
|           |            |       |                |
|           |            |       |                |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|  |  |                              |                         |           |
|--|--|------------------------------|-------------------------|-----------|
| Last Name<br>Lohman  |  | First Name<br>Rachel         |                         | M.I.<br>E |
| Title<br>Owner   |  | Email<br>analogsb@icloud.com | Phone<br>(920) 421-3438 |           |
| Signature<br> |  |                              | Date<br>05/19/25        |           |

### Part E: For Clerk Use Only

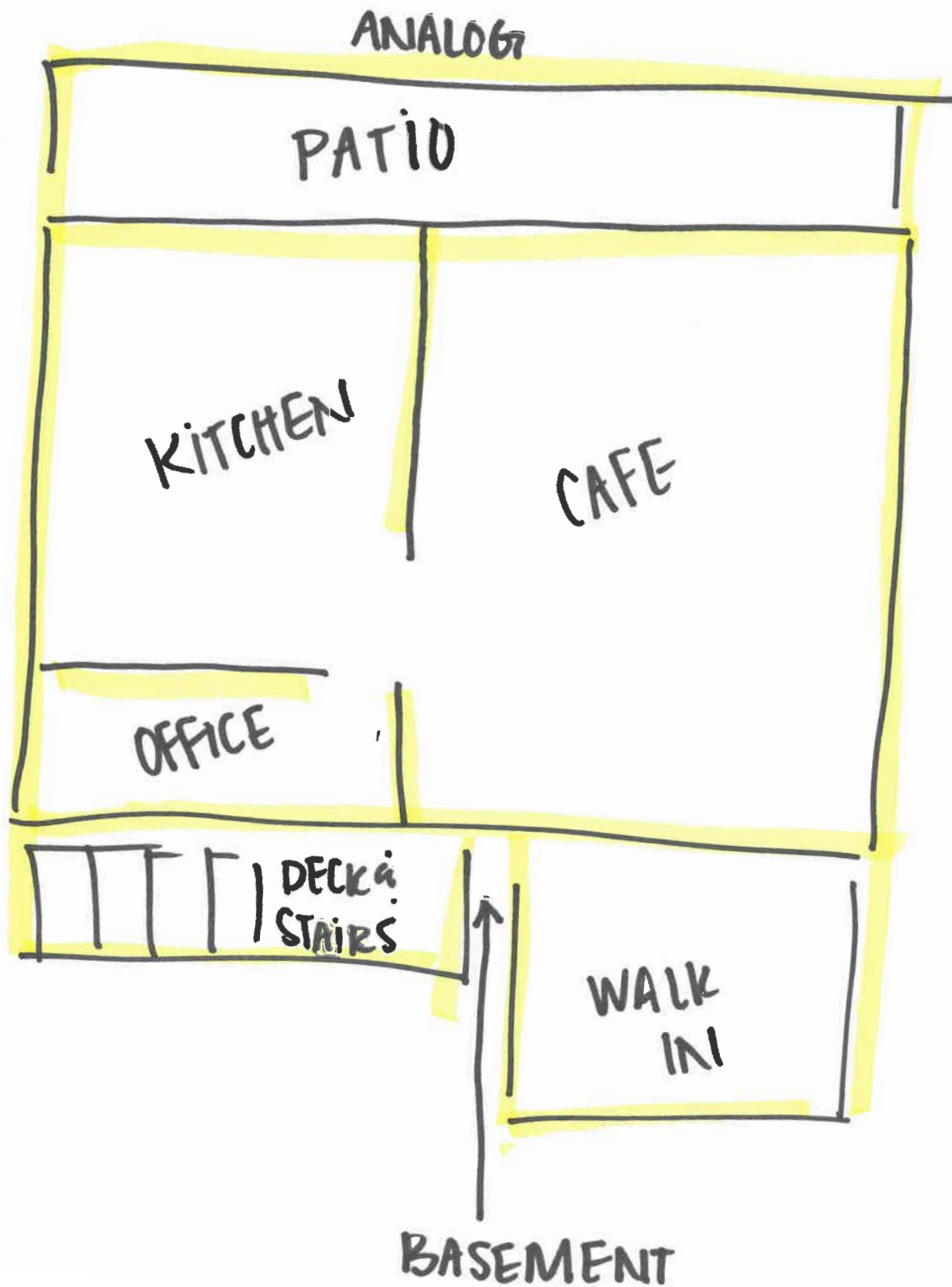
|                                       |                |                      |   |
|---------------------------------------|----------------|----------------------|---|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued                             |
| Signature of Clerk/Deputy Clerk       |                |                      | Date Provisional License Issued (if applicable) |

RECEIVED MAY 27 2025



# BAYSHORE DR.

---



Form  
AB-200

## Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☐ Class "B" Beer ..... \$ \_\_\_\_\_
- ☒ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |           |
|----------------------|-----------|
| License Fees         | \$ 506.00 |
| Background Check Fee | \$        |
| Publication Fee      | \$ 30     |
| Total Fees           | \$ 530.00 |

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Aurora's Apothecary LLC

2. Business Trade Name or DBA

3. FEIN 81-4489046

4. Wisconsin Seller's Permit Number

456-102179 0704-04

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

2016

8. Wisconsin DFI Registration Number

A080061

9. Premises Address

10678 N. Bayshore dr, Unit 1

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village  
of: Sister Bay

15. Aldermanic District

16. Premises Phone

920 430-7846

17. Premises Email

Kevinadlewash@yahoo.com

18. Website

aurorasapothecary.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

White "House like" commercial Building. 2 stories. 1 main selling room.  
1 Employee Bathroom. Storage in Basement. There is another small room in Basement  
for liquor storage. Records, Books will be kept under front counter

20. Mailing Address (if different from premises address)

3197 Mill Rd

21. City

Greenleaf

22. State

WI

23. Zip Code

54126

### Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |  |            |
|------------------------|--|------------|
| Law/Ordinance Violated | Location   | Trial Date |
| Penalty Imposed        | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |            |
| Law/Ordinance Violated | Location   | Trial Date |
| Penalty Imposed        | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |            |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone        |
|-----------|------------|-------|--------------|
| Adle bush | Melissa    | owner | 920-430-7846 |
| Adle bush | Kevin      | owner | 920-246-2017 |
|           |            |       |              |
|           |            |       |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

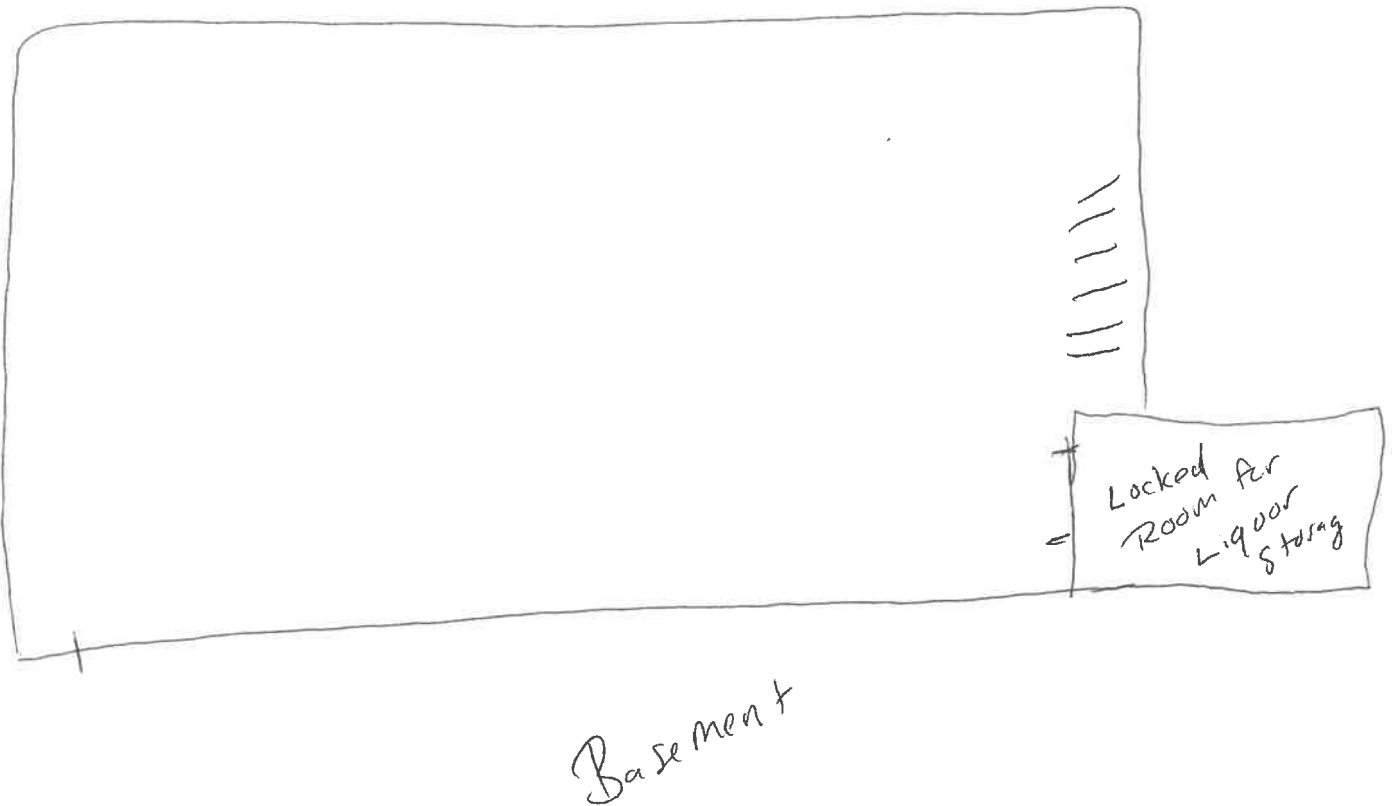
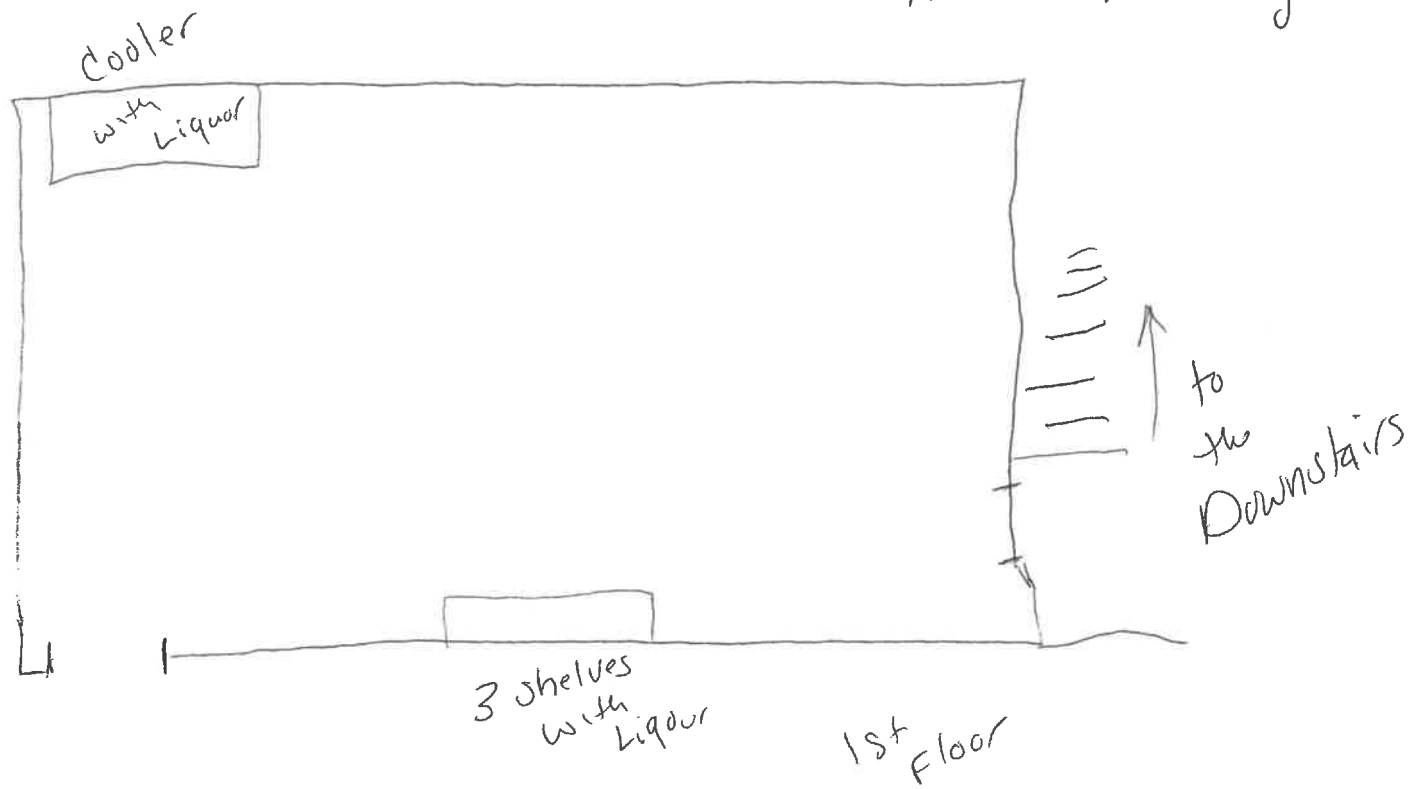
**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights 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.

|           |             |            |                            |         |              |
|-----------|-------------|------------|----------------------------|---------|--------------|
| Last Name | Adle bush   | First Name | Melissa                    | M.I.    | M            |
| Title     | owner       | Email      | aurorasapothecary@live.com | Phone   | 920-430-7846 |
| Signature | [Signature] |            | Date                       | 4-10-25 |              |

### Part E: For Clerk Use Only

|                                       |                |   |                     |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| RECEIVED APR 25 2025                  |                |   |                     |
| Signature of Clerk/Deputy Clerk       |                | Date Provisional License Issued (if applicable) |                     |

# Aurora's Apothecary





Form  
AB-200

## Alcohol Beverage License Application

| For Municipal Use Only |                   |
|------------------------|-------------------|
| Municipality           | <u>Sister Bay</u> |
| License Period         | <u>2025-2026</u>  |

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

- ☒ Class "A" Beer ..... \$ 100    ☐ Class "B" Beer ..... \$ \_\_\_\_\_
- ☒ "Class A" Liquor ..... \$ 500    ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_    ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |                  |
|----------------------|------------------|
| License Fees         | \$ <u>1000 -</u> |
| Background Check Fee | \$ _____         |
| Publication Fee      | \$ <u>30 -</u>   |
| <b>Total Fees</b>    | \$ <u>1030 -</u> |

### Part A: Premises/Business Information

|  |  |   |                              |
|--|--|---|------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br><u>Raelynn, Inc.</u>  |  |   |                              |
| 2. Business Trade Name or DBA<br><u>Bhirdo's By the Bay</u>  |  |   |                              |
| 3. FEIN<br><u>392027418</u>  |  | 4. Wisconsin Seller's Permit Number<br><u>456000018354103</u> |                              |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |  |   |                              |
| 6. State of Organization<br><u>WISCONSIN</u>   |  | 7. Date of Organization<br><u>06/01/2001</u>                  |                              |
| 8. Wisconsin DFI Registration Number<br><u>R037106</u>   |  |   |                              |
| 9. Premises Address<br><u>10748 N Bay Shore Dr</u>   |  |   |                              |
| 10. City<br><u>Sister Bay</u>  |  | 11. State<br><u>WI</u>  | 12. Zip Code<br><u>54234</u> |
| 13. County<br><u>Door</u>  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: <u>Sister Bay</u> |   | 15. Aldermanic District      |
| 16. Premises Phone<br><u>854-2215</u>  | 17. Premises Email<br><u>denise@bhirdos.com</u>  |   | 18. Website<br><u>n/a</u>    |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br><u>Stone building with sales floor, storage room, and office.</u> |  |   |                              |
| 20. Mailing Address (if different from premises address)<br><u>PO Box 105</u>  |  |   |                              |
| 21. City<br><u>Sister Bay</u>  |  | 22. State<br><u>WI</u>  | 23. Zip Code<br><u>54234</u> |

### Part B: Questions

1. 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 ☒ No  
If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |          |  |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ... ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ... ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ... ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ... ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name    | First Name | Title          | Phone    |
|--------------|------------|----------------|----------|
| Bhirdo       | Denise     | President      | 421-0461 |
| Bhirdo-Pluff | Michele    | Vice President | 421-0462 |
| Bhirdo       | Denise     | Treasurer      | 421-0461 |
| Bhirdo-Pluff | Michele    | Secretary      | 421-0462 |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|                                      |  |                             |                  |                   |
|--------------------------------------|--|-----------------------------|------------------|-------------------|
| Last Name<br>Bhirdo                  |  | First Name<br>Denise        |                  | M.I.<br>L         |
| Title<br>Owner                       |  | Email<br>denise@bhirdos.com |                  | Phone<br>854-3310 |
| Signature<br><i>Denise L. Bhirdo</i> |  |                             | Date<br>04/21/25 |                   |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED APR 25 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                      |                | Date Provisional License Issued (if applicable) |                     |

42  
S.E. COR. SPRING GROVE PLAT

R.R. SPIKE W/CROSS

N90°00'00"W 115.00'

RESET FROM TIES TAKEN  
BEFORE HIWAY REPAIR

SCANDIA RD.

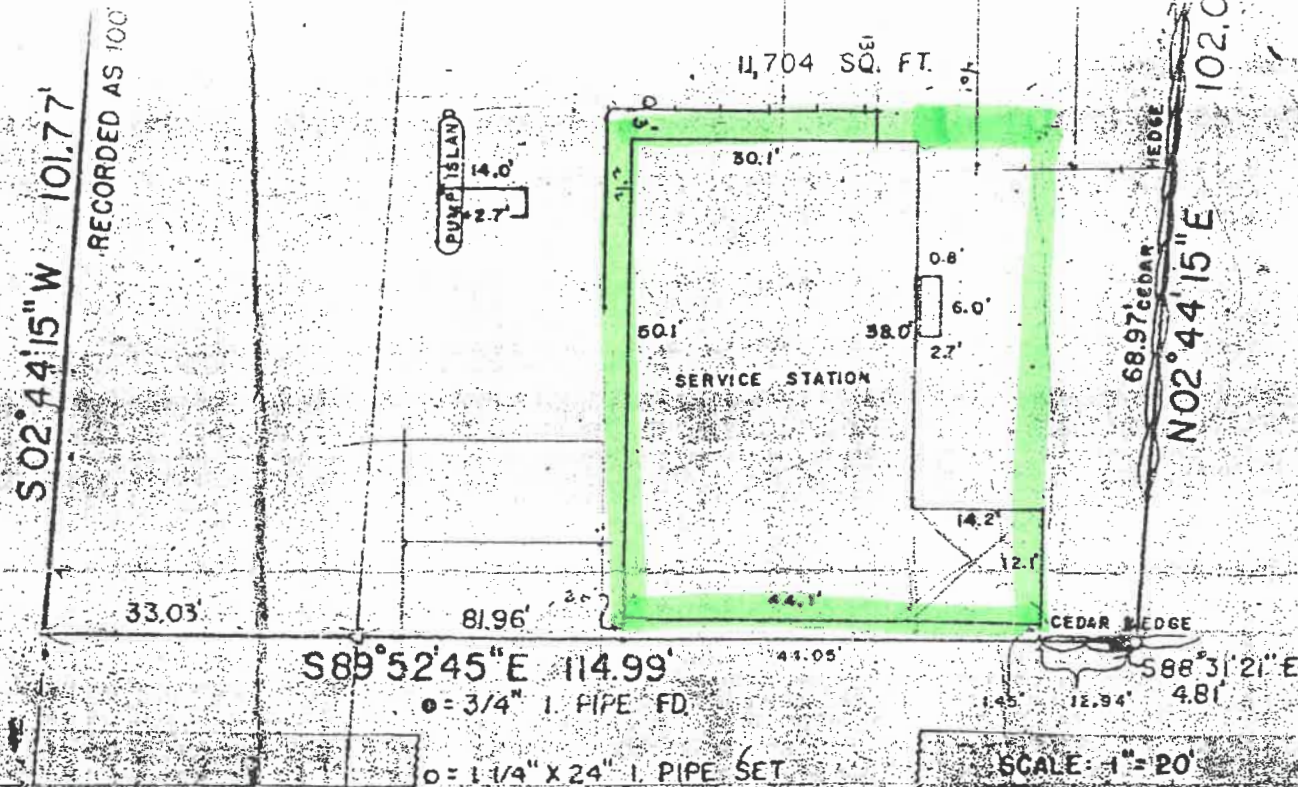
1724.70'

66.00'

DOOR  
COUNTY

CAST AL.  
MONUMENT

E. 1/4 COR. SEC. 5



DESCRIPTION OF TRACT SURVEYED

That portion of Government Lot 3, Section 5, T31N, R28E, Village of Sister Bay, Door County, Wisconsin, described as follows: Commencing at the E. corner of said section 5 marked by a Door County Cast Aluminum monument, thence N90°00'00"W along the northerly line of said Government Lot 3 1724.70 feet to the S.E. corner of Spring



Form  
AB-200

# Alcohol Beverage License Application

| For Municipal Use Only |                   |
|------------------------|-------------------|
| Municipality           | <u>Sister Bay</u> |
| License Period         | <u>2025-2026</u>  |

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ 600
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |                  |
|----------------------|------------------|
| License Fees         | \$ <u>600.00</u> |
| Background Check Fee | \$ _____         |
| Publication Fee      | \$ <u>30.00</u>  |
| <b>Total Fees</b>    | \$ <u>630.00</u> |

## Part A: Premises/Business Information

|  |  |  |
|--|--|--|
| 1. Legal Business Name (individual name if sole proprietorship)<br><u>Boathouse Properties Sister Bay, LLC</u>   |  |  |
| 2. Business Trade Name or DBA<br><u>Boathouse on the Bay Sister Bay LLC</u>  |  |  |
| 3. FEIN<br><u>81-2566412</u>   | 4. Wisconsin Seller's Permit Number  |  |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |  |  |
| 6. State of Organization<br><u>WI</u>  | 7. Date of Organization<br><u>05/06/2016</u>   | 8. Wisconsin DFI Registration Number<br><u>B083475</u> |
| 9. Premises Address<br><u>10716 N. Bayshore Dr.</u>  |  |  |
| 10. City<br><u>Sister Bay</u>  | 11. State<br><u>WI</u>   | 12. Zip Code<br><u>54234</u>                           |
| 13. County<br><u>Door</u>  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: <u>Sister Bay</u> | 15. Aldermanic District                                |
| 16. Premises Phone<br><u>(920) 854-3223</u>  | 17. Premises Email<br><u>Mpetersonbbq@gmail.com</u>  | 18. Website<br><u>www.boathousedcw.com</u>             |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br><u>1st floor: bar, dining room, outdoor patio, kitchen, liquor storage room, two bathrooms. 2nd floor: bar, dining, bathroom, rooftop deck, office.</u> |  |  |
| 20. Mailing Address (if different from premises address)<br><u>PO Box 830</u>  |  |  |
| 21. City<br><u>Sister Bay</u>  | 22. State<br><u>WI</u>   | 23. Zip Code<br><u>54234</u>                           |

## Part B: Questions

|   |          |  |
|---|----------|--|
| 1. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list the details of violation below. Attach additional sheets if necessary. |          |  |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed?, . . . <input type="checkbox"/> Yes <input type="checkbox"/> No  |



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☐ Yes ☒ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


| Last Name | First Name | Title   | Phone          |
|-----------|------------|---------|----------------|
| Peterson  | Matthew    | Partner | (920) 421-0566 |
| Cross     | Timothy    | Partner | (414) 491-1713 |
|           |            |         |                |
|           |            |         |                |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

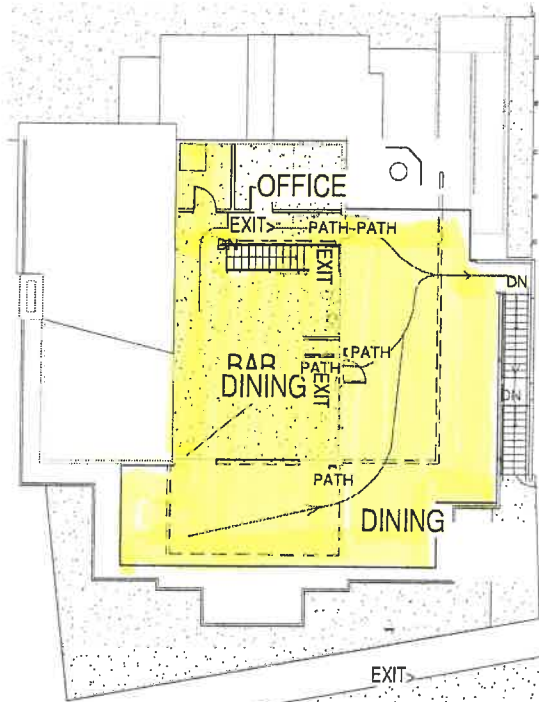
|  |  |                                 |                         |           |
|--|--|---------------------------------|-------------------------|-----------|
| Last Name<br>Peterson  |  | First Name<br>Matthew           |                         | M.I.<br>D |
| Title<br>Partner   |  | Email<br>Mpetersonbbq@gmail.com | Phone<br>(920) 421-0566 |           |
| Signature<br> |  |                                 | Date<br>4/14/25         |           |

### Part E: For Clerk Use Only

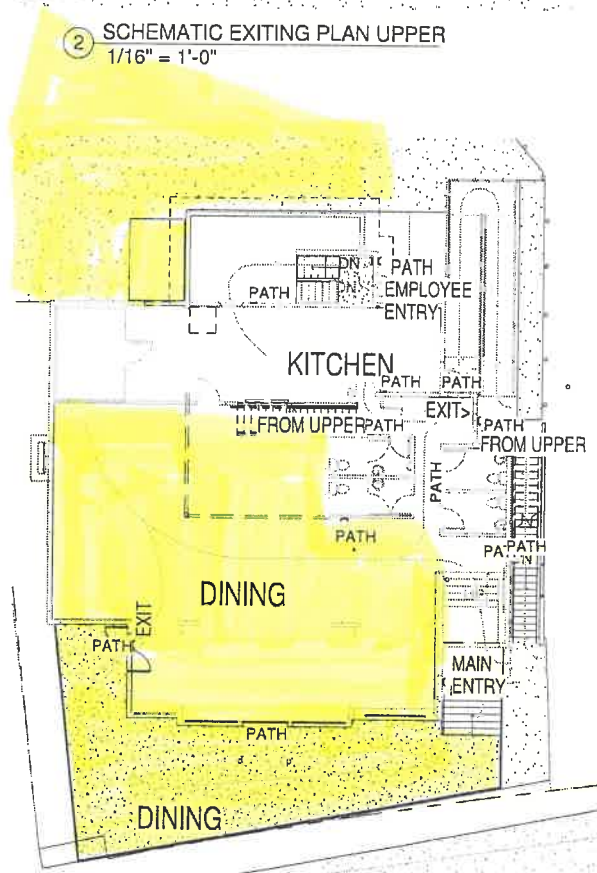
|                                       |                |   |                     |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk       |                | Date Provisional License Issued (if applicable) |                     |

RECEIVED MAY 15 2025

= LIQUOR/ALCOHOL  
SERVED + STORED



2 SCHEMATIC EXITING PLAN UPPER  
1/16" = 1'-0"



1 SCHEMATIC EXITING PLAN MAIN FLOOR  
1/16" = 1'-0"

A12

WISC. ID: 2790034  
EXITING SCHEMATIC  
3/1/2017

**the BOATHOUSE**  
10716 N. BAYSHORE DR. SISTER BAY, WI 54234  
WISCONSIN BUILDING REVISION #2 CODE REVIEW DATA

GEORGE (PAT) MANGAN AIA NCARB © 2017  
WI - ARCHITECT 001-006344  
10762 N. BAY SHORE DRIVE  
P.O. Box 16 • SISTER BAY, WI 54234-0016  
PHONE 920 854-4215 CELL: 920 421-0024  
PAT@GEORGEMANGANARCHITECT.COM

Form  
AB-200

## Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 600        |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 630</b> |

### Part A: Premises/Business Information

|  |  |   |                       |
|--|--|---|-----------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br>The Chop LLC  |  |   |                       |
| 2. Business Trade Name or DBA<br>Chop  |  |   |                       |
| 3. FEIN<br>45-3720878  |  | 4. Wisconsin Seller's Permit Number<br>456-1026294952-02  |                       |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |  |   |                       |
| 6. State of Organization<br>WI   |  | 7. Date of Organization<br>04/01/2012   |                       |
| 8. Wisconsin DFI Registration Number<br>T055030  |  |   |                       |
| 9. Premises Address<br>2345 Mill Rd  |  |   |                       |
| 10. City<br>Sister Bay   |  | 11. State<br>WI   | 12. Zip Code<br>54234 |
| 13. County<br>Door   |  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village<br>of Sturgeon Bay |                       |
| 15. Aldermanic District  |  |   |                       |
| 16. Premises Phone<br>(920) 854-2700   |  | 17. Premises Email<br>sisterbayrestaurants@gmail.com  |                       |
| 18. Website<br>chopdoorcounty.com  |  |   |                       |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br><br>entire premissis located at 2345 Mill Rd including all interior and exterior seating, decks and green space on property |  |   |                       |
| 20. Mailing Address (if different from premises address)<br>PO Box 558   |  |   |                       |
| 21. City<br>Sister Bay   |  | 22. State<br>WI   | 23. Zip Code<br>54234 |

### Part B: Questions

|   |          |  |
|---|----------|--|
| 1. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list the details of violation below. Attach additional sheets if necessary. |          |  |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

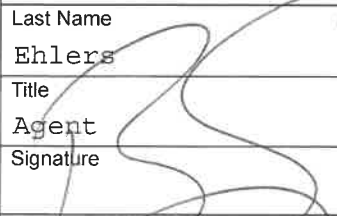
| Last Name | First Name | Title | Phone          |
|-----------|------------|-------|----------------|
| Louis     | Wuollett   | Owner | (920) 401-8155 |
| Patsy     | Wuollett   | Owner | (920) 401-8154 |
| Benjamin  | Ehlers     | Agent | (920) 595-1026 |
|           |            |       |                |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|  |                             |                         |
|--|-----------------------------|-------------------------|
| Last Name<br>Ehlers  | First Name<br>Benjamin      | M.I.<br>D               |
| Title<br>Agent   | Email<br>bdehlers@yahoo.com | Phone<br>(920) 595-1026 |
| Signature<br> |                             | Date<br>4/14/25         |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br>MAY 19 2025 | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                      |                | Date Provisional License Issued (if applicable) |                     |



Main Floor

Kitchen

Dining Room

Bar

Front Patio

2nd Floor

Dinner Room

Outdoor Deck

Cellar

Event Room

Bar

Liquor  
Storage

C/Top

RECEIVED APR 22 2020

Form  
AB-200

# Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ ..... ☒ Class "B" Beer ..... \$100
- ☐ "Class A" Liquor ..... \$ ..... ☐ "Class B" Liquor ..... \$ .....
- ☐ "Class A" Liquor (cider only) \$ ..... ☐ Reserve "Class B" Liquor \$ .....
- ☒ "Class C" Liquor (wine only) \$100

| Fees                 |          |
|----------------------|----------|
| License Fees         | \$ 200 - |
| Background Check Fee | \$       |
| Publication Fee      | \$ 30 -  |
| Total Fees           | \$ 230 - |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Church Hill Inn, Inc.

2. Business Trade Name or DBA

Church Hill Inn

3. FEIN

39-1885619

4. Wisconsin Seller's Permit Number

456-0000017576-03

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

1997

8. Wisconsin DFI Registration Number

9. Premises Address

2393 S. Dayside Dr.

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☒ City ☐ Town ☒ Village  
of:

15. Aldermanic District

16. Premises Phone

920 754 4885

17. Premises Email

churchhill@churchhill.com

18. Website

www.churchhill.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Hotel / Inn

Located at 2393 S Bay Shore Drive including guest rooms and common areas.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## Part B: Questions

1. 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 ☒ No  
If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |                                   |  |
|------------------------|-----------------------------------|--|
| Law/Ordinance Violated | Location                          | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location                          | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

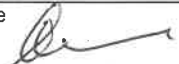
| Last Name | First Name | Title        | Phone        |
|-----------|------------|--------------|--------------|
| GOLDSTONE | MICHAEL    | PRO DONT     | 920 421 0850 |
| GOLDSTONE | LISA       | V. PRESIDENT | 920 421 0851 |
|           |            |              |              |
|           |            |              |              |

### Part D: Attestation

One of the following must sign and attest to this application:

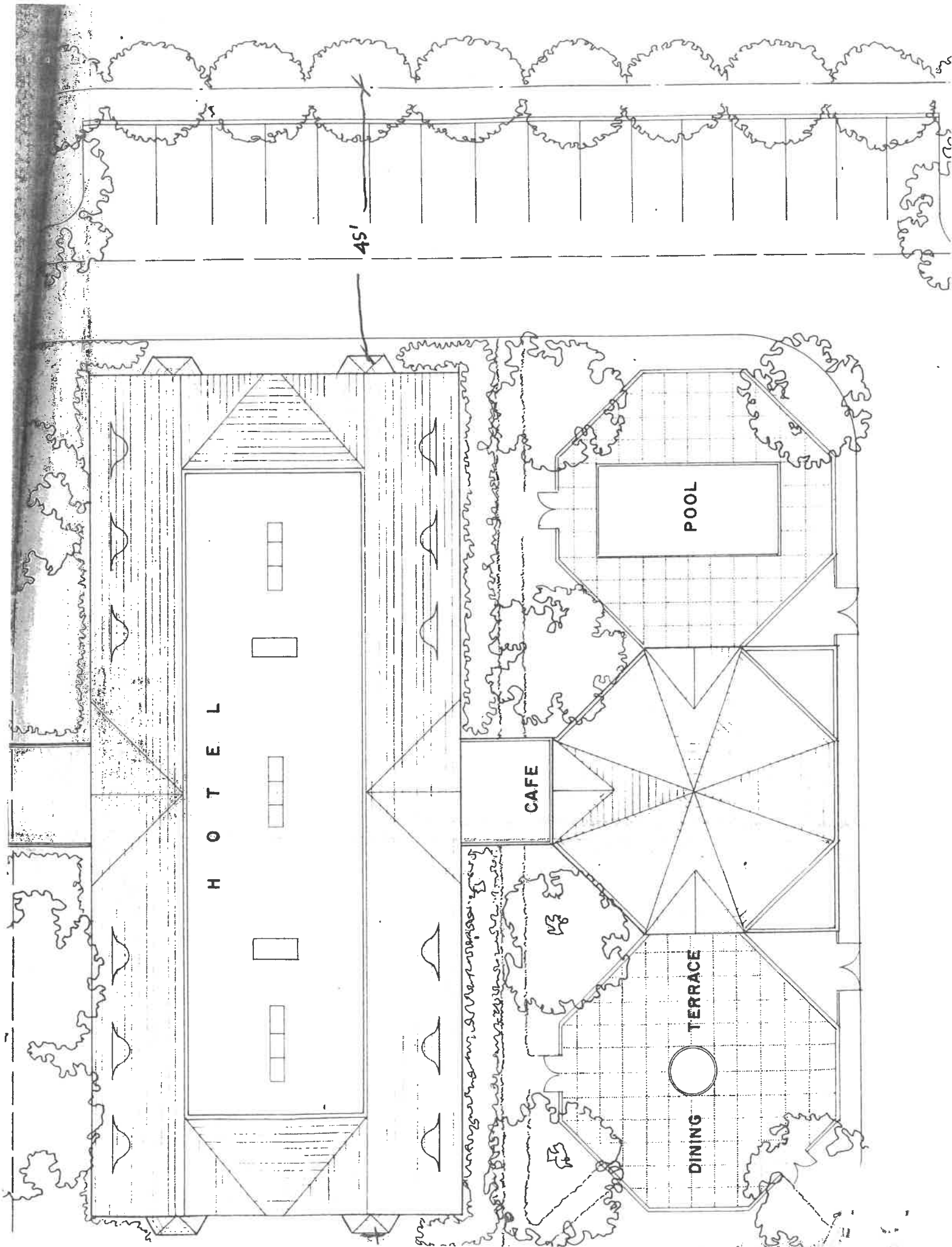
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**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.

|  |  |                       |
|--|--|-----------------------|
| Last Name<br>GOLDSTONE   | First Name<br>MICHAEL                    | M.I.<br>A             |
| Title<br>PRO DONT  | Email<br>churchhillane@churchhillinn.com | Phone<br>920 854 4885 |
| Signature<br> | Date<br>5/16/25                          |                       |

### Part E: For Clerk Use Only

|   |                |   |                     |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br>RECEIVED MAY 19 2025 | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                               |                | Date Provisional License Issued (if applicable) |                     |



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Print

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Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only

Municipality

Sister Bay

License Period

2025-2024

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ \_\_\_\_\_

## Fees

|                      |                 |
|----------------------|-----------------|
| License Fees         | \$ 200 -        |
| Background Check Fee | \$              |
| Publication Fee      | \$ 30 -         |
| <b>Total Fees</b>    | <b>\$ 230 -</b> |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

COUNTRY HOUSE, INC

2. Business Trade Name or DBA

COUNTRY HOUSE RESORT

3. FEIN

39-1644216

4. Wisconsin Seller's Permit Number

456-000370865-03

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WISCONSIN

7. Date of Organization

06/01/1989

8. Wisconsin DFI Registration Number

9. Premises Address

2468 SUNNYSIDE ROAD

10. City

SISTER BAY

11. State

WI

12. Zip Code

54234

13. County

DOOR

14. Governing Municipality: ☐ City ☐ Town ☒ Village  
of: SISTER BAY

15. Aldermanic District

16. Premises Phone

920-854-4551

17. Premises Email

MANAGER@COUNTRY-HOUSE.COM

18. Website

WWW.COUNTRYHOUSERESORT.COM

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

CONSUMED IN  
GUEST Rooms & LOBBY & POOL DECK. ITEMS WILL BE STORED IN  
SECURED STORAGE & CARRIAGE HOUSE

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |          |  |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☐ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☐ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title             | Phone        |
|-----------|------------|-------------------|--------------|
| TRUG      | WARREN     | PRES/TRES.        | 847.420.7557 |
| CASEY     | CHEERYL    | V.P./SEC          | 920.470.8820 |
| EHLEPT    | BEN        | AGENT/OPS MANAGER | 262.758.9209 |
|           |            |                   |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|                    |                                |              |
|--------------------|--------------------------------|--------------|
| Last Name          | First Name                     | M.I.         |
| BEHLEPT            | BENJAMIN                       | A            |
| Title              | Email                          | Phone        |
| OPERATIONS MANAGER | BEN@COUNTRYHOPESRESTAURANT.COM | 262.758.9209 |
| Signature          | Date                           |              |
| Benjamin A. E.     | 5/30/2025                      |              |

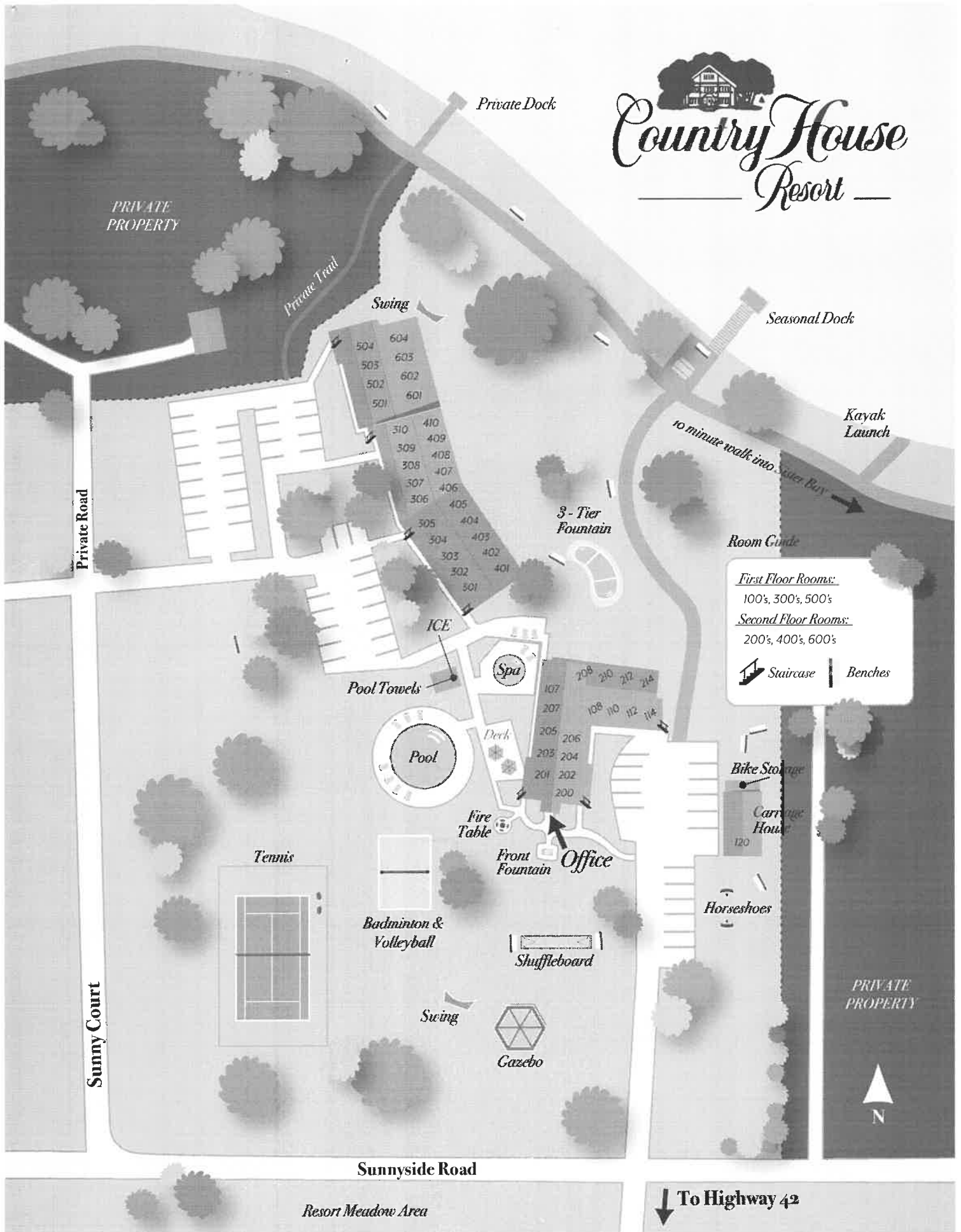
### Part E: For Clerk Use Only

|                                       |                |   |                     |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| RECEIVED MAY 30 2025                  |                |   |                     |
| Signature of Clerk/Deputy Clerk       |                | Date Provisional License Issued (if applicable) |                     |
|                                       |                |   |                     |





# Country House Resort



Form  
AB-200

## Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 200        |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 230</b> |

### Part A: Premises/Business Information

|  |  |   |                       |
|--|--|---|-----------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br>Door County Creamery  |  |   |                       |
| 2. Business Trade Name or DBA<br>Door County Creamery LLC  |  |   |                       |
| 3. FEIN<br>46-2731760  |  | 4. Wisconsin Seller's Permit Number<br>41028192507  |                       |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |  |   |                       |
| 6. State of Organization<br>WI   |  | 7. Date of Organization<br>05/13/2012   |                       |
| 8. Wisconsin DFI Registration Number<br>D048946  |  |   |                       |
| 9. Premises Address<br>10653 N. Bay Shore Dr   |  |   |                       |
| 10. City<br>Sister Bay   |  | 11. State<br>WI   | 12. Zip Code<br>54234 |
| 13. County<br>Door   |  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: Sister Bay |                       |
| 15. Aldermanic District  |  |   |                       |
| 16. Premises Phone<br>(920) 854-3388   |  | 17. Premises Email<br>info@doorcountyc Creamery.com   |                       |
| 18. Website<br>doorcountyc Creamery.com  |  |   |                       |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br>Store, patios, buildings, surrounding parking lot, paved and natural areas on property premise. |  |   |                       |
| 20. Mailing Address (if different from premises address)<br>PO Box 585   |  |   |                       |
| 21. City<br>Sister Bay   |  | 22. State<br>WI   | 23. Zip Code<br>54234 |

### Part B: Questions

|   |          |  |
|---|----------|--|
| 1. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list the details of violation below. Attach additional sheets if necessary. |          |  |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone          |
|-----------|------------|-------|----------------|
| Johnson   | Jesse      | Owner | (303) 775-3216 |
|           |            |       |                |
|           |            |       |                |
|           |            |       |                |

### Part D: Attestation

One of the following must sign and attest to this application:

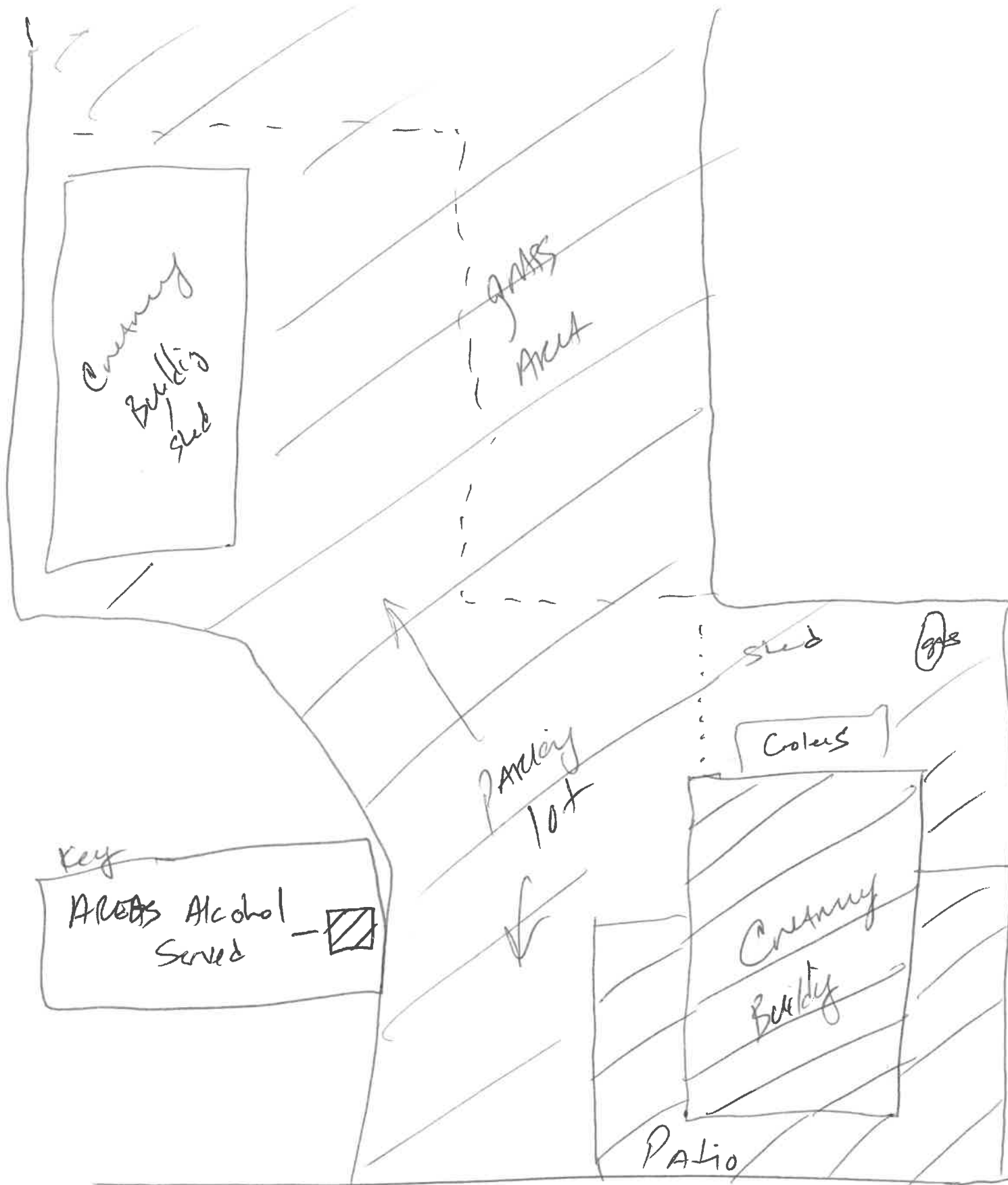
- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**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.

|  |  |                                 |                  |                         |
|--|--|---------------------------------|------------------|-------------------------|
| Last Name<br>Johnson   |  | First Name<br>Jesse             |                  | M.I.                    |
| Title<br>owner   |  | Email<br>tripsjohnson@gmail.com |                  | Phone<br>(303) 775-3216 |
| Signature<br> |  |                                 | Date<br>04/21/25 |                         |

### Part E: For Clerk Use Only

|   |                |                      |   |
|---|----------------|----------------------|---|
| Date Application Was Filed With Clerk<br>RECEIVED APR 22 2025 | License Number | Date License Granted | Date License Issued                             |
| Signature of Clerk/Deputy Clerk                               |                |                      | Date Provisional License Issued (if applicable) |



HWY 42

Save

Print

Clear

Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only

Municipality

License Period

Sister Bay  
2025-2026

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

## Fees

|                      |                      |
|----------------------|----------------------|
| License Fees         | \$ <u>200</u>        |
| Background Check Fee | \$                   |
| Publication Fee      | \$                   |
| <b>Total Fees</b>    | <b>\$ <u>200</u></b> |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Dorr Hotel Holdings LLC

2. Business Trade Name or DBA

The Dorr Hotel

3. FEIN

84-3146005

4. Wisconsin Seller's Permit Number

VOSB-032

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

2329 Mill Rd.

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village  
of: Sister Bay

15. Aldermanic District

16. Premises Phone

844 944 0354

17. Premises Email

james@thedorrrhotel.com

18. Website

thedorrrhotel.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Hotel Lobby at 2393 Mill Road

20. Mailing Address (if different from premises address)

PO Box 567

21. City

Sister Bay

22. State

WI

23. Zip Code

54234

## Part B: Questions

1. 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 ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |          |  |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No  
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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

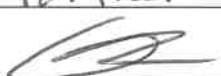
| Last Name | First Name  | Title   | Phone        |
|-----------|-------------|---------|--------------|
| Schmeltz  | Christopher | Partner | 773 750 6374 |
|           |             |         |              |
|           |             |         |              |
|           |             |         |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|  |                                  |                           |                       |      |
|--|----------------------------------|---------------------------|-----------------------|------|
| Last Name<br>Schmeltz  |                                  | First Name<br>Christopher |                       | M.I. |
| Title<br>Managing Partner  | Email<br>chris@thedorrrhotel.com |                           | Phone<br>773 750 6374 |      |
| Signature<br> |                                  |                           | Date<br>5/20/25       |      |

### Part E: For Clerk Use Only

|   |                |   |                     |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br>RECEIVED MAY 29 2025 | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                               |                | Date Provisional License Issued (if applicable) |                     |





1 ENLARGED LOWER LEVEL  
Scale: 1/4" = 1'-0"

CORRODATE FINAL ELECTRICAL  
LOCATIONS WITH  
INTERIOR DESIGN PLANS

52 Person Total Count :Level 1  
71 Person Total Count :Level 2  
29 Person Total Count :Level 3  
  
Total Count: 152 People



**ZWA Architecture  
LLC**

program planning  
project management  
architecture  
design

815 W. RANDOLPH  
SUITE 300  
CHICAGO, ILLINOIS 60607  
WWW.ZWALINE.COM  
312.879.8638



*Lee S. Weintraub*

Revision Schedule

| Rev | Date     | By | Description        |
|-----|----------|----|--------------------|
| 1   | 10/01/18 | LM | FOR PERMIT         |
| 2   | 12/01/18 | LM | REVISED PERMIT SET |
|     |          |    |                    |
|     |          |    |                    |
|     |          |    |                    |

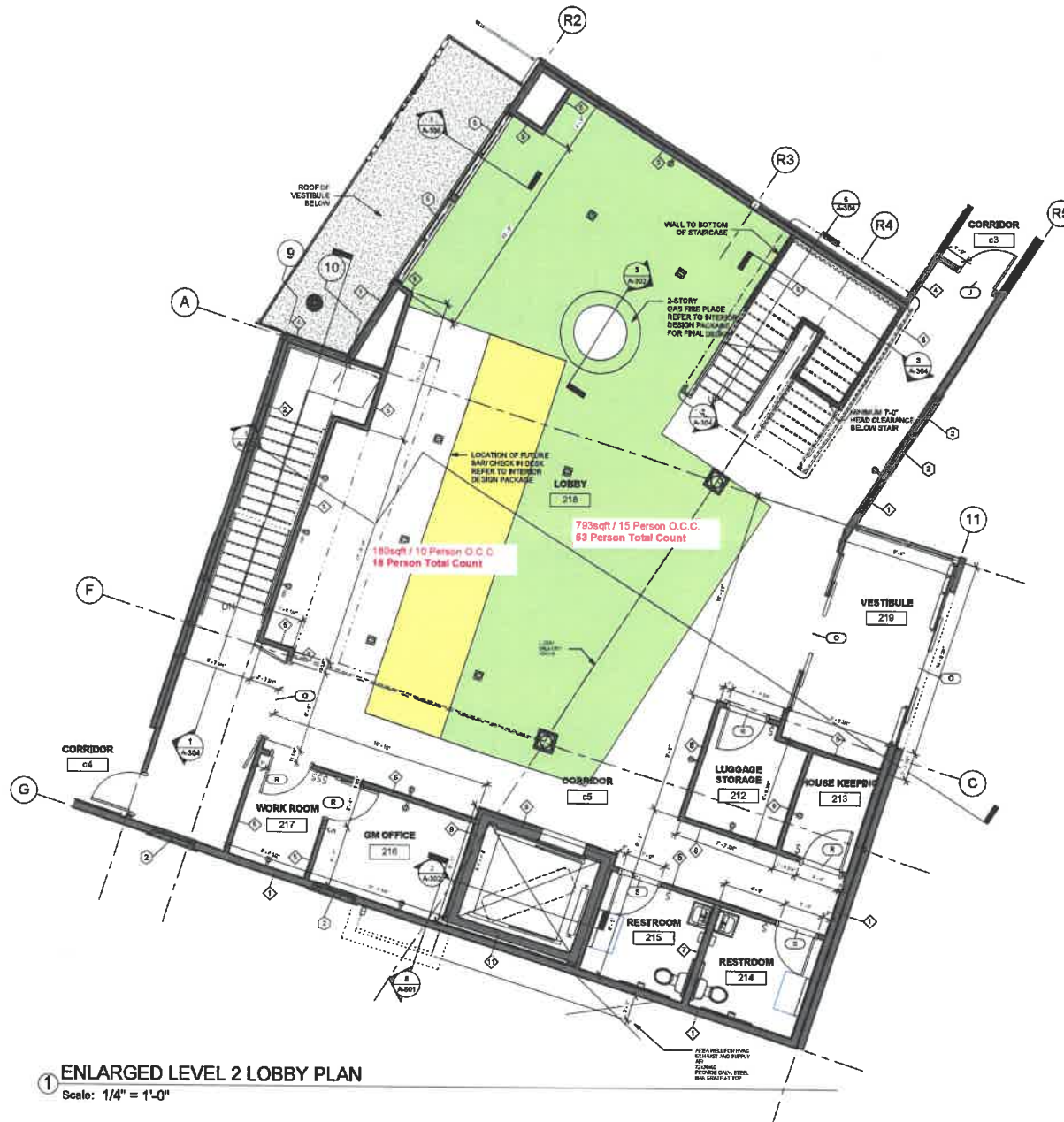
PROJECT NAME:  
**THE DÖRR HOTEL**

PROJECT ADDRESS:  
NORTH BAY SHORE DRIVE  
SISTER BAY, WISCONSIN

PROJECT #:  
ISSUE DATE: 01/03/20  
CHECKED BY: BB/DR

SHEET TITLE:  
**ENLARGED PLANS**

SCALE: AS SHOWN  
SHEET NUMBER:



1 ENLARGED LEVEL 2 LOBBY PLAN  
Scale: 1/4" = 1'-0"

COORDINATE FINAL ELECTRICAL  
LOCATIONS WITH  
INTERIOR DESIGN PLANS



**ZWArchitecture  
LLC**  
program planning  
project management  
architecture  
design

815 W. RANDOLPH  
SUITE 300  
CHICAGO, ILLINOIS 60607  
WWW.ZWALINK.COM  
312.879.9038



*Lee S. Weintraub*  
ARCHITECT

| Revision Schedule |          |    |                    |
|-------------------|----------|----|--------------------|
| Rev               | Date     | By | Description        |
| 1                 | 10/08/16 | LW | FOR PERMIT         |
| 2                 | 12/09/16 | LW | REVISED PERMIT SET |

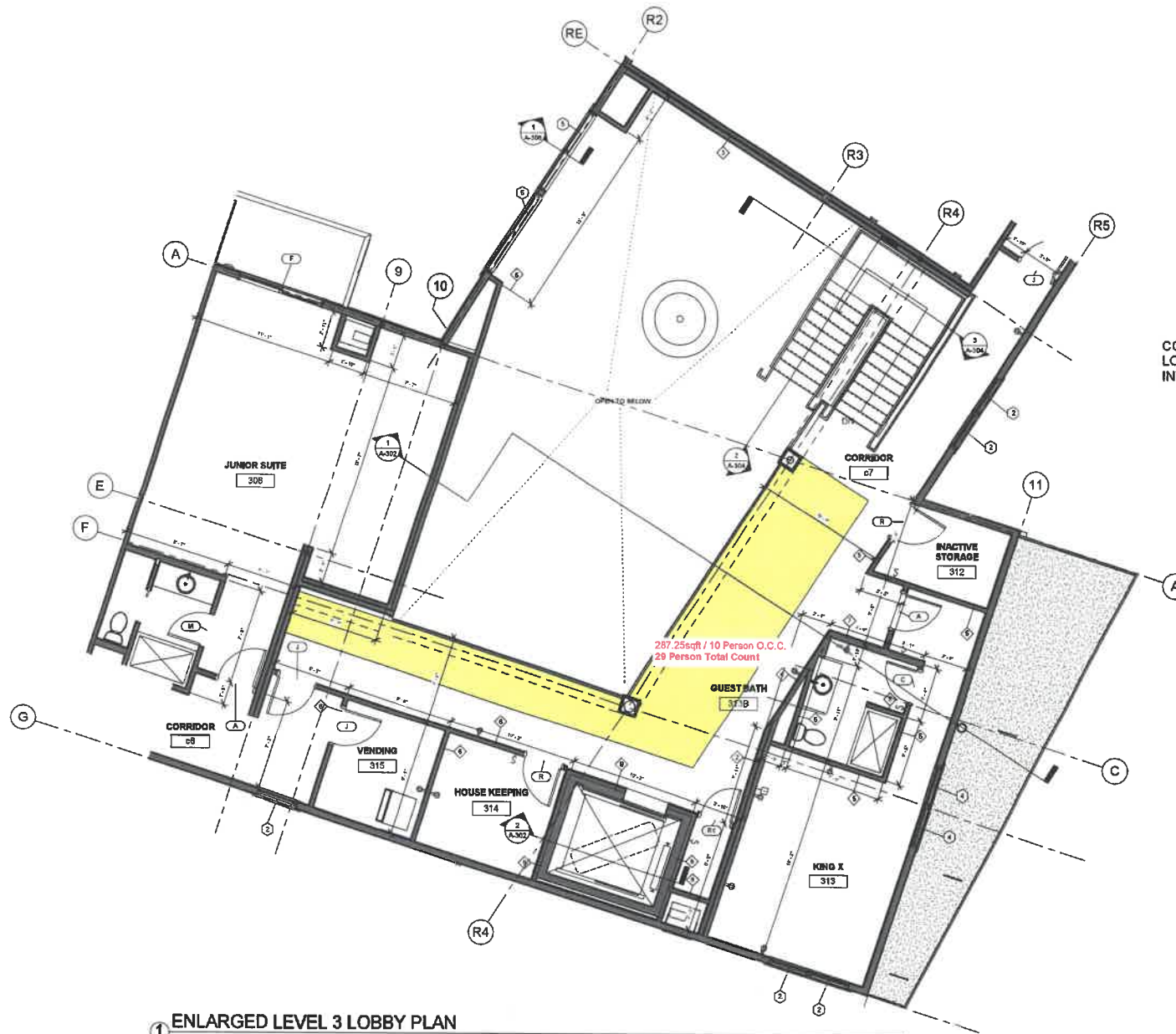
PROJECT NAME:  
**THE DÖRR HOTEL**

PROJECT ADDRESS:  
**NORTH BAY SHORE DRIVE  
SISTER BAY, WISCONSIN**

PROJECT #: #  
ISSUE DATE: 01/03/20  
CHECKED BY: BB/DR

SHEET TITLE:  
**ENLARGED PLANS**

SCALE: AS SHOWN  
SHEET NUMBER:



1 ENLARGED LEVEL 3 LOBBY PLAN  
Scale: 1/4" = 1'-0"

COORDINATE FINAL ELECTRICAL  
LOCATIONS WITH  
INTERIOR DESIGN PLANS

**ZWArchitecture**  
LLC  
program planning  
project management  
architecture  
design

813 W. RANDOLPH  
SUITE 300  
CHICAGO, ILLINOIS 60607  
WWW.ZWARCH.COM  
312.979.8638



*Lee S. Weintraub*

| Revision Schedule |          |    |                    |
|-------------------|----------|----|--------------------|
| Rev               | Date     | By | Description        |
| 1                 | 10/20/18 | LW | FOR PERMIT         |
| 2                 | 12/01/18 | LW | REVISED PERMIT SET |

PROJECT NAME:  
**THE DÖRR HOTEL**

PROJECT ADDRESS:  
NORTH BAY SHORE DRIVE  
SISTER BAY, WISCONSIN

PROJECT #:  
ISSUE DATE: 01/03/20  
CHECKED BY: B3/DR

SHEET TITLE:  
ENLARGED PLANS

SCALE: AS SHOWN  
SHEET NUMBER:

Save

Print

Clear

Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only

Municipality

Sister Bay

License Period

2025-2026

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

## Fees

|                      |                      |
|----------------------|----------------------|
| License Fees         | \$ <u>200</u>        |
| Background Check Fee | \$ _____             |
| Publication Fee      | \$ <u>30</u>         |
| <b>Total Fees</b>    | <b>\$ <u>230</u></b> |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

ecology sports

2. Business Trade Name or DBA

BASE CAMP

3. FEIN

26-2479278

4. Wisconsin Seller's Permit Number

456-1020091546-04

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

2006

8. Wisconsin DFI Registration Number

ED35400

9. Premises Address

10740 North BAY SHORE DRIVE

10. City

SISTER BAY

11. State

WI

12. Zip Code

54234

13. County

DOOR

14. Governing Municipality: ☒ City ☐ Town ☒ Village

of: SISTER BAY

15. Aldermanic District

16. Premises Phone

920-854-5724

17. Premises Email

ecologysports@gmail.com

18. Website

ecologysports.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Entire property located at 10740 N BSD, except parking lot.

20. Mailing Address (if different from premises address)

PO Box 976

21. City

Sister Bay

22. State

WI

23. Zip Code

54234

## Part B: Questions

1. 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 ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

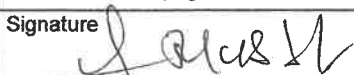
| Last Name | First Name | Title          | Phone        |
|-----------|------------|----------------|--------------|
| Kersebek  | Alicia     | owner          | 920-421-2335 |
| Kersebek  | Joel       | owner/operator | 920-421-0733 |
|           |            |                |              |
|           |            |                |              |

### Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • 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.

|   |                                  |                       |
|---|----------------------------------|-----------------------|
| Last Name<br>Kersebek   | First Name<br>Joel               | M.I.                  |
| Title<br>owner/operator   | Email<br>Joel.Kersebek@gmail.com | Phone<br>920-421-0733 |
| Signature<br> | Date<br>5/11/2025                |                       |

### Part E: For Clerk Use Only

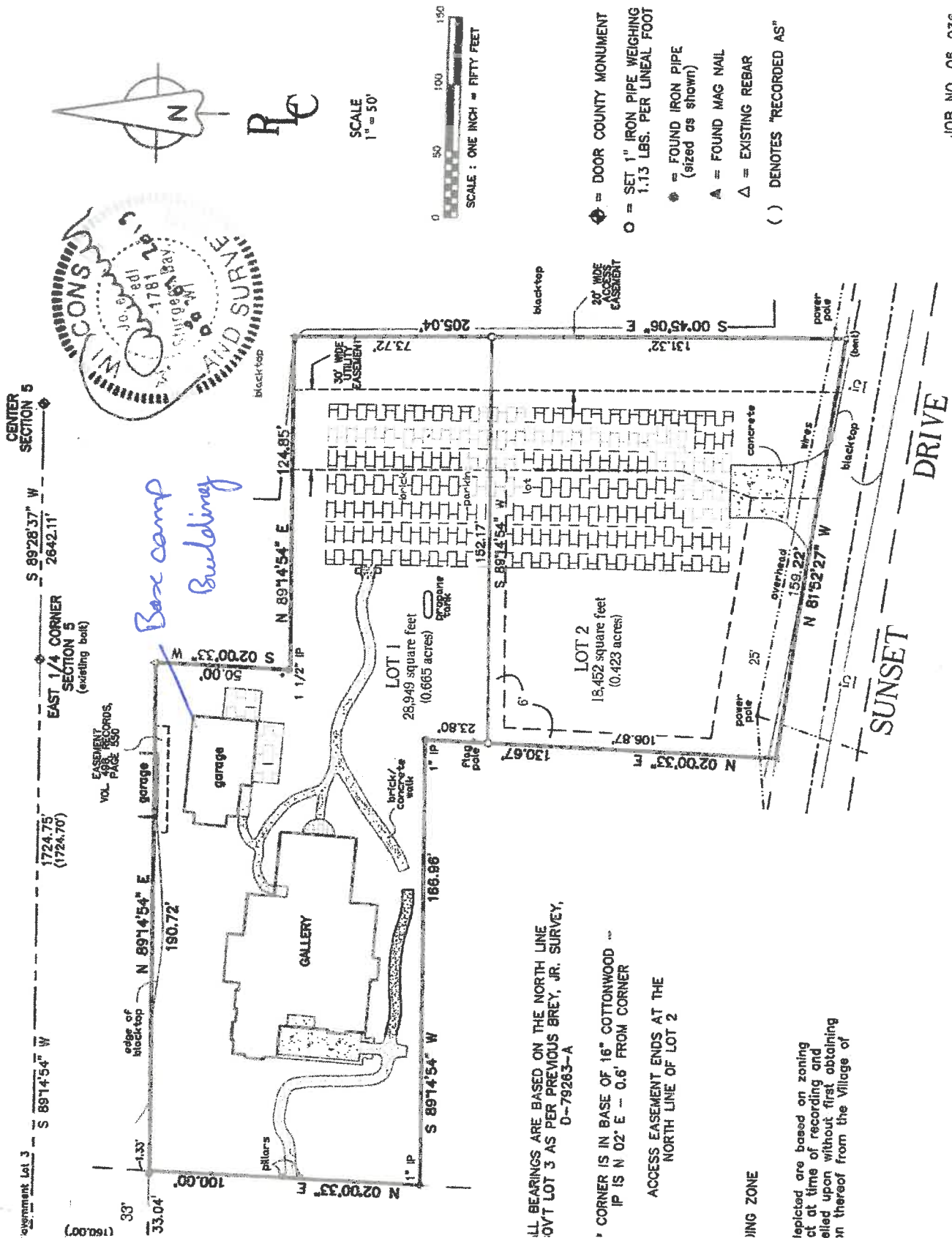
|   |                |   |                     |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br>RECEIVED MAY 01 2025 | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                               |                | Date Provisional License Issued (if applicable) |                     |



00

# CERTIFIED SURVEY MAP

LOCATED IN GOVERNMENT LOT 3, SECTION 5, T. 31 N., R. 28 E.,  
VILLAGE OF SISTER BAY, DOOR COUNTY, WISCONSIN



Form  
AB-200

## Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100<sup>00</sup>
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100<sup>00</sup>

| Fees                 |                     |
|----------------------|---------------------|
| License Fees         | \$ 200 <sup>-</sup> |
| Background Check Fee | \$                  |
| Publication Fee      | \$ 30 <sup>-</sup>  |
| Total Fees           | \$ 230 <sup>-</sup> |

### Part A: Premises/Business Information

|  |  |   |                       |
|--|--|---|-----------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br>FAT BELLY LLC   |  |   |                       |
| 2. Business Trade Name or DBA  |  |   |                       |
| 3. FEIN<br>84-5184985  |  | 4. Wisconsin Seller's Permit Number<br>456-1030259919-02  |                       |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |  |   |                       |
| 6. State of Organization<br>WI   |  | 7. Date of Organization<br>3/20/20  |                       |
| 8. Wisconsin DFI Registration Number<br>FD63296  |  |   |                       |
| 9. Premises Address<br>10621 N. HIGHLAND RD  |  |   |                       |
| 10. City<br>SISTER BAY   |  | 11. State<br>WI   | 12. Zip Code<br>54234 |
| 13. County<br>DOOR   |  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: SISTER BAY |                       |
| 15. Aldermanic District<br>—   |  | 16. Premises Phone<br>920-854-3500  |                       |
| 17. Premises Email<br>CONTACT@FATBELLYBOWLS.COM  |  | 18. Website<br>FATBELLYBOWLS.COM  |                       |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br><br>ONE BUILDING, INDOOR DINING ROOM & OUTDOOR PORCH FOR DINING |  |   |                       |
| 20. Mailing Address (if different from premises address)<br>1526 TEXAS ST  |  |   |                       |
| 21. City<br>STURGEON BAY   |  | 22. State<br>WI   | 23. Zip Code<br>54235 |

### Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |          |  |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


| Last Name | First Name | Title | Phone        |
|-----------|------------|-------|--------------|
| LINDSLEY  | SAM        | OWNER | 920 639 2311 |
| BOSS      | LUCAS      | OWNER | 920 370 2768 |
| GEORGIEV  | VENTSISLAV | OWNER | 920 815 5927 |
|           |            |       |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

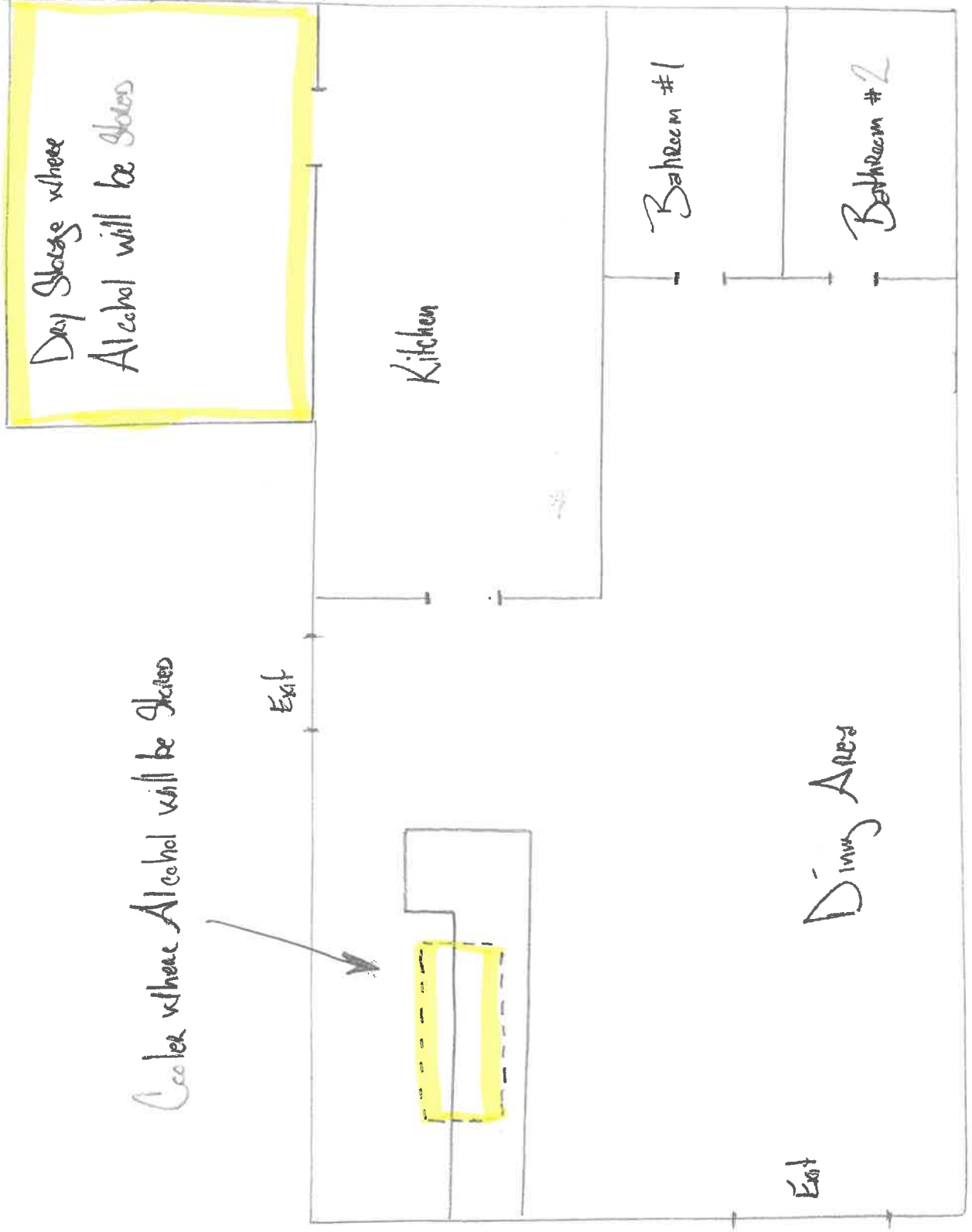
**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights 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.

|  |  |                           |                |                       |
|--|--|---------------------------|----------------|-----------------------|
| Last Name<br>LINDSLEY  |  | First Name<br>SAM         |                | M.I.<br>D             |
| Title<br>OWNER   |  | Email<br>LINDSLEY45@GMAIL |                | Phone<br>920 639 2311 |
| Signature<br> |  |                           | Date<br>5/8/25 |                       |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br>MAY 28 2025 | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                      |                | Date Provisional License Issued (if applicable) |                     |

16621 H. Highlands Rd Santa Bay #1 54235



Form  
**AB-200**

## Alcohol Beverage License Application

| For Municipal Use Only |                   |
|------------------------|-------------------|
| Municipality           | <u>Sister Bay</u> |
| License Period         | <u>2025-2026</u>  |

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

- ☒ Class "A" Beer . . . . . \$ 100    ☐ Class "B" Beer . . . . . \$ \_\_\_\_\_
- ☒ "Class A" Liquor . . . . . \$ 500    ☐ "Class B" Liquor . . . . . \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_    ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 600        |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 630</b> |

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

FIREFLY OUTFITTERS, LLC

2. Business Trade Name or DBA

3. FEIN

47-5590595

4. Wisconsin Seller's Permit Number

456-1020979475-03

5. Entity Type (check one)

☐ Sole Proprietor    ☐ Partnership    ☒ Limited Liability Company    ☐ Corporation    ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

11/10/2015

8. Wisconsin DFI Registration Number

F053788

9. Premises Address

10589 S HIGHLAND RD, SUITE 5

10. City

SISTER BAY

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village  
of: SISTER BAY

15. Aldermanic District

16. Premises Phone

421-5800

17. Premises Email

SALES@FFLDORCOUNTY.COM

18. Website

FFLDORCOUNTY.COM

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

UNITS 3, 5, PROFESSIONAL BUILDING CONDOMINIUM LOCATED AT 10589 S HIGHLAND RD, INCLUDING ADJACENT SIDEWALK/PARKING LOT FOR CURBSIDE PICK-UP

20. Mailing Address (if different from premises address)

PO BOX 259

21. City

SISTER BAY

22. State

WI

23. Zip Code

54234

### Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |                                   |  |
|------------------------|-----------------------------------|--|
| Law/Ordinance Violated | Location                          | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location                          | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

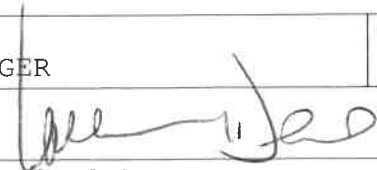
| Last Name | First Name | Title          | Phone    |
|-----------|------------|----------------|----------|
| DAHL      | COLLIN     | MEMBER/MANAGER | 854-7100 |
| DAHL      | JENNIFER   | MEMBER/MANAGER | 854-7100 |
|           |            |                |          |
|           |            |                |          |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC

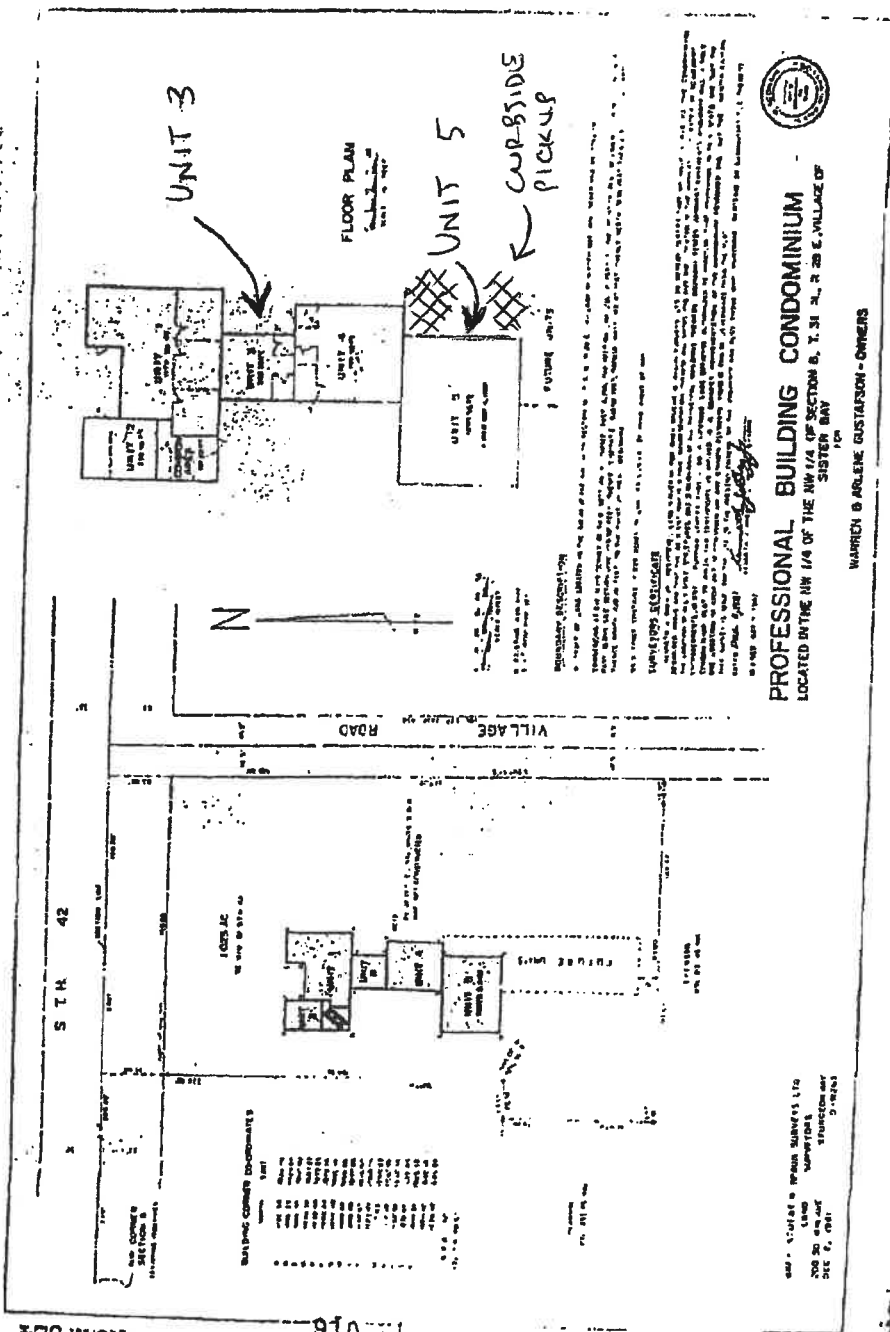
**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights 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.

|  |                            |                    |
|--|----------------------------|--------------------|
| Last Name<br>DAHL  | First Name<br>COLLIN       | M.I.<br>J          |
| Title<br>MEMBER/MANAGER  | Email<br>COLLIN@DAHLDC.COM | Phone<br>854-7100  |
| Signature<br> |                            | Date<br>05/25/2025 |

### Part E: For Clerk Use Only

|  |                |                      |   |
|--|----------------|----------------------|---|
| Date Application Was Filed With Clerk<br><b>RECEIVED MAY 30 2025</b> | License Number | Date License Granted | Date License Issued                             |
| Signature of Clerk/Deputy Clerk                                      |                |                      | Date Provisional License Issued (if applicable) |

122016  
3-18-624



RECEIVED MAY 30 2025

Form  
AB-200

## Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100.-
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100.-

| Fees                 |                 |
|----------------------|-----------------|
| License Fees         | \$ <u>200.-</u> |
| Background Check Fee | \$              |
| Publication Fee      | \$ <u>30.-</u>  |
| Total Fees           | \$ <u>230.-</u> |

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Look Up Development LLC

2. Business Trade Name or DBA

Goose & Twigs

3. FEIN

82-4088326

4. Wisconsin Seller's Permit Number

456-1030089123-02

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

2322 Mill Rd

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: Sister Bay

15. Aldermanic District

16. Premises Phone

(920) 854 3212

17. Premises Email

talktous@gooseandtwigs.com

18. Website

www.gooseandtwigs.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

1,000 Sq. Ft. Dining Area with two restrooms, office, crawlspace and storage.

20. Mailing Address (if different from premises address)

PO Box 131

21. City

Sister Bay

22. State

WI

23. Zip Code

54234

### Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |                                   |  |
|------------------------|-----------------------------------|--|
| Law/Ordinance Violated | Location                          | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location                          | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone         |
|-----------|------------|-------|---------------|
| Gallardo  | Gustavo    | GM    | 920 559 13 99 |
| Ibarra    | Reuata     | Dwuer | 920 559 13 84 |
|           |            |       |               |
|           |            |       |               |

### Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor

• one general partner of a partnership

• one corporate officer

• one member of an LLC

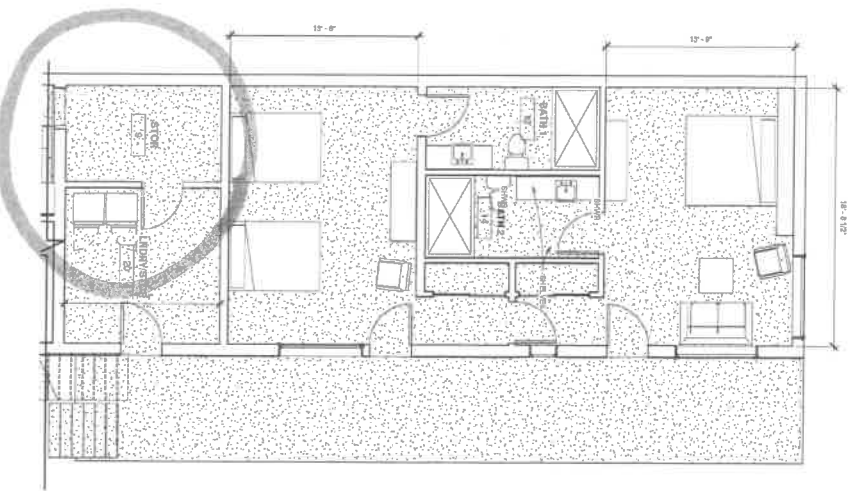
**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights 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.

|  |  |                                      |                    |                        |
|--|--|--------------------------------------|--------------------|------------------------|
| Last Name<br>Gallardo  |  | First Name<br>Gustavo                |                    | M.I.<br>A              |
| Title<br>GM  |  | Email<br>ggallardo@gooseandtwigs.com |                    | Phone<br>920 559 13 99 |
| Signature<br> |  |                                      | Date<br>05/30/2025 |                        |

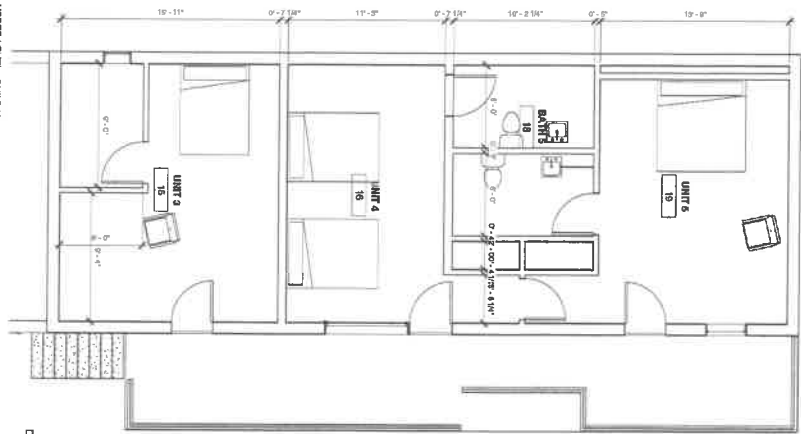
### Part E: For Clerk Use Only

|   |                |                      |   |
|---|----------------|----------------------|---|
| Date Application Was Filed With Clerk<br>RECEIVED MAY 30 2025 | License Number | Date License Granted | Date License Issued                             |
| Signature of Clerk/Deputy Clerk                               |                |                      | Date Provisional License Issued (if applicable) |

① LOWER LEVEL - BUILDING 1  
1/4" = 1'-0"



② UPPER LEVEL - BUILDING 1  
1/4" = 1'-0"



# REVISIONS:

SAGE HOMES LLC  
VIRGE TERRY  
ARCHITECTURE INC

NO. 1000 RIVINGTON  
STATION, NEW YORK 10005  
NY 10005-5746  
PH: 800.854.5746  
E: info@virgeterry.com

PROJECT NAME:

DATE: 01/24/18

SHEET NAME:

LOWER AND UPPER FLOOR PLANS

SHEET NUMBER: A3

This drawing and everything on it, including the project name, is the property of Virge Terry Architecture, Inc. and the provider of this service.



Form  
AB-200

# Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ .....  
☒ Class "B" Beer ..... \$ 100.<sup>00</sup>  
☐ "Class A" Liquor ..... \$ .....  
☐ "Class B" Liquor ..... \$ .....  
☐ "Class A" Liquor (cider only) \$ .....  
☐ Reserve "Class B" Liquor \$ .....  
☒ "Class C" Liquor (wine only) \$ 100.<sup>00</sup>

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 2.00       |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 230</b> |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Grass's Grill

2. Business Trade Name or DBA

Grass's Grill

3. FEIN

45-4560572

4. Wisconsin Seller's Permit Number

SBEL-8TJT6L

5. Entity Type (check one)

- ☐ Sole Proprietor    ☐ Partnership    ☒ Limited Liability Company    ☐ Corporation    ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

2012

8. Wisconsin DFI Registration Number

6046910

9. Premises Address

10663 N Bayshore Dr

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Dor

14. Governing Municipality ☐ City ☐ Town ☒ Village

of: Sister Bay

15. Aldermanic District

16. Premises Phone

920-854-1125

17. Premises Email

grassgrill@gmail.com

18. Website

grassgrill.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Building is a restaurant. Alcohol is consumed & sold in the dining room. Alcohol is consumed on the patio. Alcohol is stored in the dining room, walk in cooler, & back hallway room.

20. Mailing Address (if different from premises address)

P.O. Box 766

21. City

Sister Bay

22. State

WI

23. Zip Code

54234

## Part B: Questions

1. 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 ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |  |            |
|------------------------|--|------------|
| Law/Ordinance Violated | Location   | Trial Date |
| Penalty Imposed        | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |
| Law/Ordinance Violated | Location   | Trial Date |
| Penalty Imposed        | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |            |



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


| Last Name | First Name | Title | Phone        |
|-----------|------------|-------|--------------|
| Grasse    | James      | Owner | 608-332-5080 |
|           |            |       |              |
|           |            |       |              |
|           |            |       |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|   |                        |       |
|---|------------------------|-------|
| Last Name   | First Name             | M.I.  |
| Grasse  | James                  | M     |
| Title   | Email                  | Phone |
| Owner   | grassesgrill@gmail.com |       |
| Signature   | Date                   |       |
|  | 4-15-25                |       |

### Part E: For Clerk Use Only

|                                       |                |   |                     |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| RECEIVED APR 21 2025                  |                |   |                     |
| Signature of Clerk/Deputy Clerk       |                | Date Provisional License Issued (if applicable) |                     |

Hwy 42



Form  
AB-200

## Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 200        |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 230</b> |

### Part A: Premises/Business Information

|  |   |   |
|--|---|---|
| 1. Legal Business Name (individual name if sole proprietorship)<br>HAPPY COFFEE DOCO LLC   |   |   |
| 2. Business Trade Name or DBA<br>happy coffee  |   |   |
| 3. FEIN<br>83-1372723  | 4. Wisconsin Seller's Permit Number<br>456-1029503946-02  |   |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |   |   |
| 6. State of Organization<br>WI   | 7. Date of Organization<br>07/27/2018   | 8. Wisconsin DFI Registration Number<br>S119494 |
| 9. Premises Address<br>10678 N BAY SHORE DR Un. 2  |   |   |
| 10. City<br>SISTER BAY   | 11. State<br>WI   | 12. Zip Code<br>54234                           |
| 13. County<br>Door   | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: SISTER BAY | 15. Aldermanic District                         |
| 16. Premises Phone<br>(920) 854-3113   | 17. Premises Email<br>LILLY@HAPPYCOFFEEDOCO.COM   | 18. Website<br>HAPPYCOFFEEDOCO.COM              |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br>Beer and wine to be served by authorized staff behind the counter. On premise consumption which includes main floor, upstairs seating lobby or outdoor patio seating area (weather permitting). |   |   |
| 20. Mailing Address (if different from premises address)<br>PO BOX 781   |   |   |
| 21. City<br>SISTER BAY   | 22. State<br>WI   | 23. Zip Code<br>54234                           |

### Part B: Questions

|   |          |  |
|---|----------|--|
| 1. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list the details of violation below. Attach additional sheets if necessary. |          |  |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

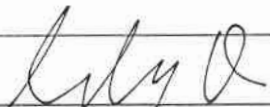
| Last Name | First Name | Title | Phone          |
|-----------|------------|-------|----------------|
| OROZCO    | LILLIANA   | OWNER | (920) 866-0891 |
|           |            |       |                |
|           |            |       |                |
|           |            |       |                |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|  |  |                                    |                         |           |
|--|--|------------------------------------|-------------------------|-----------|
| Last Name<br>OROZCO  |  | First Name<br>LILLIANA             |                         | M.I.<br>L |
| Title<br>OWNER   |  | Email<br>LILLY@HAPPYCOFFEEDOCO.COM | Phone<br>(920) 866-0891 |           |
| Signature<br> |  |                                    | Date<br>04/26/25        |           |

### Part E: For Clerk Use Only

|   |                |   |                     |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED MAY 10, 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                       |                | Date Provisional License Issued (if applicable) |                     |

Pantry

restroom

seating area

espresso  
bar

Patio

walk way / garden

Bay Shore Dr.

Storage

walk-in  
cooler

Storage



stairs.

upstairs lobby/seating

rail

downstairs



Alcohol Beverage License  
Application

| For Municipal Use Only |                   |
|------------------------|-------------------|
| Municipality           | <u>Sister Bay</u> |
| License Period         | <u>2005-2026</u>  |

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

- ☒ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 600        |
| Background Check Fee | \$            |
| Publication Fee      | \$ 20         |
| <b>Total Fees</b>    | <b>\$ 620</b> |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Husbys EL LLC

2. Business Trade Name or DBA

Husbys Food &amp; Spirits

3. FEIN

264738244

4. Wisconsin Seller's Permit Number

45610263234

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

04/16/2009

8. Wisconsin DFI Registration Number

9. Premises Address

10641 N Bay Shore Drive

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Villageof: Sister Bay

15. Aldermanic District

16. Premises Phone

(920) 854-2624

17. Premises Email

18. Website

Husbysdoorcounty.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Entire restaurant, deck, parking lot, garage bar, filling station &amp; patio

20. Mailing Address (if different from premises address)

P.O. Box 74

21. City

Sister Bay

22. State

WI

23. Zip Code

54234

## Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

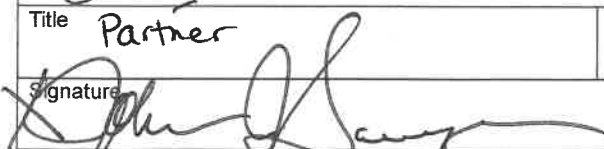
| Last Name  | First Name | Title  | Phone          |
|------------|------------|--------|----------------|
| Sawyer     | John       | Member | (920) 421-0190 |
| Kodanko    | Chad       | Member | (920) 279-0191 |
| Larsen     | James      | Member | (920) 737-7838 |
| Radosevich | Joseph     | Member | (920) 421-4230 |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

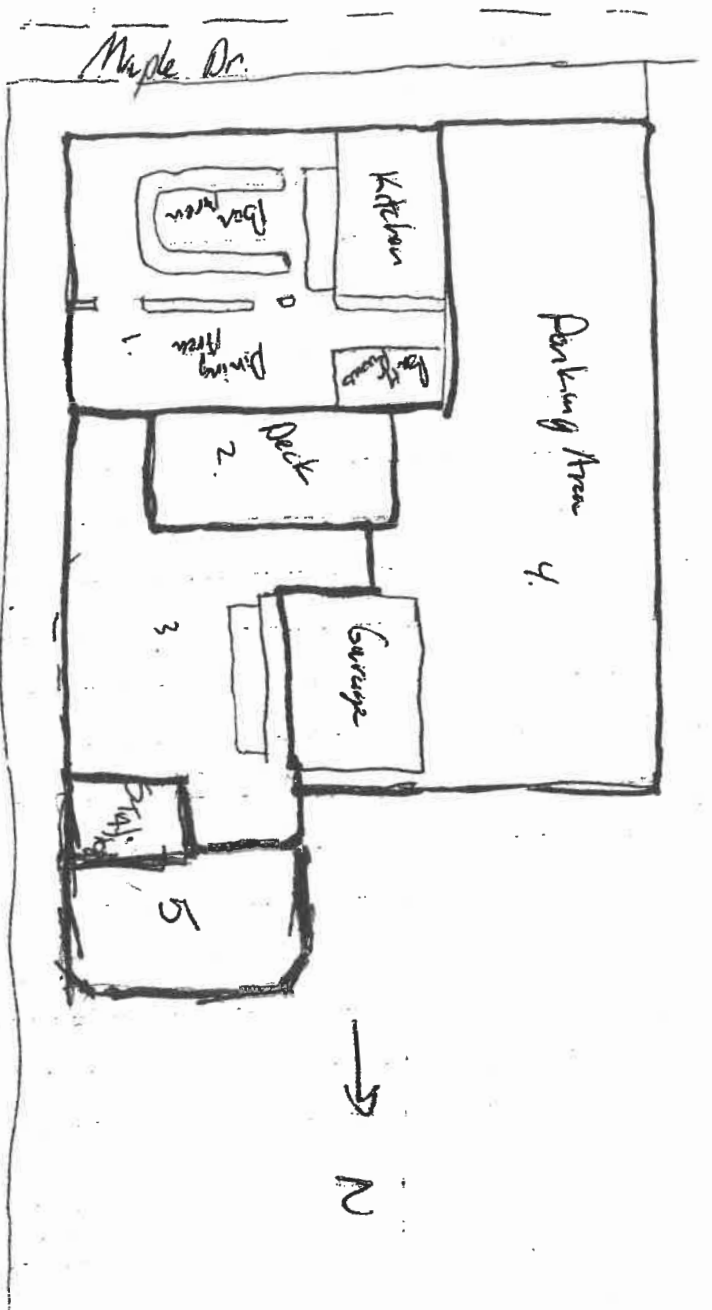
**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights 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.

|   |  |                              |
|---|--|------------------------------|
| Last Name<br><b>Sawyer</b>  | First Name<br><b>John</b>              | M.I.<br><b>J</b>             |
| Title<br><b>Partner</b>   | Email<br><b>JohnSawyer76@gmail.com</b> | Phone<br><b>920 421-0190</b> |
| Signature<br> |  | Date                         |

### Part E: For Clerk Use Only

|                                       |                |   |                     |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk       |                | Date Provisional License Issued (if applicable) |                     |

RECEIVED MAY 14 2025



1. The Area inside Husky's Food + Spirits
  2. The Deck Attached to Husky's Food + Spirits
  3. The Area around the house & Husky's
  4. The Area within our lot lines / parking lot
  5. Filling Station + Rat's
- All these Areas for Full Post

Form  
**AB-200**

## Alcohol Beverage License Application

| For Municipal Use Only |                   |
|------------------------|-------------------|
| Municipality           | <u>Sister Bay</u> |
| License Period         | <u>2025-2024</u>  |

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 600        |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 630</b> |

### Part A: Premises/Business Information

|  |   |  |
|--|---|--|
| 1. Legal Business Name (individual name if sole proprietorship)<br><u>Lew Group Inc</u>  |   |  |
| 2. Business Trade Name or DBA<br><u>Lure</u>   |   |  |
| 3. FEIN<br><u>81-1908836</u>   | 4. Wisconsin Seller's Permit Number<br><u>456-1029122538-02</u>   |  |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |   |  |
| 6. State of Organization<br><u>WI</u>  | 7. Date of Organization<br><u>04/01/2016</u>  | 8. Wisconsin DFI Registration Number<br><u>L057992</u> |
| 9. Premises Address<br><u>10627 N Bayshore Dr</u>  |   |  |
| 10. City<br><u>Sister Bay</u>  | 11. State<br><u>WI</u>  | 12. Zip Code<br><u>54234</u>                           |
| 13. County<br><u>Door</u>  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village<br>of: <u>Sturgeon Bay</u> |  |
| 15. Aldermanic District  |   |  |
| 16. Premises Phone<br><u>(920) 854-8111</u>  | 17. Premises Email<br><u>sisterbayrestaurants@gmail.</u>  | 18. Website<br><u>luredoorcounty.com</u>               |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br><br><u>entire premissis located at 10627 N Bay Shore Dr. including all interior and exterior seating, decks and green space on property</u> |   |  |
| 20. Mailing Address (if different from premises address)<br><u>PO Box 558</u>  |   |  |
| 21. City<br><u>Sister Bay</u>  | 22. State<br><u>WI</u>  | 23. Zip Code<br><u>54234</u>                           |

### Part B: Questions

|   |          |  |
|---|----------|--|
| 1. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list the details of violation below. Attach additional sheets if necessary. |          |  |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ 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 ☒ No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

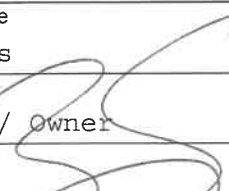
| Last Name | First Name | Title       | Phone          |
|-----------|------------|-------------|----------------|
| Louis     | Wuollett   | Owner       | (920) 401-8155 |
| Patsy     | Wuollett   | Owner       | (920) 401-8154 |
| Benjamin  | Ehlers     | Owner/Agent | (920) 595-1026 |
|           |            |             |                |

### Part D: Attestation

One of the following must sign and attest to this application:

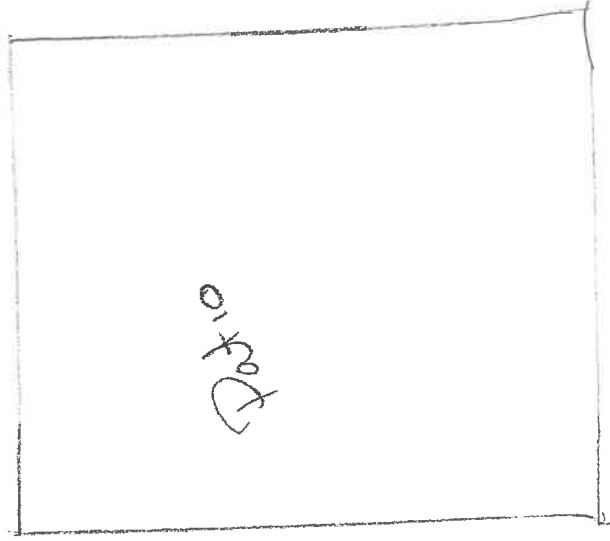
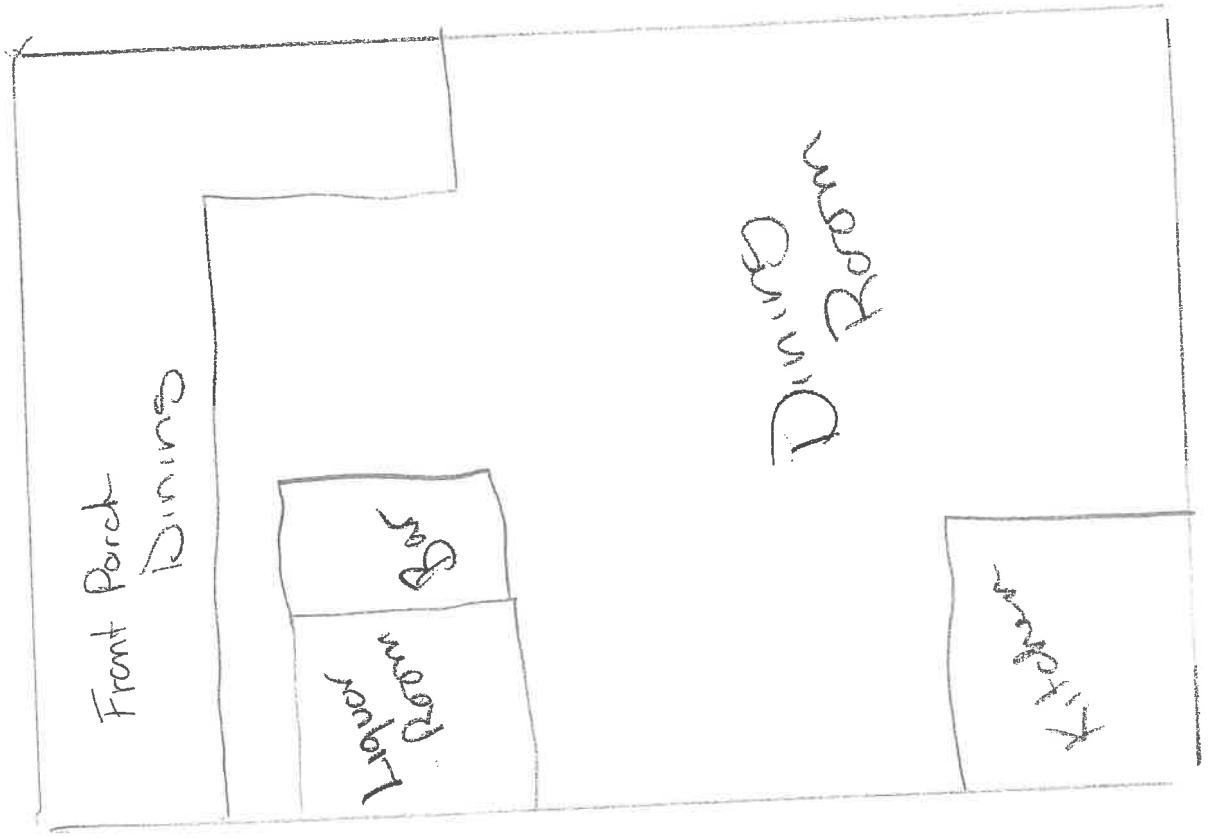
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**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.

|  |                             |                         |
|--|-----------------------------|-------------------------|
| Last Name<br>Ehlers  | First Name<br>Benjamin      | M.I.<br>D               |
| Title<br>Agent/ Owner  | Email<br>bdehlers@yahoo.com | Phone<br>(920) 595-1026 |
| Signature<br> |                             | Date<br>4/14/25         |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED MAY 19 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                      |                | Date Provisional License Issued (if applicable) |                     |



Lure



# Alcohol Beverage License Application

| For Municipal Use Only |            |
|------------------------|------------|
| Municipality           | Sister Bay |
| License Period         | 2005-2024  |

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 200        |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 230</b> |

## Part A: Premises/Business Information

|  |  |  |   |
|--|--|--|---|
| 1. Legal Business Name (individual name if sole proprietorship)<br>McEvoy's Culinaría LLC  |  |  |   |
| 2. Business Trade Name or DBA<br>Culinaría   |  |  |   |
| 3. FEIN<br>45-0712896  |  | 4. Wisconsin Seller's Permit Number<br>456-1027239690-03 |   |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |  |  |   |
| 6. State of Organization<br>wi   |  | 7. Date of Organization<br>01/01/2009                    |   |
| 8. Wisconsin DFI Registration Number<br>M079920  |  |  |   |
| 9. Premises Address<br>2602 S Bayshore Dr  |  |  |   |
| 10. City<br>Sister Bay   |  | 11. State<br>WI  | 12. Zip Code<br>54234                   |
| 13. County<br>Door   | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: _____ |  | 15. Aldermanic District                 |
| 16. Premises Phone<br>(920) 854-8029   | 17. Premises Email<br>sm.culinaría@gmail.com   |  | 18. Website<br>mcevoysculinaría@gmail.c |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br>Main Deli room, coffee shop/dining area, bathroom, storage closet, kitchen, patio |  |  |   |
| 20. Mailing Address (if different from premises address)   |  |  |   |
| 21. City   |  | 22. State  | 23. Zip Code                            |

## Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |          |  |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


| Last Name | First Name | Title | Phone          |
|-----------|------------|-------|----------------|
| McEvoy    | Scott      | owner | (920) 421-1330 |
|           |            |       |                |
|           |            |       |                |
|           |            |       |                |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

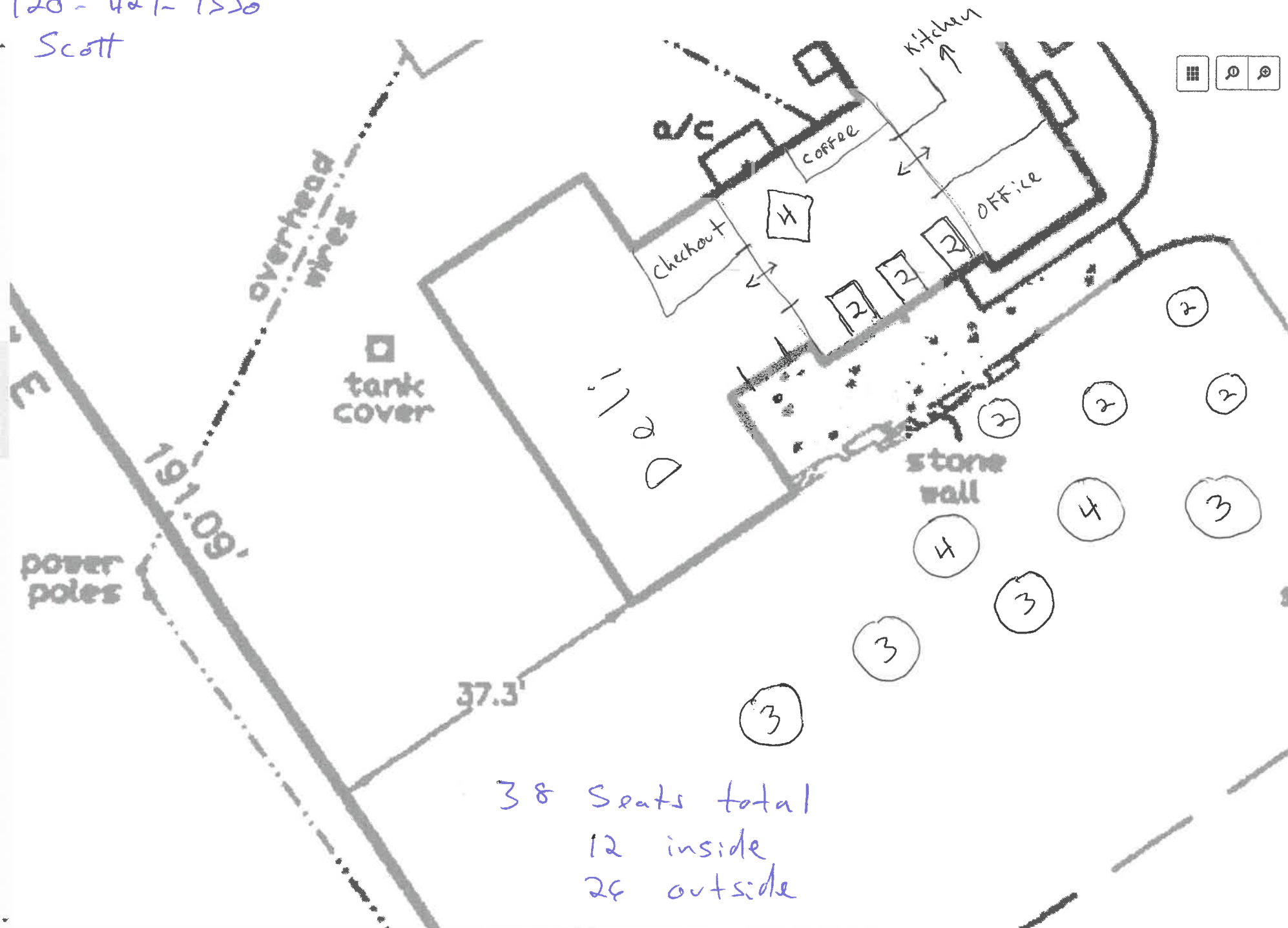
|  |                                 |                         |
|--|---------------------------------|-------------------------|
| Last Name<br>McEvoy  | First Name<br>Scott             | M.I.<br>A               |
| Title<br>owner   | Email<br>sm.culinaria@gmail.com | Phone<br>(920) 421-1330 |
| Signature<br> |                                 | Date<br>5/29/25         |

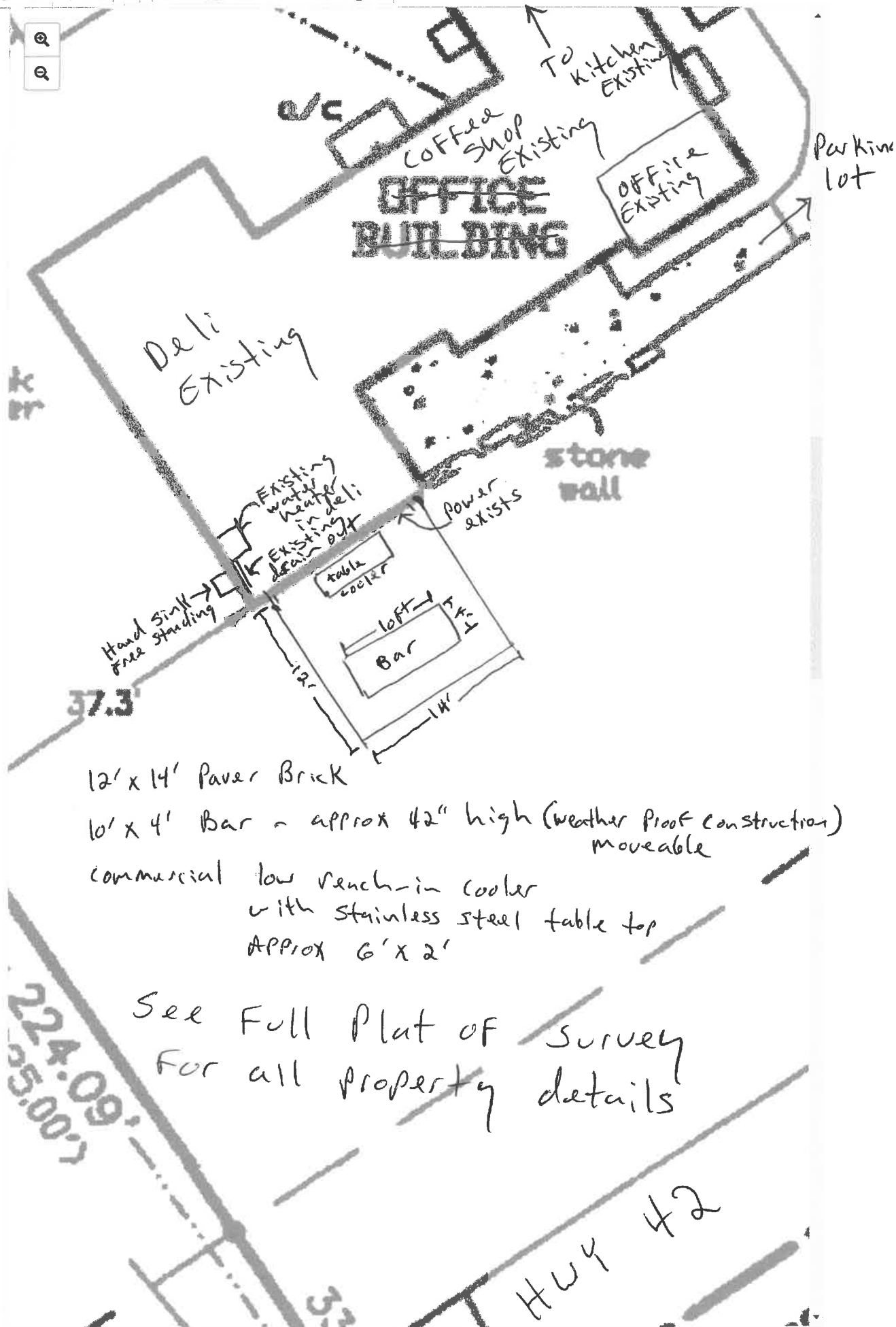
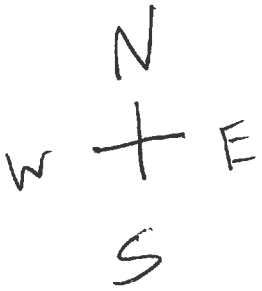
### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED MAY 29 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                      |                | Date Provisional License Issued (if applicable) |                     |

920-421-1330

• Scott





12' x 14' Paver Brick

10' x 4' Bar - approx 42" high (weather proof construction) moveable

commercial low ranch-in cooler with stainless steel table top  
Approx 6' x 2'

See Full Plat of Survey  
For all property details

Save

Print

Clear

Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only

Municipality

Sister Bay

License Period

2025-2026

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

## Fees

|                      |               |
|----------------------|---------------|
| License Fees         | \$ 600        |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 630</b> |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Northern Grill &amp; Lodging Inc

2. Business Trade Name or DBA

Northern Grill &amp; Pub

3. FEIN

39-1924282

4. Wisconsin Seller's Permit Number

456-000045852803

5. Entity Type (check one)

☐ Sole Proprietor    ☐ Partnership    ☐ Limited Liability Company    ☒ Corporation    ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

5/12/1998

8. Wisconsin DFI Registration Number

N026045

9. Premises Address

10573 Country Walk Dr

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village  
of: Sister Bay

15. Aldermanic District

16. Premises Phone

920-854-9590

17. Premises Email

northerngrillpub@gmail.com

18. Website

northerngrill.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Pub, dining room, kitchen, storage area, beer cooler, liquor closet,  
deck, attic (records)

20. Mailing Address (if different from premises address)

Box 709

21. City

Sister Bay

22. State

WI

23. Zip Code

54234

## Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |  |            |
|------------------------|--|------------|
| Law/Ordinance Violated | Location   | Trial Date |
| Penalty Imposed        | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |            |
| Law/Ordinance Violated | Location   | Trial Date |
| Penalty Imposed        | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |            |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☐ Yes ☒ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title            | Phone        |
|-----------|------------|------------------|--------------|
| MacDonald | Ronald     | President, owner | 920-421-1405 |
| MacDonald | Lisa       | Treasure, owner  | 920-421-1404 |
|           |            |                  |              |
|           |            |                  |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor      • 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.

|  |  |                                     |                 |                       |
|--|--|-------------------------------------|-----------------|-----------------------|
| Last Name<br>MacDonald   |  | First Name<br>Lisa                  |                 | M.I.<br>R             |
| Title<br>Treasure  |  | Email<br>northerngrillpub@gmail.com |                 | Phone<br>920-421-1404 |
| Signature<br> |  |                                     | Date<br>4-10-25 |                       |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED APR 11 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                      |                | Date Provisional License Issued (if applicable) |                     |



Northern Bill



(records are kept in second story office)

\* alcohol is served

+ alcohol is stored

Form  
**AB-200**

## Alcohol Beverage License Application

| For Municipal Use Only |                   |
|------------------------|-------------------|
| Municipality           | <u>Sister Bay</u> |
| License Period         | <u>2025-2026</u>  |

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$            |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 630</b> |

### Part A: Premises/Business Information

|  |  |  |
|--|--|--|
| 1. Legal Business Name (individual name if sole proprietorship)<br><u>Northern Haus LLC</u>  |  |  |
| 2. Business Trade Name or DBA<br><u>Northern Haus</u>  |  |  |
| (4. WI Sellers Permit Number <u>456-103015152302</u> )   |  |  |
| 3. FEIN<br><u>83-0834740</u>   | 4. Wisconsin Seller's Permit Number  |  |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |  |  |
| 6. State of Organization<br><u>WI</u>  | 7. Date of Organization<br><u>06/08/2018</u>   | 8. Wisconsin DFI Registration Number<br><u>N048736</u> |
| 9. Premises Address<br><u>10414 Fieldcrest Road</u>  |  |  |
| 10. City<br><u>Sister Bay</u>  | 11. State<br><u>WI</u>   | 12. Zip Code<br><u>54234</u>                           |
| 13. County<br><u>Door</u>  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: <u>Sister Bay</u> | 15. Aldermanic District                                |
| 16. Premises Phone<br><u>(920) 401-1044</u>  | 17. Premises Email<br><u>Info@northernhaus.com</u>   | 18. Website<br><u>northernhaus.com</u>                 |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br><u>Entire Building and outdoor areas at 10414 fieldcrest rd</u> |  |  |
| 20. Mailing Address (if different from premises address)<br><u>PO Box 1022</u>   |  |  |
| 21. City<br><u>Sister Bay</u>  | 22. State<br><u>WI</u>   | 23. Zip Code<br><u>54234</u>                           |

### Part B: Questions

1. 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 ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |          |  |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ... ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ... ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ... ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ... ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title   | Phone          |
|-----------|------------|---------|----------------|
| Anderson  | Sara       | Owner   | (773) 552-5057 |
| Hofkamp   | Nick       | Owner   | (708) 822-9324 |
| Leonard   | Suzanne    | partner | (773) 531-9907 |
|           |            |         |                |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|                                   |                                |                         |
|-----------------------------------|--------------------------------|-------------------------|
| Last Name<br>Anderson             | First Name<br>Sara             | M.I.<br>C               |
| Title<br>Owner                    | Email<br>sara@northernhaus.com | Phone<br>(773) 552-5057 |
| Signature<br><i>Sara Anderson</i> |                                | Date<br>04/08/25        |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED MAY 30 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                      |                | Date Provisional License Issued (if applicable) |                     |



Form  
AB-200

## Alcohol Beverage License Application

|                                    |
|------------------------------------|
| For Municipal Use Only             |
| Municipality<br><u>Sister Bay</u>  |
| License Period<br><u>2025-2026</u> |

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

- ☐ Class "A" Beer \$ \_\_\_\_\_ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ \_\_\_\_\_ ☐ "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

| Fees                 |                             |
|----------------------|-----------------------------|
| License Fees         | \$ <u>200.<sup>00</sup></u> |
| Background Check Fee | \$ _____                    |
| Publication Fee      | \$ <u>30.<sup>00</sup></u>  |
| Total Fees           | \$ <u>230.<sup>00</sup></u> |

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

One Star Burgers LLC

2. Business Trade Name or DBA

One Star Burgers & Dogs

3. FEIN

33-4493291

4. Wisconsin Seller's Permit Number

456-1032053974-02

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

03/18/2025

8. Wisconsin DFI Registration Number

0046210

9. Premises Address

10440 Orchard Drive

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

15

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: Sister Bay

15. Aldermanic District

16. Premises Phone

(920) 207-4786

17. Premises Email

onestarburgers@gmail.com

18. Website

None

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Alcohol will be served and stored in the restaurant (main square white structure labeled on the site plan at 10440 Orchard Drive, Sister Bay, WI 54234) as well as the connecting walk in cooler and freezer near the back of the restaurant. Alcohol will be served/consumed in the restaurant building, on the outside patio where there's outdoor seating, as well as by people walking around up to the road right of way.

20. Mailing Address (if different from premises address)

One Star Burgers & Dogs at PO Box 121

21. City

Fish Creek

22. State

WI

23. Zip Code

54212

### Part B: Questions

1. 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 ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No  
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No  
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

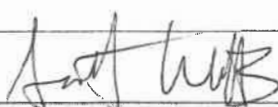
| Last Name | First Name | Title           | Phone          |
|-----------|------------|-----------------|----------------|
| Watts     | Scott      | Owner/partner   | 920-421-8594   |
| Janisse   | Chris      | Owner/partner   | 920-421-2068   |
| Paulus    | Hannah     | General Manager | (920) 207-4786 |
|           |            |                 |                |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • 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.

|  |  |                                   |                  |                         |
|--|--|-----------------------------------|------------------|-------------------------|
| Last Name<br>Watts   |  | First Name<br>Scott               |                  | M.I.<br>M               |
| Title<br>Member  |  | Email<br>onestarburgers@gmail.com |                  | Phone<br>(920) 421-8594 |
| Signature<br> |  |                                   | Date<br>04/10/25 |                         |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED MAY 05 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                      |                | Date Provisional License Issued (if applicable) |                     |





### **Pink lines: Alcohol serving/consumption by customers**

Customers will be able to buy/drink alcohol within the full restaurant building, on the outdoor patio seating area, as well as on the property grounds 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.

Form  
AB-200

# Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |         |
|----------------------|---------|
| License Fees         | \$ 200- |
| Background Check Fee | \$      |
| Publication Fee      | \$ 30-  |
| Total Fees           | \$ 230- |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Cross Management Inc.

2. Business Trade Name or DBA

Open Hearth Lodge

3. FEIN

27-0402165

4. Wisconsin Seller's Permit Number

1026839849

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

08/01/2004

8. Wisconsin DFI Registration Number

9. Premises Address

2669 S. Bay Shore Dr.

10. City

Sister Bay, WI

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: Sister Bay

15. Aldermanic District

16. Premises Phone

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Hotel / Hotel Lobby at 2669 S. Bay Shore Drive.

20. Mailing Address (if different from premises address)

Same As Premises

21. City

22. State

23. Zip Code

## Part B: Questions

1. 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 ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |                                 |  |
|------------------------|---------------------------------|--|
| Law/Ordinance Violated | Location                        | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location                        | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ... ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ... ☐ Yes ☒ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ... ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ... ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title           | Phone        |
|-----------|------------|-----------------|--------------|
| Zacek     | John       | Owner-President | 920-854-4890 |
|           |            |                 |              |
|           |            |                 |              |
|           |            |                 |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|   |                           |              |  |
|---|---------------------------|--------------|--|
| Last Name   | First Name                | M.I.         |  |
| Zacek   | John                      | C.           |  |
| Title   | Email                     | Phone        |  |
| Owner-President   | office@openheartlodge.com | 920-854-4890 |  |
| Signature   |                           | Date         |  |
|  |                           | 5/30/25      |  |

### Part E: For Clerk Use Only

|                                       |                |   |                     |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| RECEIVED MAY 30 2025                  |                |   |                     |
| Signature of Clerk/Deputy Clerk       |                | Date Provisional License Issued (if applicable) |                     |
|                                       |                |   |                     |





Form  
AB-200

## Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |                      |
|----------------------|----------------------|
| License Fees         | \$ 200 <sup>00</sup> |
| Background Check Fee | \$                   |
| Publication Fee      | \$ 30 <sup>-</sup>   |
| Total Fees           | \$ 230 <sup>00</sup> |

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Steamboat Missy LLC

2. Business Trade Name or DBA

Pasta Vino

3. FEIN

880441596

4. Wisconsin Seller's Permit Number

456-1030912533-04

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

10571 Country Walk Ln

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: Sister Bay

15. Aldermanic District

16. Premises Phone

920-633-4037

17. Premises Email

steamboatmissy@comcast.net

18. Website

comcast.net

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

In the walk in cooler, and bar cooler near entrance there are 2 indoor dining rooms and an outdoor patio area

20. Mailing Address (if different from premises address)

937 Pennsylvania St

21. City

Sturgeon Bay

22. State

WI

23. Zip Code

54235

### Part B: Questions

1. 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 ☐ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

DUI

Location

Sturgeon Bay

Trial Date

09/2016

Penalty Imposed

6 months suspended license

Was sentence completed? ☒ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No  
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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

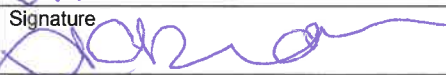
| Last Name | First Name | Title | Phone        |
|-----------|------------|-------|--------------|
| Orlock    | Nicholas   | owner | 920 559 9234 |
| orlock    | Amanda     | owner | 920 552 0774 |
|           |            |       |              |
|           |            |       |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

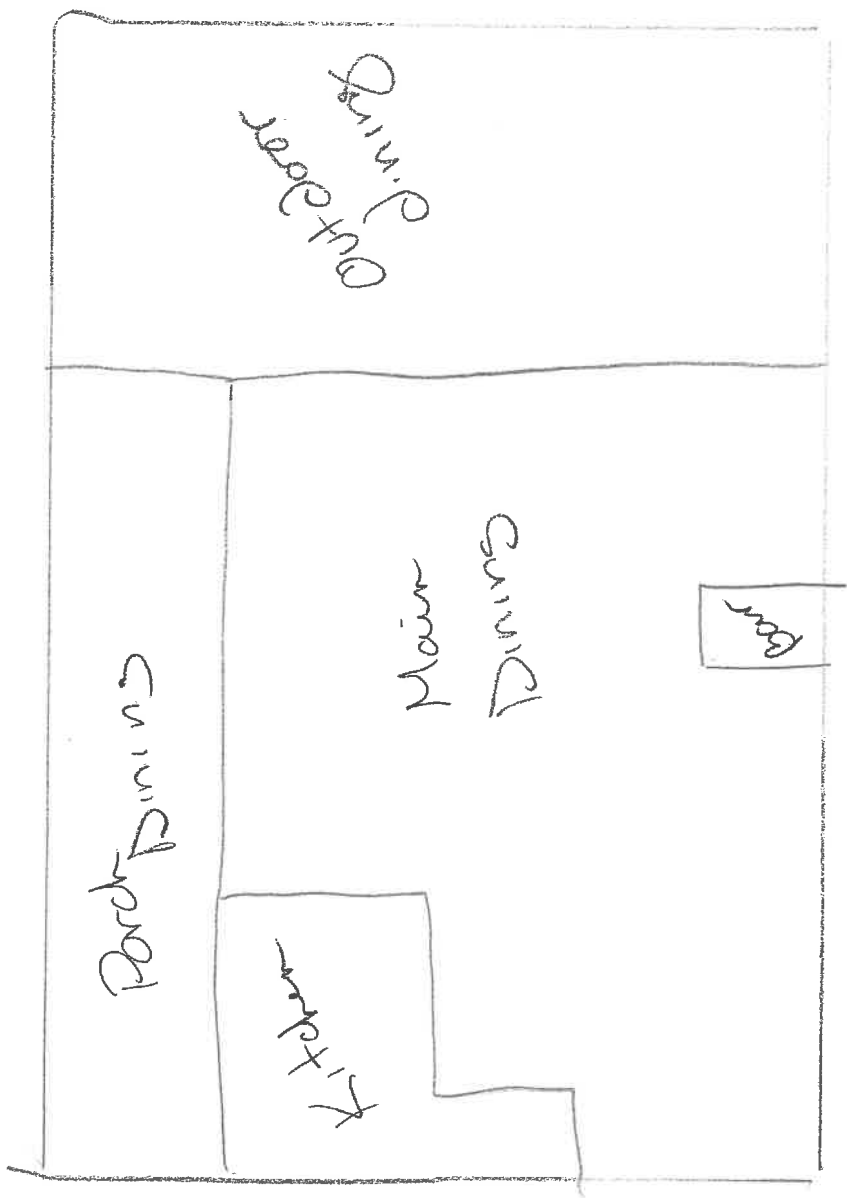
**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights 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.

|  |  |                                  |                       |           |
|--|--|----------------------------------|-----------------------|-----------|
| Last Name<br>orlock  |  | First Name<br>Amanda             |                       | M.I.<br>S |
| Title<br>owner   |  | Email<br>amanda.orlock@gmail.com | Phone<br>920 552 0774 |           |
| Signature<br> |  |                                  | Date<br>5/30/25       |           |

### Part E: For Clerk Use Only

|                                  |                |   |                     |
|----------------------------------|----------------|---|---------------------|
| Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk  |                | Date Provisional License Issued (if applicable) |                     |





Pasta Uno

Form  
AB-200

## Alcohol Beverage License Application

| For Municipal Use Only |
|------------------------|
| Municipality           |
| License Period         |

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

- ☒ Class "A" Beer ..... \$ 100    ☐ Class "B" Beer ..... \$ \_\_\_\_\_
- ☒ "Class A" Liquor ..... \$ 500    ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☒ "Class A" Liquor (cider only) \$ \_\_\_\_\_    ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |           |
|----------------------|-----------|
| License Fees         | \$ 600    |
| Background Check Fee | \$        |
| Publication Fee      | \$ 20     |
| <b>Total Fees</b>    | <b>\$</b> |

### Part A: Premises/Business Information

|   |  |  |                       |
|---|--|--|-----------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br>Piggly Wiggy of Sister Bay, Inc  |  |  |                       |
| 2. Business Trade Name or DBA<br>Piggly Wiggly Sister Bay   |  |  |                       |
| 3. FEIN<br>391423414  |  | 4. Wisconsin Seller's Permit Number<br>45600001760   |                       |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization  |  |  |                       |
| 6. State of Organization<br>WI  |  | 7. Date of Organization<br>12/29/1982  |                       |
| 8. Wisconsin DFI Registration Number<br>IP1234  |  |  |                       |
| 9. Premises Address<br>10567 Country Walk Dr  |  |  |                       |
| 10. City<br>Sister Bay  |  | 11. State<br>WI  | 12. Zip Code<br>54234 |
| 13. County<br>Door  |  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of Sister Bay |                       |
| 15. Aldermanic District   |  |  |                       |
| 16. Premises Phone<br>(920) 854-2381  |  | 17. Premises Email<br>pigglywigglysb@gmail.com   |                       |
| 18. Website<br>shopthepig.com   |  |  |                       |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br><br>24,000 buiding remodeled in 2019 used for sale of groceries produce, meat liquor,wine and beer |  |  |                       |
| 20. Mailing Address (if different from premises address)<br>P.O.Box 437   |  |  |                       |
| 21. City<br>Sister Bay  |  | 22. State<br>WI  | 23. Zip Code<br>54234 |

### Part B: Questions

|   |          |  |
|---|----------|--|
| 1. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list the details of violation below. Attach additional sheets if necessary. |          |  |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title          | Phone          |
|-----------|------------|----------------|----------------|
| Nesbitt   | Thomas     | President      | (920) 379-8735 |
| Nesbitt   | Daniel     | Vice President | (920) 304-6997 |
|           |            |                |                |
|           |            |                |                |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|  |                                  |                         |
|--|----------------------------------|-------------------------|
| Last Name<br>Nesbitt   | First Name<br>Thomas             | M.I.<br>P               |
| Title<br>President   | Email<br>tnesbitt318@outlook.com | Phone<br>(920) 379-8735 |
| Signature<br> |                                  | Date<br>04/23/2025      |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED MAY 20 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                      |                | Date Provisional License Issued (if applicable) |                     |



|  |  |      |  |         |  |          |  |     |  |                    |  |         |  |          |  |
|--|--|------|--|---------|--|----------|--|-----|--|--------------------|--|---------|--|----------|--|
| <div><div>UNRECORDED INFORMATION SYSTEMS, INC.</div><div>ROBERT E. LEE &amp; ASSOCIATES, INC.<br/>ENGINEERING, SURVEYING, ENVIRONMENTAL SERVICES<br/>P.L.L.C.<br/>10000 WISCONSIN AVENUE, SUITE 200<br/>HOMER, WISCONSIN 54901<br/>PHONE: (920) 663-6641<br/>FAX: (920) 663-6642</div></div> |  |      |  |         |  |          |  |     |  | INSET NO. <b>1</b> |  |         |  |          |  |
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| PREPARED FOR: FEARLESS INVESTMENTS, FAMILY<br>LIMITED PARTNERSHIP  |  |      |  |         |  |          |  |     |  |                    |  |         |  |          |  |
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2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

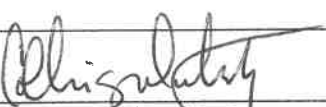
| Last Name | First Name | Title | Phone |
|-----------|------------|-------|-------|
|           |            |       |       |
|           |            |       |       |
|           |            |       |       |
|           |            |       |       |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|  |  |                                       |                       |           |
|--|--|---------------------------------------|-----------------------|-----------|
| Last Name<br>Doherty   |  | First Name<br>Collin                  |                       | M.I.<br>G |
| Title<br>Owner   |  | Email<br>rootsinnandkitchen@gmail.com | Phone<br>920-854-5107 |           |
| Signature<br> |  |                                       | Date<br>4/17/24       |           |

### Part E: For Clerk Use Only

|  |                |                      |   |
|--|----------------|----------------------|---|
| Date Application Was Filed With Clerk<br><b>RECEIVED APR 17 2025</b> | License Number | Date License Granted | Date License Issued                             |
| Signature of Clerk/Deputy Clerk                                      |                |                      | Date Provisional License Issued (if applicable) |





Form  
AB-200

## Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

| Fees                 |         |
|----------------------|---------|
| License Fees         | \$ 200  |
| Background Check Fee | \$      |
| Publication Fee      | \$ 30   |
| Total Fees           | \$ 230- |

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Savor BBQ Co Inc

2. Business Trade Name or DBA

Savor BBQ Co

3. FEIN

88-1688301

4. Wisconsin Seller's Permit Number

456-103109 0838-04

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

4/2022

8. Wisconsin DFI Registration Number

S140556

9. Premises Address

10635 N. Bayshore Dr.

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village  
of: \_\_\_\_\_

15. Aldermanic District

16. Premises Phone

920-365-2748

17. Premises Email

savorbbqco@gmail.com

18. Website

savorbbqco.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Stored in Refrigerator in the restaurant

20. Mailing Address (if different from premises address)

12265 Hwy 42

21. City

Ellison Bay

22. State

WI

23. Zip Code

54210

### Part B: Questions

1. 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 ☒ No  
If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |                                   |  |
|------------------------|-----------------------------------|--|
| Law/Ordinance Violated | Location                          | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location                          | Trial Date   |
| Penalty Imposed        | Was sentence completed? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

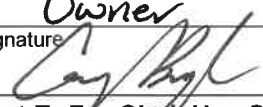
| Last Name | First Name | Title | Phone        |
|-----------|------------|-------|--------------|
| Brydon    | Corey      | Owner | 920-365-2748 |
|           |            |       |              |
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|           |            |       |              |

### Part D: Attestation

One of the following must sign and attest to this application:

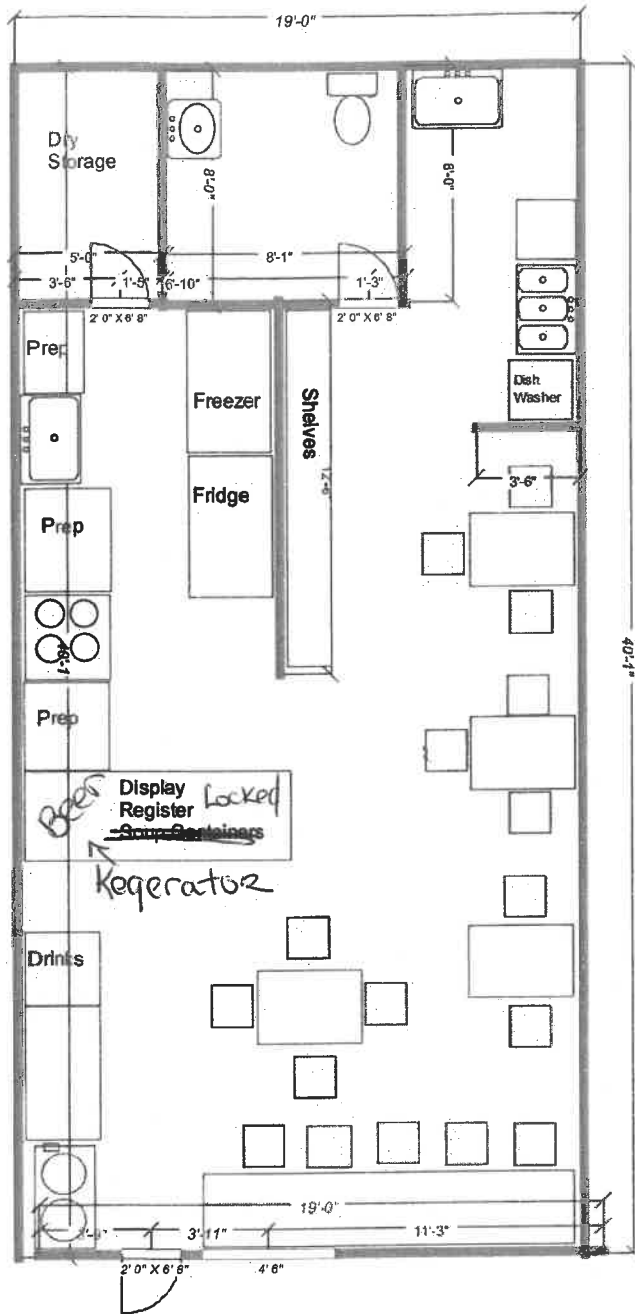
- sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC

**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.

|  |                               |                       |
|--|-------------------------------|-----------------------|
| Last Name<br>Brydon  | First Name<br>Corey           | M.I.<br>J             |
| Title<br>Owner   | Email<br>savorbbgco@gmail.com | Phone<br>920 365 2748 |
| Signature<br> | Date<br>5/27/25               |                       |

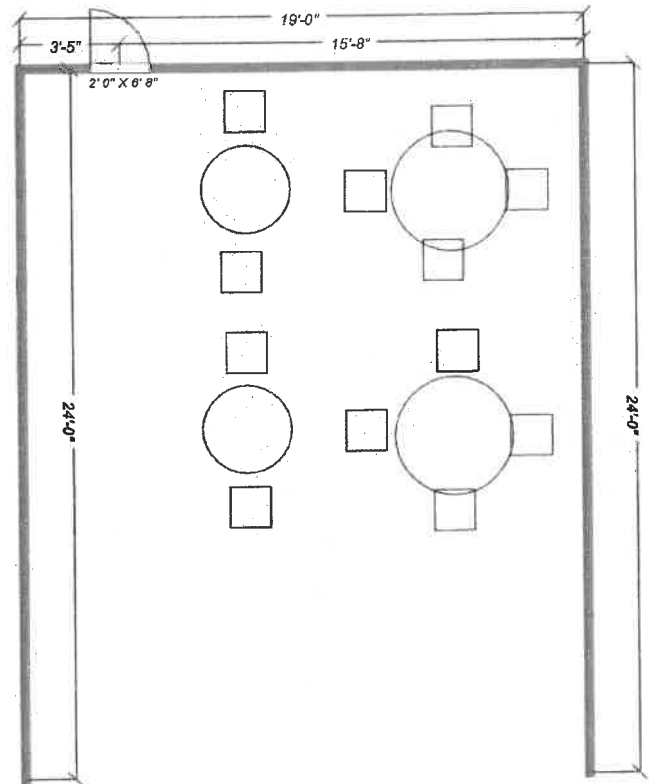
### Part E: For Clerk Use Only

|  |                |                      |   |
|--|----------------|----------------------|---|
| Date Application Was Filed With Clerk<br>MAY 28 2025 | License Number | Date License Granted | Date License Issued                             |
| Signature of Clerk/Deputy Clerk                      |                |                      | Date Provisional License Issued (if applicable) |



**Indoor Layout**

**Outdoor Layout**



Form  
AB-200

# Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ 500
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |        |
|----------------------|--------|
| License Fees         | \$ 600 |
| Background Check Fee | \$     |
| Publication Fee      | \$ 30  |
| Total Fees           | \$ 630 |

## Part A: Premises/Business Information

|  |  |   |                       |
|--|--|---|-----------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br>SISTER BAY BOWL INC.  |  |   |                       |
| 2. Business Trade Name or DBA<br>SISTER BAY BOWL   |  |   |                       |
| 3. FEIN<br>39-1424756  |  | 4. Wisconsin Seller's Permit Number<br>456-0000396817-03  |                       |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |  |   |                       |
| 6. State of Organization<br>WI   |  | 7. Date of Organization<br>1950's   |                       |
| 8. Wisconsin DFI Registration Number   |  |   |                       |
| 9. Premises Address<br>10640 N. BAY SHORE DRIVE  |  |   |                       |
| 10. City<br>SISTER BAY   |  | 11. State<br>WI   | 12. Zip Code<br>54234 |
| 13. County<br>DOOR   |  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: SISTER BAY |                       |
| 15. Aldermanic District  |  | 16. Premises Phone<br>920-854-2841  |                       |
| 17. Premises Email<br>earlssisterbaybowl@gmail   |  | 18. Website   |                       |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br>entire restaurant and alley bar, front patio area |  |   |                       |
| 20. Mailing Address (if different from premises address)<br>P.O. BOX 85  |  |   |                       |
| 21. City<br>SISTER BAY   |  | 22. State<br>WI   | 23. Zip Code<br>54234 |

## Part B: Questions

|  |          |  |
|--|----------|--|
| 1. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |  |
| If yes, list the details of violation below. Attach additional sheets if necessary.  |          |  |
| Law/Ordinance Violated   | Location | Trial Date   |
| Penalty Imposed  |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated   | Location | Trial Date   |
| Penalty Imposed  |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title          | Phone        |
|-----------|------------|----------------|--------------|
| Anschutz  | Penny      | owner/operator | 920-854-2841 |
| Daubner   | Sharon     | owner          | 920-854-2841 |
|           |            |                |              |
|           |            |                |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

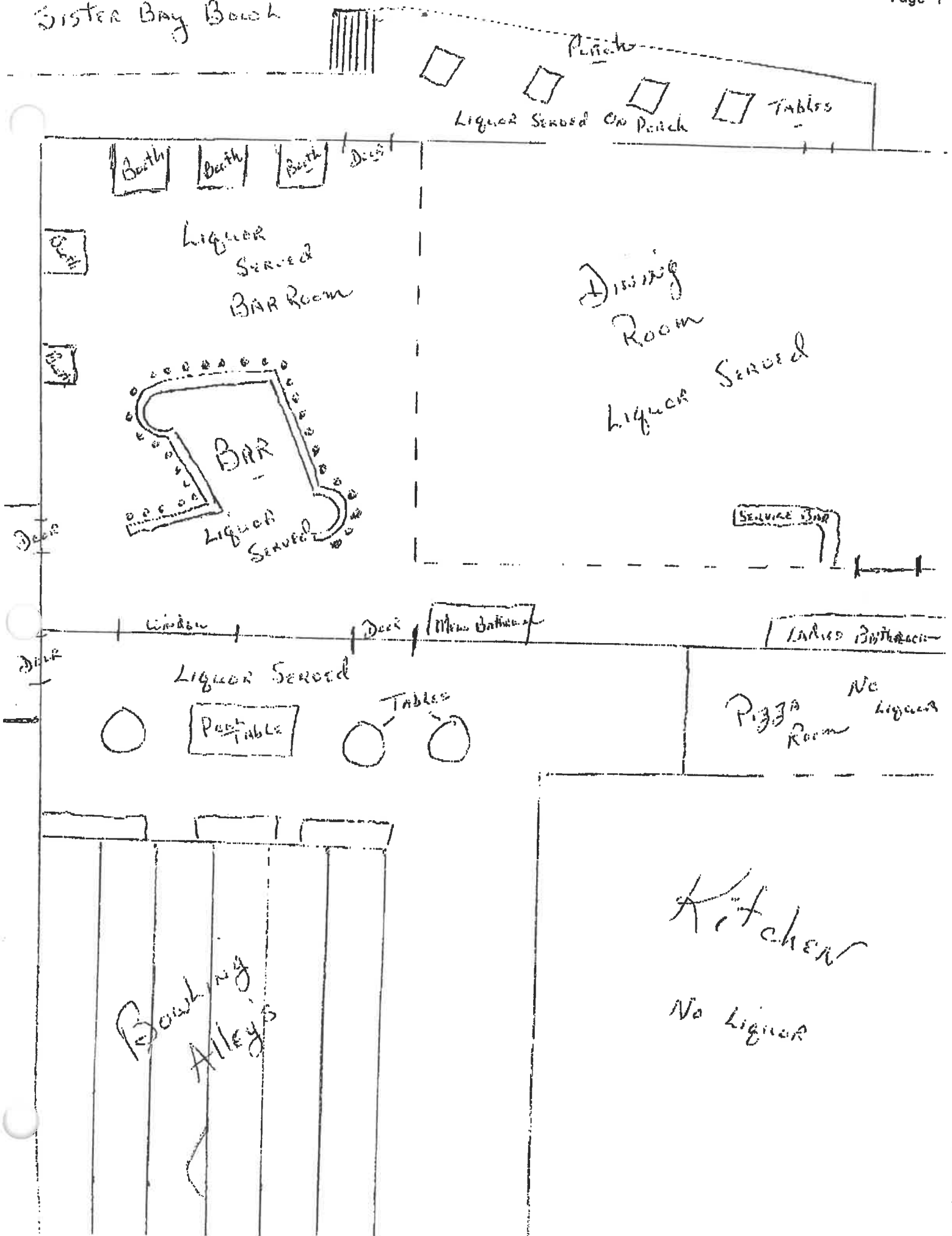
|                                       |  |  |      |                              |
|---------------------------------------|--|--|------|------------------------------|
| Last Name<br><b>Anschutz</b>          |  | First Name<br><b>Penny</b>                   |      | M.I.<br><b>L.</b>            |
| Title<br><b>owner/operator</b>        |  | Email<br><b>earlssisterbaybouleymail.com</b> |      | Phone<br><b>920-493-7931</b> |
| Signature<br><b>Penny L. Anschutz</b> |  |  | Date |                              |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED APR 25 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                      |                | Date Provisional License Issued (if applicable) |                     |



# Sister Bay Beach



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Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only

Municipality

Sister Bay

License Period

2025 - 2026

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

- ☒ Class "A" Beer ..... \$ 100      ☐ Class "B" Beer ..... \$ \_\_\_\_\_
- ☒ "Class A" Liquor ..... \$ 500      ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_      ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

## Fees

|                      |                      |
|----------------------|----------------------|
| License Fees         | \$ <u>600</u>        |
| Background Check Fee | \$ _____             |
| Publication Fee      | \$ <u>30</u>         |
| <b>Total Fees</b>    | <b>\$ <u>630</u></b> |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Rana LLC

2. Business Trade Name or DBA

Sisterbay BP

3. FEIN

88-1260211

4. Wisconsin Seller's Permit Number

456-1030998436-04

5. Entity Type (check one)

- ☐ Sole Proprietor      ☐ Partnership      ☒ Limited Liability Company      ☐ Corporation      ☐ Nonprofit Organization

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

2431 S. Bay Shore Dr

10. City

Sisterbay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: Sisterbay

15. Aldermanic District

16. Premises Phone

443-716-8858

17. Premises Email

Rana LLC 2019@gmail.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Convenience store at 2431 S. Bay Shore Drive including coolers, store room and shelves behind counter.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## Part B: Questions

1. 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 ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |          |   |
|------------------------|----------|---|
| Law/Ordinance Violated | Location | Trial Date  |
| Penalty Imposed        |          | Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date  |
| Penalty Imposed        |          | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No            |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No  
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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.
- 4a. Name of Business Entity
- 4b. Business Entity FEIN
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title         | Phone        |
|-----------|------------|---------------|--------------|
| Rana      | Bisal      | owner/manager | 443-716-8858 |
|           |            |               |              |
|           |            |               |              |
|           |            |               |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

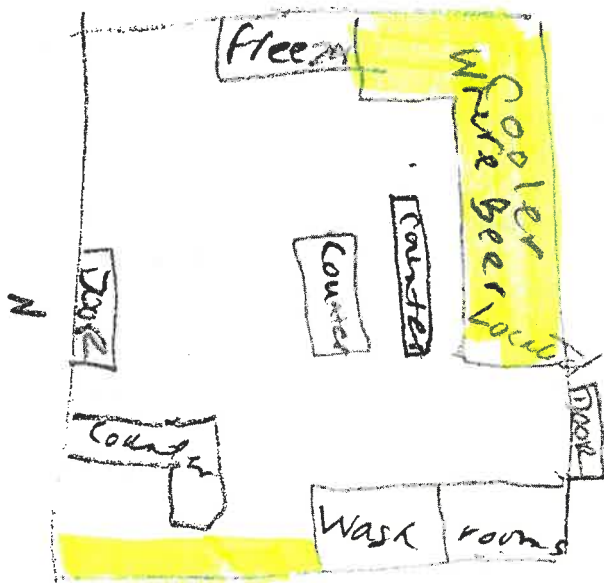
**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights 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.

|                          |  |                                 |                  |                       |
|--------------------------|--|---------------------------------|------------------|-----------------------|
| Last Name<br>Rana        |  | First Name<br>Bisal             |                  | M.I.                  |
| Title<br>owner/manager   |  | Email<br>Bisalrana990@gmail.com |                  | Phone<br>443-716-8858 |
| Signature<br>[Signature] |  |                                 | Date<br>04/25/25 |                       |

### Part E: For Clerk Use Only

|                                       |                |   |                     |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk       |                | Date Provisional License Issued (if applicable) |                     |

**RECEIVED MAY 12 2025**



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Form.  
**AB-200**

## Alcohol Beverage License Application

| For Municipal Use Only |                   |
|------------------------|-------------------|
| Municipality           | <u>Sister Bay</u> |
| License Period         | <u>2025-2026</u>  |

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

- ☒ Class "A" Beer ..... \$ 100    ☐ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_    ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_    ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 200        |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 230</b> |

### Part A: Premises/Business Information

|   |  |  |                              |
|---|--|--|------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br><u>Sister Bay Inn LLC</u>  |  |  |                              |
| 2. Business Trade Name or DBA<br><u>Sister Bay Inn</u>  |  |  |                              |
| 3. FEIN<br><u>81-2253974</u>  |  | 4. Wisconsin Seller's Permit Number  |                              |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization  |  |  |                              |
| 6. State of Organization<br><u>WI</u>   |  | 7. Date of Organization  |                              |
| 8. Wisconsin DFI Registration Number  |  |  |                              |
| 9. Premises Address<br><u>10490 HWY 57</u>  |  |  |                              |
| 10. City<br><u>Sister Bay</u>   |  | 11. State<br><u>WI</u>   | 12. Zip Code<br><u>54234</u> |
| 13. County<br><u>Door</u>   |  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: <u>Sister Bay</u> |                              |
| 15. Aldermanic District   |  | 16. Premises Phone<br><u>(920) 854-4242</u>  |                              |
| 17. Premises Email<br><u>innkeepers@sisterbayinn.com</u>  |  | 18. Website<br><u>www.sisterbayinn.com</u>   |                              |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br><br><u>sold -Lobby</u><br><u>Stored- breakfast prep room</u> |  |  |                              |
| 20. Mailing Address (if different from premises address)<br><u>P. O. Box 123</u>  |  |  |                              |
| 21. City<br><u>Sister Bay</u>   |  | 22. State<br><u>WI</u>   | 23. Zip Code<br><u>54234</u> |

### Part B: Questions

|   |          |  |
|---|----------|--|
| 1. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list the details of violation below. Attach additional sheets if necessary. |          |  |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated  | Location | Trial Date   |
| Penalty Imposed   |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☐ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


| Last Name    | First Name | Title | Phone        |
|--------------|------------|-------|--------------|
| Vaicekauskas | Alma       | Owner | 920-579-4322 |
|              |            |       |              |
|              |            |       |              |
|              |            |       |              |

**Part D: Attestation**

One of the following must sign and attest to this application:

- sole proprietor      • 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.

|  |                           |                         |
|--|---------------------------|-------------------------|
| Last Name<br>Vaicekauskas  | First Name<br>Alma        | M.I.                    |
| Title<br>Owner   | Email<br>almliu@yahoo.com | Phone<br>(920) 579-4322 |
| Signature<br> |                           | Date<br>04/16/2025      |

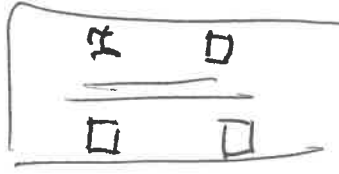
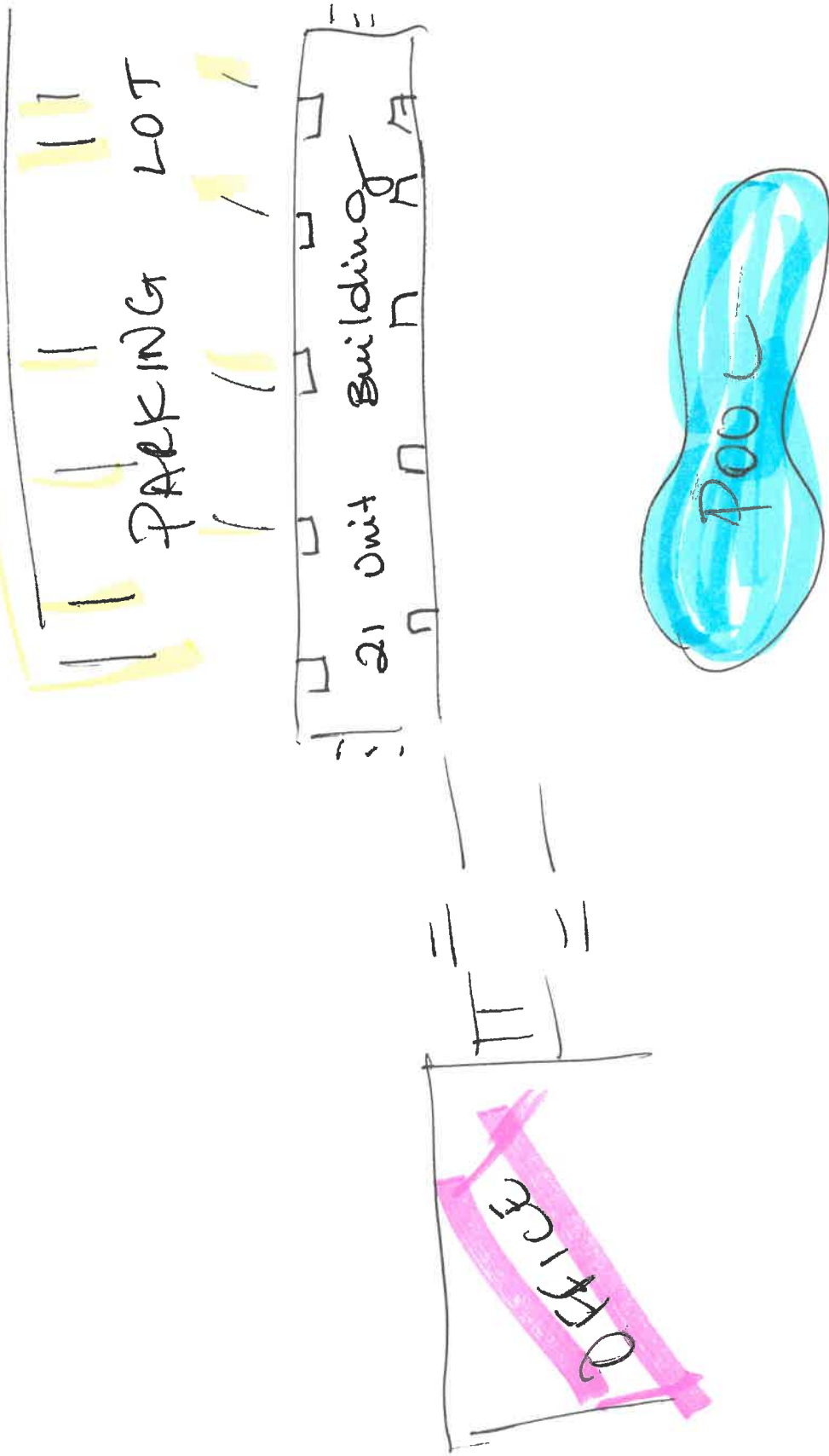
**Part E: For Clerk Use Only**

|                                       |                |   |                     |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk       |                | Date Provisional License Issued (if applicable) |                     |

**RECEIVED MAY 22 2025**



# MAP



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Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only

Municipality:

License Period

Sister Bay  
2025-2026

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

- ☒ Class "A" Beer \$ 150 ☐ Class "B" Beer \$
- ☒ Class "A" Liquor \$ 500 ☐ Class "B" Liquor \$
- ☐ Class "A" Liquor (cider only) \$ ☐ Reserve Class "B" Liquor \$
- ☐ Class "C" Liquor (wine only) \$

## Fees

|                      |        |
|----------------------|--------|
| License Fees         | \$ 600 |
| Background Check Fee | \$     |
| Publication Fee      | \$ 30  |
| Total Fees           | \$ 630 |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Rana LLC

2. Business Trade Name or DBA

Sisterbay petro

3. FEIN

88-1260211

4. Wisconsin Seller's Permit Number

456-1030998436-04

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

2579 S. Bayshore Dr.

10. City

Sisterbay

11. State

WI

12. Zip Code

54234

13. County

Doox

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: Sisterbay

15. Aldermanic District

16. Premises Phone

443-716-8858

17. Premises Email

RanaLLC22@gmail.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Convenience store located by 2579 S. Bay Shore Drive.

20. Mailing Address (if different from premises address)

P.O. Box 770

21. City

Sisterbay

22. State

WI

23. Zip Code

54234

## Part B: Questions

1. 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 ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title         | Phone        |
|-----------|------------|---------------|--------------|
| Rana      | Bisul      | owner/manager | 443-716-8858 |
|           |            |               |              |
|           |            |               |              |
|           |            |               |              |

### Part D: Attestation

One of the following must sign and attest to this application:

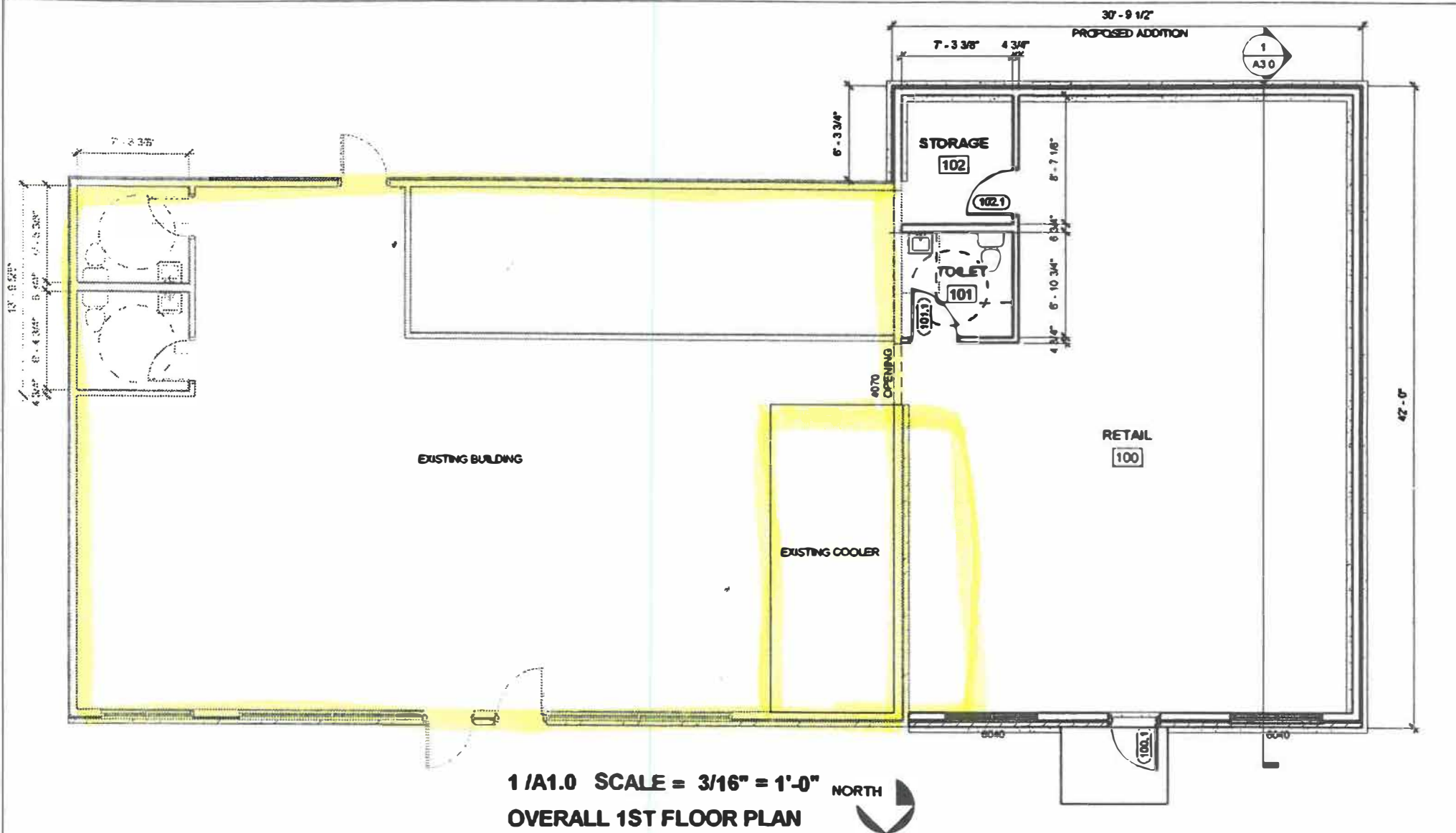
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**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.

|               |                       |              |
|---------------|-----------------------|--------------|
| Last Name     | First Name            | M.I.         |
| Rana          | Bisul                 |              |
| Title         | Email                 | Phone        |
| owner/manager | Bisulrana99@gmail.com | 443-716-8858 |
| Signature     | Date                  |              |
| Bisul         | 04/25/25              |              |

### Part E: For Clerk Use Only

|                                       |   |                      |                     |
|---------------------------------------|---|----------------------|---------------------|
| Date Application Was Filed With Clerk | License Number                                  | Date License Granted | Date License Issued |
| RECEIVED MAY 12 2025                  |   |                      |                     |
| Signature of Clerk/County Clerk       | Date Provisional License Issued (if applicable) |                      |                     |



Form  
AB-200

## Alcohol Beverage License Application

| For Municipal Use Only |                   |
|------------------------|-------------------|
| Municipality           | <u>Sister Bay</u> |
| License Period         | <u>2025-2026</u>  |

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ <u>260</u> |
| Background Check Fee | \$            |
| Publication Fee      | \$ <u>30</u>  |
| Total Fees           | \$ <u>290</u> |

### Part A: Premises/Business Information

|   |  |  |                              |
|---|--|--|------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br><u>THYME, INC.</u>   |  |  |                              |
| 2. Business Trade Name or DBA<br><u>THYME RESTAURANT - CATERING</u>   |  |  |                              |
| 3. FEIN<br><u>81-0710261</u>  |  | 4. Wisconsin Seller's Permit Number<br><u>456-1029287133-03</u>  |                              |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization  |  |  |                              |
| 6. State of Organization<br><u>WI</u>   |  | 7. Date of Organization<br><u>5-1-2015</u>   |                              |
| 8. Wisconsin DFI Registration Number  |  |  |                              |
| 9. Premises Address<br><u>10339 St. Hwy 57</u>  |  |  |                              |
| 10. City<br><u>SISTER BAY</u>   |  | 11. State<br><u>WI</u>   | 12. Zip Code<br><u>54234</u> |
| 13. County<br><u>NOON</u>   |  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: <u>SISTER BAY</u> |                              |
| 15. Aldermanic District   |  | 16. Premises Phone<br><u>920-421-5013</u>  |                              |
| 17. Premises Email<br><u>KWD1971@GMAIL.COM</u>  |  | 18. Website  |                              |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br><u>RESTAURANT + CATERING located at 10339 STH 57</u> |  |  |                              |
| 20. Mailing Address (if different from premises address)  |  |  |                              |
| 21. City  |  | 22. State  | 23. Zip Code                 |

### Part B: Questions

|  |  |  |  |
|--|--|--|--|
| 1. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |
| If yes, list the details of violation below. Attach additional sheets if necessary.  |  |  |  |
| Law/Ordinance Violated   |  | Location   |  |
| Penalty Imposed  |  | Trial Date   |  |
| Was sentence completed? . . . . .  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Law/Ordinance Violated   |  | Location   |  |
| Penalty Imposed  |  | Trial Date   |  |
| Was sentence completed? . . . . .  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title          | Phone        |
|-----------|------------|----------------|--------------|
| BRADLEY   | KARL       | RESIDENT       | 920.559.7111 |
| GABRIEL   | TOMAS      | VICE PRESIDENT | 920.559.7112 |
|           |            |                |              |
|           |            |                |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|                              |                            |                       |
|------------------------------|----------------------------|-----------------------|
| Last Name<br>BRADLEY         | First Name<br>KARL         | M.I.<br>WZ            |
| Title<br>OWNER               | Email<br>KWD1971@GMAIL.COM | Phone<br>920.559.7111 |
| Signature<br>OWNER PRESIDENT | Date<br>5-29-25            |                       |

### Part E: For Clerk Use Only

|   |                |   |                     |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br>RECEIVED MAY 29 2025 | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                               |                | Date Provisional License Issued (if applicable) |                     |



ASSESSOR PARCEL NUMBER: 161-00-0831283J  
ZONING: COMMERCIAL

|      |                        |
|------|------------------------|
| A1.0 | TITLE PAGE + SITE PLAN |
| A1.1 | EXISTING SITE PLAN     |
| FAR  | FLOOR AREA CALC.       |

- CONSULTANTS

**BRIAN FRISQUE SURVEYS INC.**  
3721 WAYNE ROAD  
STURGEON BAY, WI 54226  
HOME OFFICE: 920-432-7183  
CELL: 920-493-7103

**SOLS ENGINEER SOIL/CEMENT TESTING**  
VANDER LEESE SOIL TESTING  
524 RY EGGS HARBOR ROAD  
STURGEON BAY WI 54235

**CONTACT: TIM RADOUENZ**  
4843 SILVER SPRINGS DRIVE  
PARK CITY, UT 84099  
PHONE: 415-4174004  
TIM@FORMONDESIGN.COM

**OWNERS: (505) PARTNERS**  
MR. & MRS. KATL BRADLEY  
13209 NORTH HOGWYN ST  
TUCSON AZ 85734

1. REFERENCE SURVEYOR STAMPING PLAN FOR BUILDING PLACEMENT
2. DIGGER'S HOTLINE: WISCONSIN'S ONE-CALL CENTER 811 OR (800) 243-8511

- SCOPE OF WORK: BUILDING # 2**

- OWNERS+ DESIGNER NOTES:

1. PROJECT WILL BE BROKEN DOWN INTO 3 PHASES:
  - A. EXISTING BUILDING #2: REMODEL OF APARTMENT RETAIL SPACE
  - B. EXISTING BUILDING #1: REMODEL OF EXISTING BUILDING INTO RESTAURANT + DRINKS
  - C. NEW BUILDING #3: ADDITION OF EVENT SPACE/HOOP STYLE METAL BUILDING

Scale: 1" = 20'-0"



(FEET)

0 30 60

SCALE: 1" = 20'

104,079 SQ. FT.  
2.389 AC.  
TAX PARCEL NO.  
181-00-08312833J

**SURVEYOR'S NOTE:**

BEARINGS REFERENCED  
TO THE SOUTH LINE OF  
THE SW 1/4 OF SECTION  
8-31-28 BEARING S  
89°53'00" W BASED FROM  
A LEE E. TELFER  
SURVEY, MAP #007588,  
DATED SEPTEMBER 26,  
2006.

**LEGEND**

- = U.S. PUBLIC LAND SURVEY CORNER  
(EXISTING DOOR COUNTY MONUMENT)
- = EXISTING 1" IRON PIPE  
(UNLESS NOTED)
- = UTILITY POLE

FILE # : TITLE PAGE + SITE PLAN

A1.0

State: See Note

PLANNING SET  
BUILDING SET

PARCEL#: 181-00-08312833J

43 STATE HIGHWAY 200  
ARK CITY, UT 84004  
PH: 435.816.0204

**form + one**

Sister Bay Door Co. Wisco.

5

Form  
AB-200

# Alcohol Beverage License Application

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

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

- ☒ Class "A" Beer ..... \$ 100      ☐ Class "B" Beer ..... \$ \_\_\_\_\_
- ☒ "Class A" Liquor ..... \$ 500      ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_      ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ <u>600</u> |
| Background Check Fee | \$            |
| Publication Fee      | \$ <u>30</u>  |
| Total Fees           | \$ <u>630</u> |

## Part A: Premises/Business Information

|  |  |   |                              |
|--|--|---|------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br><u>BLTK, INC.</u>   |  |   |                              |
| 2. Business Trade Name or DBA<br><u>TIME MARKET CATERING</u>   |  |   |                              |
| 3. FEIN<br><u>99-3128633</u>   |  | 4. Wisconsin Seller's Permit Number<br><u>456-1031764425-04</u> |                              |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |  |   |                              |
| 6. State of Organization<br><u>WI</u>  |  | 7. Date of Organization<br><u>6-1-2024</u>                      |                              |
| 8. Wisconsin DFI Registration Number   |  |   |                              |
| 9. Premises Address<br><u>10588 COUNTRY WALK DR. #16</u>   |  |   |                              |
| 10. City<br><u>SISTER BAY</u>  |  | 11. State<br><u>WI</u>  | 12. Zip Code<br><u>54234</u> |
| 13. County<br><u>DOOR</u>  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: <u>SISTER BAY</u> |   | 15. Aldermanic District      |
| 16. Premises Phone<br><u>920-633-4012</u>  | 17. Premises Email<br><u>IKWB1971@GMAIL.COM</u>  |   | 18. Website                  |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br><u>RETAIL FOOD, LIQUOR, WINE + BEER (CIGARS) + CATERING</u> |  |   |                              |
| 20. Mailing Address (if different from premises address)<br><u>10389 ST. HWY 57</u>  |  |   |                              |
| 21. City<br><u>SISTER BAY</u>  |  | 22. State<br><u>WI</u>  | 23. Zip Code<br><u>54234</u> |

## Part B: Questions

1. 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 ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |          |  |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


| Last Name | First Name | Title          | Phone        |
|-----------|------------|----------------|--------------|
| BRADLEY   | BRYAN      | PRESIDENT      | 920-495-0432 |
| BRADLEY   | KARL       | TREASURER      | 920-559-7111 |
| BRADLEY   | LAURA      | SECRETARY      | 920-495-5193 |
| GABRIEL   | TONIA      | VICE PRESIDENT | 920-559-7112 |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

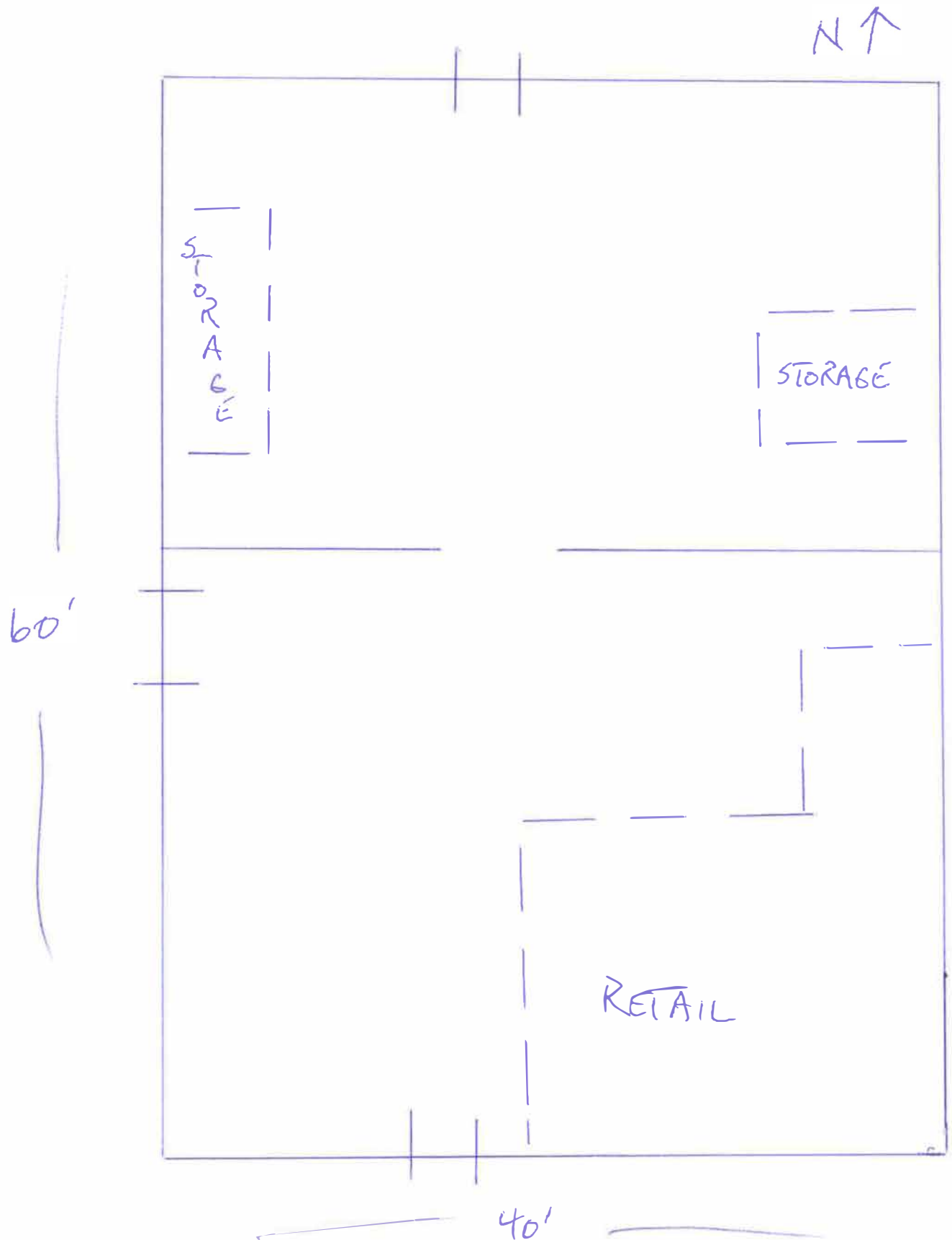
**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights 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.

|  |                                   |                              |
|--|-----------------------------------|------------------------------|
| Last Name<br><b>BRADLEY</b>  | First Name<br><b>KARL</b>         | M.I.<br><b>W</b>             |
| Title<br><b>OWNER - TREASURER</b>  | Email<br><b>KLW1971@GMAIL.COM</b> | Phone<br><b>920-559-7111</b> |
| Signature<br> | Date<br><b>5-29-25</b>            |                              |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED MAY 29 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                      |                | Date Provisional License Issued (if applicable) |                     |

# BLTK INC



Form  
AB-200

# Alcohol Beverage License Application

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

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

- ☒ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

| Fees                 |        |
|----------------------|--------|
| License Fees         | \$ 200 |
| Background Check Fee | \$     |
| Publication Fee      | \$ 30  |
| Total Fees           | \$ 230 |

## Part A: Premises/Business Information

|   |  |   |                       |
|---|--|---|-----------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br>Wild Tomato Pizza LLC  |  |   |                       |
| 2. Business Trade Name or DBA<br>Wild Tomato Sister Bay   |  |   |                       |
| 3. FEIN<br>93-4755375   |  | 4. Wisconsin Seller's Permit Number<br>456-1031544811-04  |                       |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization  |  |   |                       |
| 6. State of Organization<br>Wisconsin   |  | 7. Date of Organization<br>12-28-23   |                       |
| 8. Wisconsin DFI Registration Number  |  |   |                       |
| 9. Premises Address<br>10677 N Bayshore Dr  |  |   |                       |
| 10. City<br>Sister Bay  |  | 11. State<br>WI   | 12. Zip Code<br>54231 |
| 13. County<br>Door  |  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: Sister Bay |                       |
| 15. Aldermanic District   |  | 16. Premises Phone<br>920-854-4685  |                       |
| 17. Premises Email<br>Ryan@wildtomatopizza.com  |  | 18. Website<br>wildtomatopizza.com  |                       |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br>Dining room, Dining Patio, Indoor Bar, Patio Bar, Take out lobby |  |   |                       |
| 20. Mailing Address (if different from premises address)<br>PO Box 880  |  |   |                       |
| 21. City<br>Fish Creek  |  | 22. State<br>WI   | 23. Zip Code<br>54212 |

## Part B: Questions

1. 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 ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |          |  |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title           | Phone        |
|-----------|------------|-----------------|--------------|
| Sagorac   | Matthew    | Owner/President | 920-716-7780 |
|           |            |                 |              |
|           |            |                 |              |
|           |            |                 |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|   |                              |              |
|---|------------------------------|--------------|
| Last Name   | First Name                   | M.I.         |
| Sagorac   | Matthew                      |              |
| Title   | Email                        | Phone        |
| President   | Msagorac@wildtomatopizza.com | 920-716-7780 |
| Signature   | Date                         |              |
|  | 4-28-25                      |              |

### Part E: For Clerk Use Only

|                                       |                |   |                     |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk       |                | Date Provisional License Issued (if applicable) |                     |

RECEIVED APR 29 2025





PAT DRURY  
OWNER / CONTRACTOR

1252 Marine Street  
Green Bay, WI 54301  
drurydesignsinc.net  
at@drurydesignsinc.net  
920.619.3244

WILD TOMATO  
10677 North Bay Shore Drive  
Sister Bay WI 54234  
APRIL 8TH 2022

OLD

Back Room  
EXISTING

NEW

Back Room  
EXISTING

CASHIER

NOTE

\* EXISTING FENCE  
MOVES BACK  
8 FEET

Back Bar

EXISTING BAR

\* EXISTING  
OPENING

EXISTING  
FRONT ENTRANCE

EXISTING BAR

EXISTING WINDOW

22'

\* EXISTING STONE  
"TO BE REMOVED"

\* EXISTING OUTSWING  
DOOR TO BE MOVED

EXISTING COURTYARD  
"CONCRETE"

\* FENCE MOVED  
BACK 8 FEET  
WITH GATE

\* NEW CONCRETE

Back Bar

\* NEW  
WALK UP  
PIZZA WINDOW

New Bar

\* NEW DOOR LOCATION  
WITH PROPER EXIT SIGNS

17'3"

\* 8 x 10  
NEW GLASS MARK DOOR

NEW PLANTINGS

\* NEW CONCRETE  
WITH WALKWAY

EXISTING CONCRETE

TO VILLAGE

NEW  
WIDE ENTRANCE

EXISTING  
FRONT ENTRANCE

22'

\* EXISTING  
\* NEW  
\* NEW GLASS

PLANTINGS

Form  
AB-200

## Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer ..... \$ 100      ☐ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ 500      ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_      ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ <u>600</u> |
| Background Check Fee | \$            |
| Publication Fee      | \$ <u>30</u>  |
| Total Fees           | \$ <u>630</u> |

### Part A: Premises/Business Information

|  |  |  |  |
|--|--|--|--|
| 1. Legal Business Name (individual name if sole proprietorship)<br><u>Zeke's Village Market LLC</u>  |  |  |  |
| 2. Business Trade Name or DBA<br><u>Zeke's Village Market</u>  |  |  |  |
| 3. FEIN<br><u>87-4349287</u>   |  | 4. Wisconsin Seller's Permit Number<br><u>456-1030874725-04</u>  |  |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization |  |  |  |
| 6. State of Organization<br><u>WI</u>  |  | 7. Date of Organization<br><u>12-23-2021</u>   |  |
| 8. Wisconsin DFI Registration Number<br><u>2007272</u>   |  |  |  |
| 9. Premises Address<br><u>2361 Mill Road #2</u>  |  |  |  |
| 10. City<br><u>Sister Bay</u>  |  | 11. State<br><u>WI</u>   |  |
| 12. Zip Code<br><u>54234</u>   |  | 13. County<br><u>Dou</u>   |  |
| 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village<br>of: <u>Sister Bay</u>   |  | 15. Aldermanic District  |  |
| 16. Premises Phone<br><u>414-801-1257</u>  |  | 17. Premises Email<br><u>manascr@Zekesvillagemarket.com</u>  |  |
| 18. Website<br><u>www.Zekesvillagemarket.com</u>   |  | 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.<br><u>Commercial and retail store with a back room for storage. All alcohol sold is in the retail store, additional inventory stored in back room. Records in back room.</u> |  |
| 20. Mailing Address (if different from premises address)<br><u>PO Box 535</u>  |  |  |  |
| 21. City<br><u>Sister Bay</u>  |  | 22. State<br><u>WI</u>   |  |
| 23. Zip Code<br><u>54234</u>   |  | 24. Aldermanic District  |  |

### Part B: Questions

1. 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 ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |          |  |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date   |
| Penalty Imposed        |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title  | Phone        |
|-----------|------------|--------|--------------|
| Joseph    | Ben        | Member | 414-801-1257 |
| Joseph    | Victoria   | Member | 312-972-1777 |
|           |            |        |              |
|           |            |        |              |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- 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.

|           |                               |              |
|-----------|-------------------------------|--------------|
| Last Name | First Name                    | M.I.         |
| Joseph    | Ben                           | T            |
| Title     | Email                         | Phone        |
| Member    | Manager@zekasullaremarket.com | 414-801-1257 |
| Signature | Date                          |              |
| Ben       | 5-20-25                       |              |

### Part E: For Clerk Use Only

|                                       |                |   |                     |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| RECEIVED MAY 20 2025                  |                |   |                     |
| Signature of Clerk/Deputy Clerk       |                | Date Provisional License Issued (if applicable) |                     |

# VILLAGE OF SISTER BAY ZONING CODE

SEC. 66.0407 OTHER PARKING RESTRICTIONS

SEC. 66.0407 OTHER PARKING RESTRICTIONS

1

Zeke's Village Market LLC



Form  
AB-200

# Alcohol Beverage License Application

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

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

- ☐ Class "A" Beer
 \$
- ☒ Class "B" Beer
 \$ 100
- ☐ "Class A" Liquor
 \$
- ☐ "Class B" Liquor
 \$
- ☐ "Class A" Liquor (cider only)
 \$
- ☐ Reserve "Class B" Liquor
 \$
- ☒ "Class C" Liquor (wine only)
 \$ 100

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 200        |
| Background Check Fee | \$            |
| Publication Fee      | \$ 30         |
| <b>Total Fees</b>    | <b>\$ 230</b> |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Proto Foods LLS

2. Business Trade Name or DBA

Zero Sum

3. FEIN

821487365

4. Wisconsin Seller's Permit Number

45610299430

5. Entity Type (check one)

- ☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

5/20/2020

8. Wisconsin DFI Registration Number

P069908

9. Premises Address

10578 Country Walk Dr,unit 30

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality:
 ☐ City
 ☐ Town
 ☒ Village
 of: Sister Bay

15. Aldermanic District

16. Premises Phone

9206291352

17. Premises Email

protofoods@gmail.com

18. Website

https://zero-sum-dc.squ

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records 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.

Entering the building, you will find the serving area, which includes three tables, a couch area, and a counter with five seats. Behind the

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## Part B: Questions

1. 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
 ☒ No
 If yes, list the details of violation below. Attach additional sheets if necessary.

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



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No 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 ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

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### Part C: Individual Information

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Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

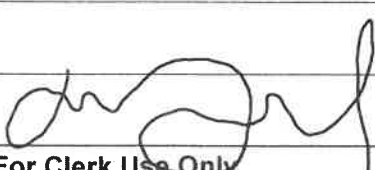
| Last Name | First Name | Title   | Phone      |
|-----------|------------|---------|------------|
| Dimitrov  | Stoyan     | Owner   | 9208540157 |
| Marinova  | Martina    | Manager | 9203287569 |
|           |            |         |            |
|           |            |         |            |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor      • 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.

|  |  |                                     |                     |           |
|--|--|-------------------------------------|---------------------|-----------|
| Last Name<br>Dimitrov  |  | First Name<br>Stoyan                |                     | M.I.<br>D |
| Title<br>Owner   |  | Email<br>stoyan.dimitrov3@gmail.com | Phone<br>9208540157 |           |
| Signature<br> |  |                                     | Date<br>05/01/25    |           |

### Part E: For Clerk Use Only

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><b>RECEIVED MAY 19 2025</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                                      |                | Date Provisional License Issued (if applicable) |                     |



Zero Sum

