



City of Fort Atkinson
City Manager's Office
101 N. Main Street
Fort Atkinson, WI 53538

**LICENSE COMMITTEE MEETING
IN PERSON AND VIA ZOOM
WEDNESDAY, FEBRUARY 26, 2025 – 4:00 PM
CITY HALL – SECOND FLOOR**

<https://us02web.zoom.us/j/5997866403?pwd=alcreldSbGpNUVI1VnR1RWF5bXovdz09&omn=89232131020>

Meeting ID: 599 786 6403

Passcode: 53538

Dial by Location

+1 312 626 6799

If you have special needs or circumstances which may make communication or accessibility difficult at the meeting, please call (920) 397-9901. Accommodations will, to the fullest extent possible, be made available on request by a person with a disability.

AGENDA

1. Call meeting to order

2. Roll call

3. New Business

- a. Review and possible recommendation to the City Council relating to **Alcohol Beverage License Application** for Sahib Enterprises, LLC, 1220 Janesville Avenue #100 for the licensing period of March 5, 2025 through June 30, 2025. (Ebbert, Clerk/Treasurer/Finance Director)
- b. Review and possible recommendation to the City Council relating to **Cigarette, Tobacco and Electronic Vaping Device Retail License Applications** for Sahib Enterprises, LLC, 1220 Janesville Avenue #100 for the licensing period of March 5, 2025 through June 30, 2025. (Ebbert, Clerk/Treasurer/Finance Director)
- c. Review and possible recommendation to the City Council relating to **Alcohol Beverage License Application** for Kings Operating WI LLC dba Pump N Shop, 303 S. Main Street for the licensing period of March 5, 2025 through June 30, 2025. (Ebbert, Clerk/Treasurer/Finance Director)
- d. Review and possible recommendation to the City Council relating to **Cigarette, Tobacco and Electronic Vaping Device Retail License Applications** for Kings Operating WI LLC dba Pump N Shop, 303 S. Main Street for the licensing period of

March 5, 2025 through June 30, 2025. (Ebbert, Clerk/Treasurer/Finance Director)

- e. Review and possible recommendation to the City Council relating to **Renewal Alcohol Beverage License Application** for Fort Atkinson Lions Club, Class “B” Fermented Malt Beverage (Ebbert, Clerk/Treasurer/Finance Director)
- f. Review and possible recommendation to the City Council relating to **Renewal Alcohol Beverage License Application** for Fort Atkinson Generals Baseball Team, Class “B” Fermented Malt Beverage (Ebbert, Clerk/Treasurer/Finance Director)

4. Adjournment

Date Posted: February 20, 2025

CC: City Council; City Staff; City Attorney; Fort Atkinson Chamber of Commerce; Fort Atkinson School District; News Media

Notice is hereby given that a majority of the Fort Atkinson City Council may be present at this meeting at the location and time indicated above to gather information about any subject matters on this agenda over which they have decision-making responsibility. This may constitute a meeting of the City Council pursuant to State ex rel. Badke v. Greendale Village Bd., 173 Wis.2d. 553, 494 N.W.2d 408 (1993), and must be noticed as such although the City Council will not take any formal action at this meeting.

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MEMORANDUM

DATE: February 26, 2025

TO: Committee/Commission/Board

FROM: Michelle Ebbert, Clerk/Treasurer/Finance Director

RE: Review and possible recommendation to the City Council relating to Alcohol Beverage License Application for Sahib Enterprises, LLC, 1220 Janesville Avenue #100 for the licensing period of March 5, 2025 through June 30, 2025. (Ebbert, Clerk/Treasurer/Finance Director)

BACKGROUND

The State of Wisconsin regulates alcohol licensing for local governments through Chapter 125. There are three classes of Licenses; Class A, Class B and Class C. The difference between Class A and B is where alcohol is authorized for sale and for consumption. Class A generally offers sale of alcohol on-site with consumption off-site (e.g. grocery or liquor store, gas station or convenience store). Class B allows for on-site sale and on-site consumption (e.g. Restaurant, Bar, Bowling Alley, Tavern). Class A can easily be remembered because alcohol is consumed *Away* from the premises. Likewise, Class B you consume on-site, for example *Bar*.

Table 1: Type of license, beverage and where consumption is permitted.

| <u>Type of License</u> | <u>Type of Beverage</u> | <u>Consumption Location</u> |
|-------------------------------|-------------------------|-----------------------------|
| "Class A" | Intoxicating Liquor | Off-site |
| Class "A" | Fermented Malt | Off-site |
| "Class A" Liquor: Cider Only* | Cider Only | Off-site |
| "Class B" | Intoxicating Liquor | On-site |
| Class "B" | Fermented Malt | On-site |
| "Class C" | Wine only | On-site |
| Reserve "Class B" | Intoxicating Liquor | On-site |
| Temporary Class "B" ** | Fermented Malt | On-site |
| Temporary "Class B" ** | Wine | On-site |

*The 2015-17 Wisconsin State Budget (2015 Act 55) provides that municipalities shall issue a "Class A" liquor license if both of the following apply:

- The “Class A” liquor license application is for sales limited to cider products only.
- The application for a “Class A” liquor license holds a Class “A” beer license for the same premises.

2015 Act 55 provision also defines ‘cider’ to mean any alcohol beverage that is obtained from the fermentation of the juice of apples or pears and that contains not less than 0.5 percent alcohol by volume and not more than 7.0 percent alcohol by volume. “Cider” includes flavored, sparkling, and carbonated cider.

** Temporary Class “B” Fermented Malt and Temporary “Class B” Wine – these licenses are issued throughout the year to lodges, societies, bona fide clubs, chambers, non-profit, etc.

Table 2: Combination of Licenses

| <u>License Combinations</u> | <u>Type of Beverage(s)</u> | <u>Consumption Location</u> |
|---|--|------------------------------------|
| “Class A” and Class “A” | Intoxicating Liquor and Fermented Malt | Off-site |
| Class “A” and “Class A” Liquor: Cider Only | Fermented Malt and Cider | Off-site |
| “Class B” and Class “B” | Intoxicating Liquor and Fermented Malt | On-site |
| Class “B” and “Class C” Wine | Fermented Malt and Wine | On-site |
| Reserve “Class B” and Class “B” | Intoxicating Liquor and Fermented Malt | On-site |
| Temporary Class “B” and Temporary “Class B” | Fermented Malt and Wine | On-site |

Table 3: License fees (maximum amount allowable by State Statute is being charged)

| <u>Type of License</u> | <u>License Fee</u> |
|---------------------------------------|---------------------------|
| “Class A” Intoxicating Liquor | \$500.00 |
| Class “A” Fermented Malt | \$100.00 |
| “Class A” Liquor: Cider Only | No fee. |
| “Class B” Intoxicating Liquor | \$500.00 |
| Class “B” Fermented Malt | \$100.00 |
| “Class C” Wine Only | \$100.00 |
| Reserve “Class B” Intoxicating Liquor | \$10,000 (one-time) |
| Temporary Class “B” Fermented Malt | \$10.00 |
| Temporary “Class B” Wine | \$10.00 |

A combination Class A license (intoxicating liquor and fermented malt) would total \$600.00.

A combination Class B license (intoxicating liquor and fermented malt) would total \$600.00

Table 4: Existing Quotas (05/23/2024)

| <u>License</u> | <u>Quota</u> | <u>Licenses Issued</u> | <u>Licenses Available</u> |
|-------------------------------|---------------------------|------------------------|---------------------------|
| "Class A" Intoxicating Liquor | 16 - 1 per 750 residents | 16 | 0 |
| Class "A" Fermented Malt | 17 - 1 per 750 residents | 17 | 0 |
| "Class B" Intoxicating Liquor | 25 - 1 per 500 residents | 25 | 0 |
| RESERVE | 4 - \$10,000 one-time fee | 4 | 1 |
| "Class B" Intoxicating Liquor | | | |

DISCUSSION

The gas station at 1220 Janesville Avenue has been operated as Sunny's Quick Mart by Jatinder Kaur at 1220 Janesville Avenue #100 as of March 6, 2024. On February 14, 2025 an Alcohol License Application was submitted by Sahib Enterprises for operation at 1220 Janesville Avenue #100.

The following information was provided.

- Confirmation of Legal Name (corporation, limited liability company, partnership)
- Trade or Business Name
- Verification of Federal Identification Number
- Verification of Wisconsin Seller’s Permit Number
- Background check on Agent/Applicant
- Letter from Sunny’s Quick Mart stating they will surrender the “Class A” Intoxicating Liquor and Class “A” Fermented Malt Beverage license contingent upon approval of applicant Gurbachan Singh dba Sahib Enterprises, LLC for use at 1220 Janesville Avenue #100.

FINANCIAL ANALYSIS

Alcohol license fees for the submitted application is pro-rated from the month of issuance to expiration. A Class A liquor and beer license from March to June is \$200.00. A cigarette license is \$100.00 and cannot be prorated.

RECOMMENDATION

Staff recommends that the Licensing Committee recommend to City Council approval of the Alcohol License Applications for Sahib Enterprises for the licensing period of March 5, 2025 to June 30, 2025 contingent upon all monies owed to the City are paid prior to license issuance by the City Clerk.

ATTACHMENTS

1. AB 200 Sahib Enterprises Alcohol

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 | \$ _____ |
| Background Check Fee | \$ <u>-</u> |
| Publication Fee | \$ <u>100-</u> |
| Total Fees | \$ _____ |

Part A: Premises/Business Information

| | | | |
|---|---|---|--|
| 1. Legal Business Name (individual name if sole proprietorship) <u>SAHIB ENTERPRISES LLC</u> | | | |
| 2. Business Trade Name or DBA <u>SAHIB ENTERPRISES</u> | | | |
| 3. FEIN <u>33-3204217</u> | | 4. Wisconsin Seller's Permit Number <u>456-1031932739-02</u> | |
| 5. Entity Type (check one) <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 <u>WI</u> | | 7. Date of Organization <u>2/3/2025</u> | 8. Wisconsin DFI Registration Number <u>S158707</u> |
| 9. Premises Address <u>1220 JANESVILLE AVE #100 FORT ATKINSON, WI-53538</u> | | | |
| 10. City <u>FORT ATKINSON</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53538</u> |
| 13. County <u>JEFFERSON</u> | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>FORT ATKINSON</u> | | 15. Aldermanic District |
| 16. Premises Phone <u>414-477-5535</u> | 17. Premises Email <u>Tejinderkaur143@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. <u>Brick Building with extra storage for liquor & beer wine.</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. 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 |
|-----------|------------|-------|--------------|
| SINGH | GURBACHAN | AGENT | 414-394-2447 |
| | | | |
| | | | |

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 SINGH | | First Name GURBACHAN | | M.I. |
| Title AGENT | Email Tejinderkaur143@gmail.com | | Phone 414-394-2447 | |
| Signature Gurbachan Singh | | | Date 02/13/25 | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk 2.14.25 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

| | | | | |
|---|--|--------------------------------------|---|---|
| Part A: Business Information | | | | |
| 1. Legal Business Name (Individual name if sole proprietor) | | | | |
| SAHIB ENTERPRISES LLC | | | | |
| 2. Business Trade Name or DBA | | | | |
| SAHIB ENTERPRISES | | | | |
| 3. Entity Type (check one) | | | | |
| <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 | |

| | | | | |
|---------------------------------------|--|---------------------------|--|-------------------|
| Part B: Individual Information | | | | |
| 1. Last Name | | 2. First Name | | 3. M.I. |
| SINGH | | GURRACHAN | | |
| 4. Relationship to Business (Title) | | 5. Email | | 6. Phone |
| AGENT | | Teginderkaur143@gmail.com | | 414-394-2447 |
| 7. Home Address | | | | |
| 7710 S LENOX AVE | | | | |
| 8. City | | 9. State | 10. Zip Code | 11. Date of Birth |
| OAK CREEK | | WI | 53154 | 02/10/1963 |
| 12. Drivers License/State ID Number | | | 13. Drivers License/State ID State of Issuance | |
| S520-2806-3050-02 | | | WI | |

| | | | | | |
|--|--------|-----------|--------|----------|--------|
| Part C: Address History | | | | | |
| 1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? | | | | Years | Months |
| | | | | 10 | 2 |
| 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | | | |
| Previous Address 1 | | City | State | Zip Code | |
| 7710 S LENOX AVE | | OAK CREEK | WI | 53154 | |
| Previous Address 2 | | City | State | Zip Code | |
| Previous Address 3 | | City | State | Zip Code | |
| Previous Address 4 | | City | State | Zip Code | |
| Previous Address 5 | | City | State | Zip Code | |
| 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | | | |
| State | County | State | County | State | County |
| Delhi | INDIA | ON | CANADA | WI | USA |
| State | County | State | County | State | County |

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

| | |
|--|-------------------------|
| Signature <i>Curtis M. S. [Signature]</i> | Date <i>02/13/25</i> |
|--|-------------------------|

Alcohol Beverage Appointment of Agent

Date

| | |
|---|--|
| Agent Type (check one) | |
| <input checked="" type="checkbox"/> Original (no fee) | <input type="checkbox"/> Successor (\$10 fee for municipal licensees only) |

| | |
|--|--|
| Part A: Business Information | |
| 1. Legal Business Name (individual name if sole proprietor) SAHIR ENTERPRISES LLC | |
| 2. Business Trade Name or DBA SAHIR ENTERPRISES | |
| 3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | |
| 4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit | 5. If successor agent, provide State Permit or Municipal Retail License Number |
| 6. Describe the reason for appointing a successor agent, if successor is checked above. | |

| | | | |
|---|-----------------------------------|---|----------------------|
| Part B: Agent Information | | | |
| 1. Last Name SINGH | 2. First Name GURBACHAN | 3. M.I. | |
| 4. Email Tejinderkaur143@gmail.com | | 5. Phone 414-394-2447 | |
| 6. Home Address 7710 S LENOX AVE | | | |
| 7. City DAK CREEK | 8. State WI | 9. Zip Code 53154 | 10. Age 61 |
| 11. Drivers License/State ID Number S520-2806-3050-02 | | 12. Drivers License/State ID State of Issuance WI | |

| | |
|--|---|
| Part C: Agent Questions | |
| 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 SINGH | | First Name GURBACHAN | | M.I. |
| Title AGENT | Email tejinderkaur143@gmail.com | | Phone 414-394-2447 | |
| Signature <i>Gurbachan Singh</i> | | | Date 02/13/25 | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 SINGH | | First Name GURBACHAN | | M.I. |
| Signature <i>Gurbachan Singh</i> | | | Date 02/13/25 | |

Date: 02/13/2025

I, JATINDER KAUR hereby declare that I,
owner of SUNNY'S QUICK MART LLC will surrender my

<insert type of license> CLASS "A" . GIGARETTE, TOBACCO
and E-VAPING contingent upon

<insert new applicant/owner> GIORBACHAN SINGH (AGENT)

being approved for said license at the premise of 1220 JANESVILLE AVE #100
FORT ATKINSON, WI-53538

Signed: Jatinder Kaur

Date: 02/13/2025

Witness: Karanvir Singh

Date: 02/13/2025

→ CLASS-A BEER
CLASS -A LIQUOR



MEMORANDUM

DATE: February 26, 2025

TO: Committee/Commission/Board

FROM: Michelle Ebbert, Clerk/Treasurer/Finance Director

RE: Review and possible recommendation to the City Council relating to Cigarette, Tobacco and Electronic Vaping Device Retail License Applications for Sahib Enterprises, LLC, 1220 Janesville Avenue #100 for the licensing period of March 5, 2025 through June 30, 2025. (Ebbert, Clerk/Treasurer/Finance Director)

BACKGROUND

The State of Wisconsin regulates cigarette, tobacco and electronic vaping device licensing for local governments through State Statute Chapters 134 and 139. On December 6, 2023, Wisconsin Act 73 was signed into law. This legislation subjects electronic vaping devices to the same retail licensing requirements as cigarettes and tobacco products. As of March 6, 2024, retailers selling electronic vaping devices were required to obtain a retail license from the City. The Department of Revenue updated their existing Cigarette and Tobacco Retailers License application to include Electronic Vaping Products.

134.65(1)(d) No person shall in any manner, or upon any pretense, or by any device, directly or indirectly sell, expose for sale, possess with intent to sell, exchange, barter, dispose of or give away any cigarettes, electronic vaping devices, or tobacco products to any person not holding a license as herein provided or a permit under ss. [139.30](#) to [139.41](#) or [139.79](#) without first obtaining a license from the clerk of the city, village or town wherein such privilege is sought to be exercised.

DISCUSSION

The gas station at 1220 Janesville Avenue has been operated as Sunny's Quick Mart by Jatinder Kaur at 1220 Janesville Avenue #100 as of March 6, 2024. On February 14, 2025 a Cigarette and Tobacco License Application was submitted by Sahib Enterprises for operation at 1220 Janesville Avenue #100.

FINANCIAL ANALYSIS

Cigarette, Tobacco and Electronic Vaping Device Retail License fee for the licensing period of March 5, 2025 to June 30, 2025 is \$100.00.

RECOMMENDATION

Staff recommends that the License Committee recommend the City Council approve the Cigarette and Tobacco Products Retail License Application for Sahib Enterprises for the licensing period of March 5, 2025 to June 30, 2025 contingent upon all monies owed to the City are paid prior to license issuance by the City Clerk.

ATTACHMENTS

- 1. CTV 100 Sahib Enterprises Cigarette

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

| FOR CLERKS ONLY | |
|-----------------|-----------------------|
| Municipality | CITY OF FORT ATKINSON |
| License Period | 07/01/2025-06/30/2025 |

| Part A: Premises/Business Information | | | | \$100- |
|--|---|---|--|-------------------------|
| 1. Legal Business Name (individual name if sole proprietor) <i>SAHIR ENTERPRISES LLC</i> | | | | |
| 2. Business Trade Name or DBA <i>SAHIR ENTERPRISES</i> | | | | |
| 3. FEIN <i>33-3204217</i> | | 4. Wisconsin Seller's Permit Number <i>456-1031932739-02</i> | | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation | | | | |
| 6. State of Organization <i>WI</i> | | 7. Date of Organization <i>2/3/2025</i> | 8. Wisconsin DFI Registration Number <i>S158707</i> | |
| 9. Premises Address (do not use PO Box) <i>1220 JANESVILLE AVE #100</i> | | | | |
| 10. City <i>FORT ATKINSON</i> | | 11. State <i>WI</i> | 12. Zip Code <i>53538</i> | |
| 13. County <i>JEFFERSON</i> | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>FORT ATKINSON</i> | | | 15. Aldermanic District |
| 16. Mailing Address (if different from premises address) | | | | |
| 17. City | | 18. State | 19. Zip Code | |
| 20. Premises Phone | | 21. Premises Email | | 22. Website |
| 23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <i>Brick Building with extra storage for liquor & Beer and cigarette behind the counter.</i> | | | | |

| Part B: Questions | |
|---|--|
| 1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices | |
| 2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine | |
| 3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____ | |

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

| Last Name | First Name | Title | Phone |
|-----------|------------|-------|--------------|
| SINGH | GURBACHAN | Agent | 414-394-2447 |
| | | | |
| | | | |
| | | | |

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|--|---|------------------------------|
| Signature <i>Gurbachan Singh</i> | | Date <i>02/13/25</i> |
| Name (Last, First, M.I.) <i>SINGH GURBACHAN</i> | | |
| Title <i>AGENT</i> | Email <i>Tepinderkaur143@gmail.com</i> | Phone <i>414-394-2447</i> |

Part E: For Clerk Use Only

| | | | |
|---|---------------------------------|----------------------|----------------|
| Date application was filed with clerk <i>2.14.25</i> | Date license issued | Date license expires | License number |
| License fees | Signature of Clerk/Deputy Clerk | | |

Date

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

| | | | |
|---|--------------------------------------|---|--------------------------------------|
| Part A: Business Information | | | |
| 1. Legal Business Name (individual name if sole proprietor) <i>SAHIB ENTERPRISES LLC</i> | | | |
| 2. Business Trade Name or DBA <i>SAHIR ENTERPRISES</i> | | | |
| 3. Entity Type (check one) | | | |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation |

| | | | | | |
|---|--|--|---|---------------------------------|--|
| Part B: Individual Information | | | | | |
| 1. Name (Last) <i>SINGH</i> | | 2. Name (First) <i>GURBACHAN</i> | | 3. Name (M.I.) | |
| 4. Relationship to Business (Title) <i>AGENT</i> | | 5. Email <i>Tejinderkaur143@gmail.com</i> | | 6. Phone <i>414-394-2447</i> | |
| 7. Home Address <i>7710 S LENOX AVE</i> | | | | | |
| 8. City <i>OAK CREEK</i> | | 9. State <i>WI</i> | 10. Zip Code <i>53154</i> | | 11. Date of Birth <i>02/10/1963</i> |
| 12. Drivers License/State ID Number <i>S520-2806-3050-02</i> | | | 13. Drivers License/State ID State of Issuance <i>WI</i> | | |

| | | | | | | | | | | | |
|---|--|------------------------|--|--------------------------|--|-------------------------|--------------------------|--------------------|--|----------------------|--|
| Part C: Individual's Address History | | | | | | | | | | | |
| List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | | | | | | | | | |
| Previous Address 1 <i>7710 S LENOX AVE</i> | | | | City <i>OAK CREEK</i> | | State <i>WI</i> | Zip Code <i>53154</i> | | | | |
| Previous Address 2 | | | | City | | State | Zip Code | | | | |
| Previous Address 3 | | | | City | | State | Zip Code | | | | |
| Previous Address 4 | | | | City | | State | Zip Code | | | | |
| Previous Address 5 | | | | City | | State | Zip Code | | | | |
| Previous Address 6 | | | | City | | State | Zip Code | | | | |
| If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | | | | | | | | | |
| State <i>Delhi</i> | | County <i>INDIA</i> | | State <i>ON</i> | | County <i>CANADA</i> | | State <i>WI</i> | | County <i>USA</i> | |
| State | | County | | State | | County | | State | | County | |

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

| | | |
|------------------------|----------|--|
| 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 |
| 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 currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

| | |
|--|------------------|
| Signature <i>Christopher S. Smith</i> | Date 02/13/25 |
|--|------------------|

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

| | |
|-----------------------------|-------|
| Name of Local Official | Title |
| Signature of Local Official | Date |



MEMORANDUM

DATE: February 26, 2025

TO: Committee/Commission/Board

FROM: Michelle Ebbert, Clerk/Treasurer/Finance Director

RE: Review and possible recommendation to the City Council relating to Alcohol Beverage License Application for Kings Operating WI LLC dba Pump N Shop, 303 S. Main Street for the licensing period of March 5, 2025 through June 30, 2025. (Ebbert, Clerk/Treasurer/Finance Director)

BACKGROUND

The State of Wisconsin regulates alcohol licensing for local governments through Chapter 125. There are three classes of Licenses; Class A, Class B and Class C. The difference between Class A and B is where alcohol is authorized for sale and for consumption. Class A generally offers sale of alcohol on-site with consumption off-site (e.g. grocery or liquor store, gas station or convenience store). Class B allows for on-site sale and on-site consumption (e.g. Restaurant, Bar, Bowling Alley, Tavern). Class A can easily be remembered because alcohol is consumed *Away* from the premises. Likewise, Class B you consume on-site, for example *Bar*.

Table 1: Type of license, beverage and where consumption is permitted.

| <u>Type of License</u> | <u>Type of Beverage</u> | <u>Consumption Location</u> |
|-------------------------------|-------------------------|-----------------------------|
| "Class A" | Intoxicating Liquor | Off-site |
| Class "A" | Fermented Malt | Off-site |
| "Class A" Liquor: Cider Only* | Cider Only | Off-site |
| "Class B" | Intoxicating Liquor | On-site |
| Class "B" | Fermented Malt | On-site |
| "Class C" | Wine only | On-site |
| Reserve "Class B" | Intoxicating Liquor | On-site |
| Temporary Class "B" ** | Fermented Malt | On-site |
| Temporary "Class B" ** | Wine | On-site |

*The 2015-17 Wisconsin State Budget (2015 Act 55) provides that municipalities shall issue a "Class A" liquor license if both of the following apply:

- The “Class A” liquor license application is for sales limited to cider products only.
- The application for a “Class A” liquor license holds a Class “A” beer license for the same premises.

2015 Act 55 provision also defines ‘cider’ to mean any alcohol beverage that is obtained from the fermentation of the juice of apples or pears and that contains not less than 0.5 percent alcohol by volume and not more than 7.0 percent alcohol by volume. “Cider” includes flavored, sparkling, and carbonated cider.

** Temporary Class “B” Fermented Malt and Temporary “Class B” Wine – these licenses are issued throughout the year to lodges, societies, bona fide clubs, chambers, non-profit, etc.

Table 2: Combination of Licenses

| <u>License Combinations</u> | <u>Type of Beverage(s)</u> | <u>Consumption Location</u> |
|---|--|------------------------------------|
| “Class A” and Class “A” | Intoxicating Liquor and Fermented Malt | Off-site |
| Class “A” and “Class A” Liquor: Cider Only | Fermented Malt and Cider | Off-site |
| “Class B” and Class “B” | Intoxicating Liquor and Fermented Malt | On-site |
| Class “B” and “Class C” Wine | Fermented Malt and Wine | On-site |
| Reserve “Class B” and Class “B” | Intoxicating Liquor and Fermented Malt | On-site |
| Temporary Class “B” and Temporary “Class B” | Fermented Malt and Wine | On-site |

Table 3: License fees (maximum amount allowable by State Statute is being charged)

| <u>Type of License</u> | <u>License Fee</u> |
|---------------------------------------|---------------------------|
| “Class A” Intoxicating Liquor | \$500.00 |
| Class “A” Fermented Malt | \$100.00 |
| “Class A” Liquor: Cider Only | No fee. |
| “Class B” Intoxicating Liquor | \$500.00 |
| Class “B” Fermented Malt | \$100.00 |
| “Class C” Wine Only | \$100.00 |
| Reserve “Class B” Intoxicating Liquor | \$10,000 (one-time) |
| Temporary Class “B” Fermented Malt | \$10.00 |
| Temporary “Class B” Wine | \$10.00 |

A combination Class A license (intoxicating liquor and fermented malt) would total \$600.00.

A combination Class B license (intoxicating liquor and fermented malt) would total \$600.00

Table 4: Existing Quotas (05/23/2024)

| <u>License</u> | <u>Quota</u> | <u>Licenses Issued</u> | <u>Licenses Available</u> |
|-------------------------------|---------------------------|------------------------|---------------------------|
| "Class A" Intoxicating Liquor | 16 - 1 per 750 residents | 16 | 0 |
| Class "A" Fermented Malt | 17 - 1 per 750 residents | 17 | 0 |
| "Class B" Intoxicating Liquor | 25 - 1 per 500 residents | 25 | 0 |
| RESERVE | 4 - \$10,000 one-time fee | 4 | 1 |
| "Class B" Intoxicating Liquor | | | |

DISCUSSION

The gas station at 303 S. Main Street has been operated as Handy Spot by Kuljit Paul Singh at 303 S. Main Street as of February 19, 2024. An Alcohol License Application was submitted by Kings Operating LLC for operation at 303 S. Main Street, dba Pump n Shop.

The following information was provided.

- Confirmation of Legal Name (corporation, limited liability company, partnership)
- Trade or Business Name
- Background check on Agent/Applicant
- Letter from Handy Spot stating they will surrender the Class "A" Fermented Malt Beverage license contingent upon approval of applicant Adnan Maqbool, Kings Operating WI LLC dba Pump N Shop for use at 303 S. Main Street.

The following items must still be provided prior to approval by the City Council.

- Verification of Federal Identification Number
- Verification of Wisconsin Seller's Permit Number
- Copy of the lease for the property identifying the dates coincide with the licensing period.

FINANCIAL ANALYSIS

Alcohol license fees for the submitted application is pro-rated from the month of issuance to expiration. A Class A beer license from March to June is \$33.36. A cigarette license is \$100.00 and cannot be prorated.

RECOMMENDATION

Staff recommends that the Licensing Committee recommend to City Council approval of the Alcohol License Application for Kings Operating WI LLC dba Pump N Shop for the licensing period of March 5, 2025 to June 30, 2025 contingent upon all monies owed to the City are paid prior to license issuance by the City Clerk contingent upon providing items noted in the Staff report.

ATTACHMENTS

1. AB 200 Kings Operating

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|--------------------|
| Municipality | CITY Fort Atkinson |
| License Period | 3.5.25 10.30.25 |

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) \$ _____

| Fees | |
|----------------------|----------------|
| License Fees | \$ <u>100</u> |
| Background Check Fee | \$ <u>-</u> |
| Publication Fee | \$ <u>100</u> |
| Total Fees | \$ <u>200-</u> |

Part A: Premises/Business Information

| | | | |
|--|--|---|--|
| 1. Legal Business Name (individual name if sole proprietorship) KINGS OPERATING WI LLC | | | |
| 2. Business Trade Name or DBA PUMP N SHOP | | | |
| 3. FEIN 93-1504224 | | 4. Wisconsin Seller's Permit Number 456-1031438219-04 | |
| 5. Entity Type (check one) <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 TX | | 7. Date of Organization 05/22/2023 | 8. Wisconsin DFI Registration Number K062116 |
| 9. Premises Address 307 S main St | | | |
| 10. City fort Atkinson | | 11. State WI | 12. Zip Code 53538 |
| 13. County Jefferson | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: fort Atkinson | | 15. Aldermanic District |
| 16. Premises Phone 9205421006 | 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. All beer is in a beer cave. No additional storage. All beer will be stored in the Beer Cave. | | | |
| 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 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 |
|-----------|------------|-----------------|--------------|
| Maqbool | Adnan | Sole Proprietor | 414-274-9755 |
| KRAUT | Alecia | AGENT | 608-501-7341 |
| | | | |
| | | | |

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 Maqbool | First Name Adnan | M.I. I |
| Title Sole Proprietor | Email Adnan@naz-business.com | Phone 414-274-9755 |
| Signature | | Date 12-9-24 |

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) | |

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

KINGS OPERATING WI LLC

2. Business Trade Name or DBA

PUMP N SHOP

3. Entity Type (check one)

- Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

KRAUT

2. First Name

ALECIA

3. M.I.

A

4. Email

aleciakraut@gmail.com

5. Phone

(608) 501-7314

6. Home Address

109 LIBERTY ST

7. City

DEERFIELD

8. State

WI

9. Zip Code

53531

10. Age

27

11. Drivers License/State ID Number

K6300019750904

12. Drivers License/State ID State of Issuance

WI


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

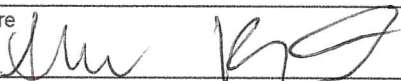
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 MAQBOOL | | First Name ADNAN | | M.I. I |
| Title OWNER | Email pumpnshop1@gmail.com | | Phone - | |
| Signature  | | | Date 12/04/24 | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 KRAUT | | First Name ALECIA | | M.I. A |
| Signature  | | | Date 12/04/24 | |

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.


| | |
|---|--|
| Part A: Business Information | |
| 1. Legal Business Name (individual name if sole proprietor) KINGS OPERATING WI LLC | |
| 2. Business Trade Name or DBA PUMP N SHOP | |
| 3. Entity Type (<i>check one</i>) <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 | |

| | | | | |
|--|--|--|---|--------------------------------------|
| Part B: Individual Information | | | | |
| 1. Last Name KRAUT | | 2. First Name ALECIA | | 3. M.I. A |
| 4. Relationship to Business (Title) DISTRICT MANAGER | | 5. Email ALECIAKRAUT@GMAIL.COM | | 6. Phone (608) 501-7314 |
| 7. Home Address 109 LIBERTY ST | | | | |
| 8. City DEERFIELD | | 9. State WI | 10. Zip Code 53531 | 11. Date of Birth 01/09/97 |
| 12. Drivers License/State ID Number k6300019750904 | | | 13. Drivers License/State ID State of Issuance WI | |

| | | | | | | | |
|--|-----------------------|--------------------------|--|--------------------------|--------|-------|--------|
| Part C: Address History | | | | | | | |
| 1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Years</td> <td>Months</td> </tr> <tr> <td align="center">27</td> <td align="center">11</td> </tr> </table> | Years | Months | 27 | 11 |
| Years | Months | | | | | | |
| 27 | 11 | | | | | | |
| 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | | | | | |
| Previous Address 1 109 Liberty ST | | City DEERFIELD | State wi | Zip Code 53531 | | | |
| Previous Address 2 | | City | State | Zip Code | | | |
| Previous Address 3 | | City | State | Zip Code | | | |
| Previous Address 4 | | City | State | Zip Code | | | |
| Previous Address 5 | | City | State | Zip Code | | | |
| 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | | | | | |
| State wi | County dane | State | County | State | County | State | County |
| State | County | State | County | State | County | State | County |

Continued →

| Part D: Criminal History | | |
|--|----------|--|
| 1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed. | | |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed. | | |

| Part E: Attestation | |
|--|------------|
| READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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. | |
| Signature | Date |
|  | 12/04/2024 |

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

| | |
|--|--|
| Part A: Business Information | |
| 1. Legal Business Name (individual name if sole proprietor) KINGS OPERATING WI LLC | |
| 2. Business Trade Name or DBA PUMP N SHOP | |
| 3. Entity Type (check one) <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 | |

| | | | | |
|---|--|---|---|--------------------------------------|
| Part B: Individual Information | | | | |
| 1. Last Name MAQBOOL | | 2. First Name ADNAN | | 3. M.I. I |
| 4. Relationship to Business (Title) OWNER | | 5. Email PUMPNSHOP1@GMAIL.com | | 6. Phone |
| 7. Home Address 4735 S 82nd ST | | | | |
| 8. City GREENFIELD | | 9. State WI | 10. Zip Code 53220 | 11. Date of Birth 03/29/03 |
| 12. Drivers License/State ID Number M214-0090-3109-09 | | | 13. Drivers License/State ID State of Issuance WI | |

| | | | | | | | |
|--|-----------------------------|---------------------------|--|--------------------------|--------------------|-------|--------|
| Part C: Address History | | | | | | | |
| 1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 21</td> <td style="width: 50%;">Months 8</td> </tr> </table> | Years 21 | Months 8 | | |
| Years 21 | Months 8 | | | | | | |
| 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | | | | | |
| Previous Address 1 4735 S 82ND ST | | City GREENFIELD | State WI | Zip Code 53220 | | | |
| Previous Address 2 | | City | State | Zip Code | | | |
| Previous Address 3 | | City | State | Zip Code | | | |
| Previous Address 4 | | City | State | Zip Code | | | |
| Previous Address 5 | | City | State | Zip Code | | | |
| 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | | | | | |
| State WI | County MILWAULKEE | State | County | State | County | State | County |
| State | County | State | County | State | County | State | County |

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.


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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

| | |
|--|--------------------|
| Signature  | Date 12/04/2024 |
|--|--------------------|



MEMORANDUM

DATE: February 26, 2025

TO: Committee/Commission/Board

FROM: Michelle Ebbert, Clerk/Treasurer/Finance Director

RE: Review and possible recommendation to the City Council relating to Cigarette, Tobacco and Electronic Vaping Device Retail License Applications for Kings Operating WI LLC dba Pump N Shop, 303 S. Main Street for the licensing period of March 5, 2025 through June 30, 2025. (Ebbert, Clerk/Treasurer/Finance Director)

BACKGROUND

The State of Wisconsin regulates cigarette, tobacco and electronic vaping device licensing for local governments through State Statute Chapters 134 and 139. On December 6, 2023, Wisconsin Act 73 was signed into law. This legislation subjects electronic vaping devices to the same retail licensing requirements as cigarettes and tobacco products. As of March 6, 2024, retailers selling electronic vaping devices were required to obtain a retail license from the City. The Department of Revenue updated their existing Cigarette and Tobacco Retailers License application to include Electronic Vaping Products.

134.65(1)(d) No person shall in any manner, or upon any pretense, or by any device, directly or indirectly sell, expose for sale, possess with intent to sell, exchange, barter, dispose of or give away any cigarettes, electronic vaping devices, or tobacco products to any person not holding a license as herein provided or a permit under ss. [139.30](#) to [139.41](#) or [139.79](#) without first obtaining a license from the clerk of the city, village or town wherein such privilege is sought to be exercised.

DISCUSSION

The gas station at 303 S. Main Street has been operated as Handy Spot by Kuljit Paul Singh at 303 S. Main Street as of February 19, 2024. A Cigarette and Tobacco Application was submitted by Kings Operating LLC for operation at 303 S. Main Street, dba Pump n Shop.

FINANCIAL ANALYSIS

Cigarette, Tobacco and Electronic Vaping Device Retail License fee for the licensing period of March 5, 2025 to June 30, 2025 is \$100.00.

RECOMMENDATION

Staff recommends that the License Committee recommend the City Council approve the Cigarette and Tobacco Products Retail License Application for Kings Operating WI LLC dba Pump n Shop for the licensing period of March 5, 2025 to June 30, 2025 contingent upon all monies owed to the City are paid prior to license issuance by the City Clerk.

ATTACHMENTS

- 1. CTV 100 Kings Operating

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

| FOR CLERKS ONLY | |
|-----------------|--------------------|
| Municipality | CITY Fort Atkinson |
| License Period | 3.5.25 6.30.25 |

| Part A: Premises/Business Information | | | |
|--|---|--|---|
| 1. Legal Business Name (individual name if sole proprietor) KINGS OPERATING WI LLC | | \$100- | |
| 2. Business Trade Name or DBA PUMP N SHOP | | | |
| 3. FEIN 93-1504224 | | 4. Wisconsin Seller's Permit Number 456-1031438219-04 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation | | | |
| 6. State of Organization tx | | 7. Date of Organization 05/22/2023 | 8. Wisconsin DFI Registration Number K062116 |
| 9. Premises Address (do not use PO Box) 303 S main st | | | |
| 10. City Fort Atkinson | | 11. State WI | 12. Zip Code 53538 |
| 13. County Jefferson | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Fort Atkinson | | 15. Aldermanic District |
| 16. Mailing Address (if different from premises address) | | | |
| 17. City | | 18. State | 19. Zip Code |
| 20. Premises Phone 9205421006 | | 21. Premises Email PUMPNSHOP1@GMAIL.COM | 22. Website |
| 23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. All Cigarettes, tobacco Products, and vaping devices will be sold and stored behind the counter. Storage cabinets are behind the counter. No other storage | | | |

| Part B: Questions |
|---|
| 1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices |
| 2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine |
| 3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____ |

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

| Last Name | First Name | Title | Phone |
|-----------|------------|-------|----------------|
| KRAUT | ALECIA | AGENT | (608) 501-7314 |
| MAQB00L | ADNAN | OWNER | |
| | | | |
| | | | |

Part D: Attestation

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

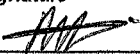
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|--|-------------------------------|--------------------|
| Signature  | | Date 12/04/2024 |
| Name (Last, First, M.I.) MAQB00L ADNAN I | | |
| Title OWNER | Email PUMPNSHOP1@GMAIL.COM | Phone |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|---------------------------------|----------------------|----------------|
| Date application was filed with clerk | Date license issued | Date license expires | License number |
| License fees | Signature of Clerk/Deputy Clerk | | |

Date

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

| | | | |
|---|--------------------------------------|---|--------------------------------------|
| Part A: Business Information | | | |
| 1. Legal Business Name (individual name if sole proprietor) KINGS OPERATING WI LLC | | | |
| 2. Business Trade Name or DBA PUMP N SHOP | | | |
| 3. Entity Type (check one) | | | |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation |

| | | | | | |
|--|--|-----------------------------------|--|----------------------------|-------------------------------|
| Part B: Individual Information | | | | | |
| 1. Name (Last) KRAUT | | 2. Name (First) ALECIA | | 3. Name (M.I.) A | |
| 4. Relationship to Business (Title) DISTRICT MANAGER | | 5. Email ALECIAKRAUT@GMAIL.COM | | 6. Phone (608) 501-7314 | |
| 7. Home Address 109 LIBERTY ST | | | | | |
| 8. City DEERFIELD | | 9. State WI | 10. Zip Code 53531 | | 11. Date of Birth 01/09/97 |
| 12. Drivers License/State ID Number K630-0019-7509-04 | | | 13. Drivers License/State ID State of Issuance WI | | |

| | | | | | |
|---|----------------|-------------------|--------|-------------|-------------------|
| Part C: Individual's Address History | | | | | |
| List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | | | |
| Previous Address 1 109 LIBERTY ST | | City DEERFIELD | | State WI | Zip Code 53531 |
| Previous Address 2 | | City | | State | Zip Code |
| Previous Address 3 | | City | | State | Zip Code |
| Previous Address 4 | | City | | State | Zip Code |
| Previous Address 5 | | City | | State | Zip Code |
| Previous Address 6 | | City | | State | Zip Code |
| If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | | | |
| State WI | County DANE | State | County | State | County |
| State | County | State | County | State | County |

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

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

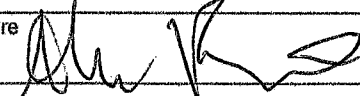
2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Empty space for describing pending charges.

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

| | |
|---|--------------|
| Signature  | Date 12/4/24 |
|---|--------------|

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

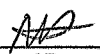

| | |
|-----------------------------|-------|
| Name of Local Official | Title |
| Signature of Local Official | Date |

Agent Type (check one): Original Change

| Part A: Agent Information | | | |
|-----------------------------------|--|--|----------------------|
| 1. Last Name KRAUT | 2. First Name ALECIA | 3. M.I. A | |
| 4. Email ALECIAKRAUT@GMAIL.COM | | 5. Phone (608) 501-7314 | |
| 6. Home Address 109 LIBERTY ST | | | |
| 7. City DEERFIELD | | 8. State WI | 9. Zip Code 53531 |
| 10. Date of Birth 01/09/2097 | 11. Drivers License/State ID Number K630-0019-7509-04 | 12. Drivers License/State ID State of Issuance WI | |

| Part B: Questions |
|---|
| 1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary. |

| Part C: Business Information | | |
|--|----------------|----------------------|
| 1. Legal Business Name (individual name if sole proprietor) KINGS OPERATING WI LLC | | |
| 2. Business Trade Name or DBA PUMP N SHOP | | |
| 3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation | | |
| 4. Premises Address 303 S main st | | |
| 5. City fort Atkinson | 6. State WI | 7. Zip Code 53538 |

| Part D: Attestations | |
|--|-----------------|
| READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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. | |
| Signature of Licensee (officer, member, or authorized signatory)  | Date 12/4/24 |
| Name of Person Signing for Licensee Adnan Mahmood | Title Owner |
| READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted. | |
| Signature of Agent  | Date 12/4/24 |

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.

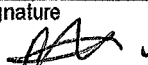
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------|------------|-------|----------------|
| KRAUT | ALECIA | AGENT | (608) 501-7314 |
| MAQBOOL | ADNAN | OWNER | |
| | | | |
| | | | |

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 MAQBOOL | First Name ADNAN | M.I. I |
| Title OWNER | Email PUMPNSHOP1@GMAIL.COM | Phone |
| Signature  | | Date 12/04/24 |

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) | |

Date

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

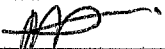
| | | | |
|---|--------------------------------------|---|--------------------------------------|
| Part A: Business Information | | | |
| 1. Legal Business Name (Individual name if sole proprietor) KINGS OPERATING WI LLC | | | |
| 2. Business Trade Name or DBA PUMP N SHOP | | | |
| 3. Entity Type (check one) | | | |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation |

| | | | |
|--|----------------------------------|--|-------------------------------|
| Part B: Individual Information | | | |
| 1. Name (Last) MAQBOOL | 2. Name (First) ADNAN | 3. Name (M.I.) I | |
| 4. Relationship to Business (Title) OWNER | 5. Email PUMPNSTOP1@GMAIL.COM | 6. Phone | |
| 7. Home Address 4735 S 82ND ST | | | |
| 8. City GREENFIELD | 9. State WI | 10. Zip Code 53220 | 11. Date of Birth 12/04/24 |
| 12. Drivers License/State ID Number M214-0090-3109-09 | | 13. Drivers License/State ID State of Issuance WI | |

| | | | |
|---|----------------------|-------------|-------------------|
| Part C: Individual's Address History | | | |
| List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | |
| Previous Address 1 4735 S 82ND ST | City GREENFIELD | State WI | Zip Code 53220 |
| Previous Address 2 | City | State | Zip Code |
| Previous Address 3 | City | State | Zip Code |
| Previous Address 4 | City | State | Zip Code |
| Previous Address 5 | City | State | Zip Code |
| Previous Address 6 | City | State | Zip Code |
| If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | |
| State WI | County MILWAULKEE | State | County |
| State | County | State | County |

Continued →

| Part D: Individual's Criminal History | | |
|---|----------|--|
| 1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| If yes to question 1, please list details of each conviction below: | | |
| 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 |
| 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 currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed. | | |
| | | |

| Part E: Attestation by Individual | |
|---|--------------------|
| READ CAREFULLY BEFORE SIGNING: I 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief. | |
| Signature  | Date 12/04/2024 |

| Part F: Licensing Authority Approval | |
|--|-------|
| I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business. | |
| Name of Local Official | Title |
| Signature of Local Official | Date |
| | |



MEMORANDUM

DATE: February 26, 2025

TO: Committee/Commission/Board

FROM: Michelle Ebbert, Clerk/Treasurer/Finance Director

RE: Review and possible recommendation to the City Council relating to Renewal Alcohol Beverage License Application for Fort Atkinson Lions Club, Class "B" Fermented Malt Beverage (Ebbert, Clerk/Treasurer/Finance Director)

BACKGROUND

The State of Wisconsin regulates alcohol licensing for local governments through Chapter 125. Local governments are given the authority to issue licenses where alcohol is consumed in a public place in accordance with requirements set forth by Statute. There are three classes of Licenses: Class A, Class B, and Class C. "Class C" pertains strictly to wine with consumption on-site in a restaurant. The difference between Class A and B is where alcohol is authorized for sale and for consumption. Class A generally offers sale of alcohol on-site with consumption off-site (e.g. grocery or liquor store, gas station or convenience store). Class B allows for on-site sale and on-site consumption (e.g. Restaurant, Bar, Bowling Alley, Tavern). Class A can easily be remembered as you consume alcohol *Away* from the premises. Likewise, Class B you consume on-site, for example *Bar*.

A Class "B" beer license may be issued for any six-month period in a calendar year at 50% of the regular annual fee, but such licenses may not be renewed during the calendar year (sec. 125.26(5)).

State Statutes have established quotas for "Class B" Intoxicating Liquor licenses issued by municipalities. Statutes do not provide quotas for Class "B" Fermented Malt Beverage licenses; however, Statutes do allow municipalities to establish such quotas.

The City of Fort Atkinson does not have a quota on Class "B" Fermented Malt Beverage licenses.

DISCUSSION

The Fort Atkinson Lions Club submitted a renewal application for their fermented malt beverage license. The Club operates the concession stand at Ralph Park during the adult softball season in evenings running May through early September. As required, they have licensed operators (bartenders) and take measures to ensure those purchasing and consuming alcohol are of legal drinking age.

Applicant: Fort Atkinson Lions Club – SCARP (Selling Concessions at Ralph Park)

License: Class “B” Fermented Malt Beverage

Licensing period: May 1, 2025 to October 31, 2025

Agent: Michelle Ebbert

Premise: Ralph Park concession stand and storage in block building. Consumption on grass, concrete, bleachers, softball fields, dugouts, pavilions and restrooms. Records are maintained in the Agent’s office, 101 N. Main Street.

FINANCIAL ANALYSIS

License fees are determined locally, but must be within the statutory maximum and minimum. Municipalities are free to set the fee anywhere within the statutory range without justifying their costs. Six-month license will be one-half of the annual license fee for such license. A Class “B” Fermented Malt Beverage license is \$100.00 per licensing period, July 1 to June 30. The six-month license fee would be \$50.00 and a \$30.00 publication fee for a license renewal.

RECOMMENDATION

Staff recommends that the City Council approve renewing the Annual Alcohol Beverage License for a Class “B” Fermented Malt Beverage for Fort Atkinson Lions Club for use at Ralph Park from May 1, 2025 to October 31, 2025.

ATTACHMENTS

1. 2025 - AB-200 Lions Application

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|--------------------|
| Municipality | City Fort Atkinson |
| License Period | 05012025-10312025 |

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

Class "A" Beer \$ _____ Class "B" Beer \$ 50
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|--------------|
| License Fees | \$ 50 |
| Background Check Fee | \$ 0 |
| Publication Fee | \$ 30 |
| Total Fees | \$ 80 |

Part A: Premises/Business Information

| | | |
|--|--|---|
| 1. Legal Business Name (individual name if sole proprietorship) FORT ATKINSON LIONS CLUB | | |
| 2. Business Trade Name or DBA FORT ATKINSON LIONS CLUB | | |
| 3. FEIN 39-6093836 | 4. Wisconsin Seller's Permit Number <i>456-000076007-02</i> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization | | |
| 6. State of Organization WI | 7. Date of Organization 05/02/1986 | 8. Wisconsin DFI Registration Number F021951 |
| 9. Premises Address <i>Jefferson St, Ralph Park</i> | | |
| 10. City FORT ATKINSON | 11. State WI | 12. Zip Code 53538 |
| 13. County Jefferson | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FORT ATKINSON | 15. Aldermanic District _____ |
| 16. Premises Phone _____ | 17. Premises Email mch11ann@yahoo.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. CONCESSION STAND, PAVEMENT, PICNIC TABLES, BALL FIELDS, RESTROOMS, PAVILIONS | | |
| 20. Mailing Address (if different from premises address) PO BOX 352 | | |
| 21. City FORT ATKINSON | 22. State WI. | 23. Zip Code 53538 |

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 |
|-----------|------------|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

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 EBBERT | First Name MICHELLE | M.I. A |
|---------------------|------------------------|-----------|

| | | |
|----------------------------|-----------------------------|-------------------------|
| Title TREASURER / AGENT | Email mch11ann@yahoo.com | Phone (608) 290-3397 |
|----------------------------|-----------------------------|-------------------------|

| | |
|--|-------------------|
| Signature  | Date 2.17.2005 |
|--|-------------------|

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) |
|---------------------------------|---|



MEMORANDUM

DATE: February 26, 2025

TO: Committee/Commission/Board

FROM: Michelle Ebbert, Clerk/Treasurer/Finance Director

RE: Review and possible recommendation to the City Council relating to Renewal Alcohol Beverage License Application for Fort Atkinson Generals Baseball Team, Class "B" Fermented Malt Beverage (Ebbert, Clerk/Treasurer/Finance Director)

BACKGROUND

The State of Wisconsin regulates alcohol licensing for local governments through Chapter 125. Local governments are given the authority to issue licenses where alcohol is consumed in a public place in accordance with requirements set forth by Statute. There are three classes of Licenses: Class A, Class B, and Class C. "Class C" pertains strictly to wine with consumption on-site in a restaurant. The difference between Class A and B is where alcohol is authorized for sale and for consumption. Class A generally offers sale of alcohol on-site with consumption off-site (e.g. grocery or liquor store, gas station or convenience store). Class B allows for on-site sale and on-site consumption (e.g. Restaurant, Bar, Bowling Alley, Tavern). Class A can easily be remembered as you consume alcohol Away from the premises. Likewise, Class B you consume on-site, for example *Bar*.

A Class "B" beer license may be issued for any six-month period in a calendar year at 50% of the regular annual fee, but such licenses may not be renewed during the calendar year (sec. 125.26(5)).

State Statutes have established quotas for "Class B" Intoxicating Liquor licenses issued by municipalities. Statutes do not provide quotas for Class "B" Fermented Malt Beverage licenses; however, Statutes do allow municipalities to establish such quotas.

The City of Fort Atkinson does not have a quota on Class "B" Fermented Malt Beverage licenses.

DISCUSSION

The General Baseball Team submitted a renewal application for their fermented malt beverage license. The Team sells beverages during their home games and Baseball Fest which is conducted in June. As required, they have licensed operators (bartenders) and take measures to ensure those purchasing and consuming are of legal drinking age.

Applicant: Fort Atkinson Generals Baseball Team Inc.

License: Class "B" Fermented Malt Beverage

Licensing period: April 1, 2025 to September 30, 2025

Agent: Tim Garant

Premise: Jones Park concession stand, grandstand and whole park.

During Baseball Fest in June, the consumption will include the fenced horseshoe pits, carnival and concert.

FINANCIAL ANALYSIS

License fees are determined locally, but must be within the statutory maximum and minimum. Municipalities are free to set the fee anywhere within the statutory range without justifying their costs. A six-month license will be one-half of the annual license fee for such a license. A Class "B" Fermented Malt Beverage license is \$100.00 per licensing period, July 1 to June 30. The six-month license fee would be \$50.00 and a \$30.00 publication fee for a license renewal.

RECOMMENDATION

Renewal Alcohol Beverage License Application – Fort Atkinson General Baseball Team, Inc

ATTACHMENTS

1. 2025 - AB-200 Generals Application

Form
AB-200

Alcohol Beverage License Application

| | |
|------------------------|--------------------|
| For Municipal Use Only | |
| Municipality | City Fort Atkinson |
| License Period | 04012025-09302025 |

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

Class "A" Beer \$ _____ Class "B" Beer \$ 50
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|---------------------|
| License Fees | \$ <u>50</u> |
| Background Check Fee | \$ <u>0</u> |
| Publication Fee | \$ <u>30</u> |
| Total Fees | \$ <u>80</u> |

| | | | |
|--|---|--|--|
| Part A: Premises/Business Information | | | |
| 1. Legal Business Name (individual name if sole proprietorship) Fort Atkinson Generals Baseball Team, Inc | | | |
| 2. Business Trade Name or DBA | | | |
| 3. FEIN 391416520 | | 4. Wisconsin Seller's Permit Number 45610201500 <u>2403</u> | |
| 5. Entity Type (check one) <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 WI | | 7. Date of Organization <u>05/12/1982</u> | 8. Wisconsin DFI Registration Number <u>6F10365</u> |
| 9. Premises Address 600 Janesville Ave (Jones Park) | | | |
| 10. City Fort Atkinson | | 11. State WI | 12. Zip Code 53538 |
| 13. County Jefferson | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Fort Atkinson</u> | | 15. Aldermanic District |
| 16. Premises Phone | 17. Premises Email fortgeneralsbaseball@gmail. | 18. Website www.fortgenerals.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. Jones Park Concess Stand, Grandstand and Whole Park | | | |
| 20. Mailing Address (if different from premises address) PO Box 98 | | | |
| 21. City Fort Atkinson | | 22. State WI | 23. Zip Code 53538 |

| | | |
|---|----------|--|
| 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 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.

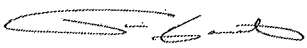
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------|------------|----------------|----------------|
| Smith | Josh | President | (262) 949-4596 |
| Koepke | Sue | Vice President | (920) 650-2111 |
| Yandry | Taylor | Treasurer | (920) 723-3878 |
| Allard | Dan | Board Member | (920) 723-9899 |

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 Garant | | First Name Tim | | M.I. A |
| Title Agent / Board Member | | Email fortgeneralsbaseball@gmail.com | | Phone (920) 222-2184 |
| Signature  | | | Date 02/17/25 | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|----------------------|---|
| Date Application Was Filed With Clerk 2.17.2025 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | | Date Provisional License Issued (if applicable) |