



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, MARCH 25, 2026 – 4:00 PM  
CITY HALL – SECOND FLOOR**

<https://us02web.zoom.us/j/87803574178?pwd=7yLpWCw7LDiWMN73aHpFiQM GowOJdF.1>

Meeting ID: 878 0357 4178

Passcode: 657906

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.

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**AGENDA**

**1. Call meeting to order**

**2. Roll call**

**3. New Business**

- a. Review and possible recommendation to the City Council relating to **Renewal Alcohol Beverage License Application** for Fort Atkinson Generals Baseball Team, for use at Jones Park for a Class "B" Fermented Malt Beverage license (Ebbert, Clerk/Treasurer/Finance Director)
- b. Review and possible recommendation to the City Council relating to **Alcohol Beverage License Application** for K&S Restaurants, LLC for use at 88, 90, 96 S Main Street for a "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage license (Ebbert, Clerk/Treasurer/Finance Director)
- c. Review and possible recommendation to the City Council relating to **Alcohol Beverage License Application** for Chroma Art Studio, LLC for use at 112 N. Main Street for a "Class C" Wine License (Ebbert, Clerk/Treasurer/Finance Director)
- d. Review and possible recommendation to the City Council relating to **Alcohol Beverage License Application** for a "Class A" Intoxicating Liquor license (Ebbert, Clerk/Treasurer/Finance Director)
- e. Review and possible recommendation to the City Council relating to **Alcohol**

**Beverage License Application** for Topsy Trail Liquors, for use at 313 Madison Avenue for a Class “A” Fermented Malt Beverage license (Ebbert, Clerk/Treasurer/Finance Director)

- f. Review and possible recommendation to the City Council relating to **Cigarette, Tobacco and Electronic Vaping Device Retail License Applications** for Topsy Trail Liquors, for use at 313 Madison Avenue (Ebbert, Clerk/Treasurer/Finance Director)

#### **4. Adjournment**

*Date Posted: March 23, 2026*

*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:** March 25, 2026

**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, for use at Jones Park for a Class "B" Fermented Malt Beverage license (Ebbert, Clerk/Treasurer/Finance Director)

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### 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 by the glass or in one opened original container. 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 its fermented malt beverage license. The Team sells beverages during its home games and at Baseball Fest, which is held in June. As required, they have licensed operators (bartenders) and take measures to ensure those purchasing and consuming are of legal drinking age. Last year, the Generals were issued a

six-month license, which supported their regular season. Should tournament games be scheduled and held at Jones Park, the dates may fall outside the six-month window. Therefore, it was recommended the Generals consider a regular, full-year license. With approval of this license by the Committee and Council, it would be issued from April 10th through June 30th. The Generals will apply for a one-year license with effective dates July 1, 2026, through June 30, 2027.

The following information was provided.

- Confirmation of Legal Name (corporation, limited liability company, partnership)
- Trade or Business Name
- Background check on Agent/Applicant was successful

The following items were verified.

- Verification of Federal Identification Number
- Verification of Wisconsin Seller's Permit Number

### **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 and may be pro-rated upon issuance. A Class "B" Fermented Malt Beverage license is \$100.00 per licensing period, July 1 to June 30. If approved by the License Committee and City Council, the pro-rated license fee would be \$12.51 for April through June.

### **RECOMMENDATION**

Staff requests the License Committee recommend to the City Council approval of the Renewal Alcohol Beverage License for a Class "B" Fermented Malt Beverage for Fort Atkinson Generals Baseball Team Inc for use at Jones Park from April 10th through June 30th, contingent upon payment of license fees.

### **ATTACHMENTS**

1. Generals Baseball Team \_Redacted

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City Fort Atkinson
License Period	4-10-26 / 6-30-26

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

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

Fees	
License Fees	\$ 12.51
Background Check Fee	\$ -
Publication Fee	\$ 100.00
<b>Total Fees</b>	<b>\$</b>

**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 456-1020150000-00	
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 5-12-1982	8. Wisconsin DFI Registration Number 6F10365
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: Fort Atkinson	15. Aldermanic District
16. Premises Phone	17. Premises Email [REDACTED]	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 Concession 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.     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
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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.

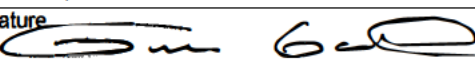
Last Name	First Name	Title	Phone
Smith	Josh	President	██████████
Koepke	Sue	Vice President	██████████
Yandry	Taylor	Treasurer	██████████
Allard	Dan	Board Member	██████████

**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 Timothy	M.I. A
Title Agent / Board Member		
Signature 		Date 01/06/26

**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)	

# Alcohol Beverage Appointment of Agent

Date 1/6/25

**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) Fort Atkinson Generals Baseball Team, Inc	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" 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 Garant	2. First Name Timothy	3. Social Security Number [REDACTED]
4. Email [REDACTED]	5. Phone [REDACTED]	
6. Home Address [REDACTED]		
7. City Fort Atkinson	8. State WI	9. Zip Code 53538
10. Date of Birth [REDACTED]	11. Drivers License/State ID Number [REDACTED]	
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 (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<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 Smith	First Name Josh	M.I.
Title President	Email [REDACTED]	[REDACTED]
Signature 	Date 1/6/20	

**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 Garant	First Name Timothy	M.I. A
Signature 	Date 1/6/20	

# Alcohol Beverage Individual Questionnaire

Date 2/8/2026

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.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <u>Fort Atkinson Generals Baseball Team, Inc</u>	
2. Business Trade Name or DBA	
3. 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	

<b>Part B: Individual Information</b>			
1. Last Name <u>ALLARD</u>	2. First Name <u>DANIEL</u>	3. M.I. <u>M</u>	
4. Relationship to Business (Title) <u>TREASURER</u>	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City <u>FORT ATKINSON</u>	9. State <u>WI</u>	10. Zip Code <u>53538</u>	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <u>WISCONSIN</u>	

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin .....			(MM/YYYY) <u>06/1976</u>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 [REDACTED]	City <u>FORT ATKINSON</u>	State <u>WI</u>	Zip Code <u>53538</u>
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 <u>WI</u>	County <u>JEFFERSON</u>	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 <i>DUI</i>	Location <i>FORT ATKINSON</i>	Conviction Date <i>2006</i>
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 *Dan M. [Signature]* Date *3/8/2026*



## MEMORANDUM

**DATE:** March 25, 2026

**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 K&S Restaurants, LLC for use at 88, 90, 96 S Main Street for a "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage license (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 (03/19/2026)*

<u>License</u>	<u>Quota</u>	<u>Licenses Issued</u>	<u>Licenses Available</u>
"Class A" Intoxicating Liquor	16 - 1 per 750 residents	15	1
Class "A" Fermented Malt	17 - 1 per 750 residents	16	1
"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 location of 88, 90, 96 S. Main Street had been operated by Bridge @ River & Main, LLC dba Bridge with adjacent businesses Proof and Good to Go. A "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage license was used at Bridge and Proof as the properties were contiguous internally and owned/operated by the same LLC and Agent. Good-to-Go is also contiguous however did not sell or allow consumption of alcohol.

K&S Restaurants, LLC has an offer to purchase and operate at 88, 90 and 96 S. Main Street and submitted an Alcohol Beverage License Application for a "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage License. Documentation was properly completed and submitted for review.

The following information was provided.

- Confirmation of Legal Name (corporation, limited liability company, partnership)
- Trade or Business Name
- Background check on Agent/Applicant was successful
- Letter from Bridge @River & Main LLC stating they will surrender their Class B license contingent upon approval of applicant K&S Resaurants, LLC for use at 88, 90, 96 S. Main Street

The following items were verified.

- Verification of Federal Identification Number
- Verification of Wisconsin Seller's Permit Number

## **FINANCIAL ANALYSIS**

Alcohol license fees for the submitted application will be pro-rated from the month of issuance to expiration. Such Class B license from April to June is \$200.00. Publication fee for new

applications is \$100.00.

### **RECOMMENDATION**

Staff recommends the License Committee recommend approval of the Alcohol License Application for a "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage License for K&S Restaurants, LLC dba Proof Speakeasy & The Bridge @ River and Main for use at 88, 90 & 96 S. Main Street for the licensing period of April 10, 2026 to June 30, 2026 contingent upon payment of licensing fees.

### **ATTACHMENTS**

1. K&S Restaurants - Proof Bridge 88-90-96 S Main Street - Alcohol\_Redacted

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 ..... \$ \_\_\_\_\_
- 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	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
<b>Total Fees</b>	<b>\$ _____</b>

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship) <i>R &amp; S RESTAURANTS, LLC</i>			
2. Business Trade Name or DBA <i>PROOF SPEAKEASY, THE BRIDGE AT RAER &amp; MAIN</i>			
3. FEIN <i>41-4324243</i>		4. Wisconsin Seller's Permit Number <i>456-1032293535-02</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 <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <i>WISCONSIN</i>		7. Date of Organization <i>02/17/2026</i>	8. Wisconsin DFI Registration Number <i>K068726/05B 247311</i>
9. Premises Address <i>88, 90, &amp; 96 SOUTH MAIN STREET</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. Premises Phone <i>PENDING</i>		17. Premises Email <i>[REDACTED]</i>	18. Website <i>PENDING / SOCIAL MEDIA FOR PROOF &amp; THE BRIDGE</i>
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. <i>Attained.</i>			
20. Mailing Address (if different from premises address) <i>88 SOUTH MAIN STREET, FORT ATKINSON, WISCONSIN, 53538</i>			
21. City <i>FORT ATKINSON</i>		22. State <i>WI</i>	23. Zip Code <i>53538</i>

**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

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 *(PENDING/COMPLETION NOW)*

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
LEDERER	KRISTA	MANAGING MEMBER	[REDACTED]
GRAY	SCOTT	MEMBER	[REDACTED]

**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 LEDERER	First Name KRISTA	M.I. L.
Title MANAGING MEMBER	Email [REDACTED]	Phone [REDACTED]
Signature <i>Krista Lederer</i>	Date 02/27/2026	

**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)	

**APPLICATION CONTINUED: (#19)**

**(K&S RESTAURANTS, LLC)**

**THE BRIDGE: (88 SOUTH MAIN STREET)**

**EVENT SPACE AND RESTAURANT SPACE AND SMALL OUTDOOR PATIO LOCATED ON THE RIVER SIDE OF THE BUILDING. BEER, LIQUOR, AND WINE TO BE SERVED IN THESE AREAS. BEER, LIQUOR, AND WINE TO BE STORED IN COOLERS, PORTABLE BAR AREA, AND LOCKED CLOSET ALL LOCATED ON THE MAIN LEVEL OF THE BUILDING. (SEE ATTACHED MAP ALSO)**

**PROOF SPEAKEASY BAR: (88, 90, AND 96 SOUTH MAIN STREET)**

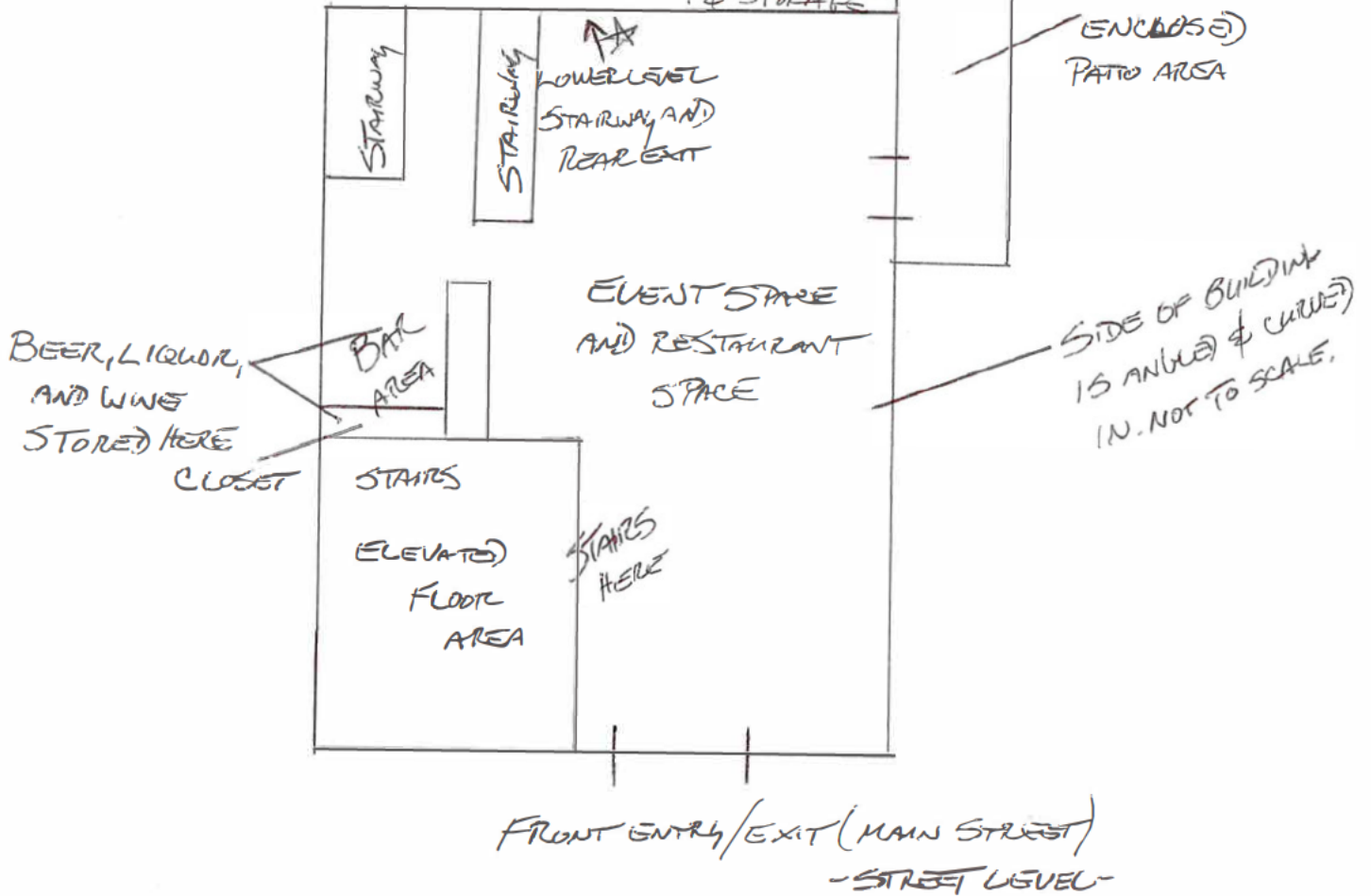
**BEER, LIQUOR, AND WINE TO BE SERVED IN THE EXISTING BAR SPACES INCLUDING THE LOWER LEVEL SPACE IN ALL 3 ADDRESSES. FOOD AND BEVERAGES TO BE SERVED AT THE BAR AND ALL TABLES WITHIN THE SPACE. BEER, LIQUOR, AND WINE TO BE STORED IN THE BAR AREA, WALK-IN COOLER, AND LIQUOR STORAGE ROOM IN THE LOWER LEVEL STAFF AREA. (SEE ATTACHED MAP ALSO)**

APPLICATION CONTINUED: (#19)

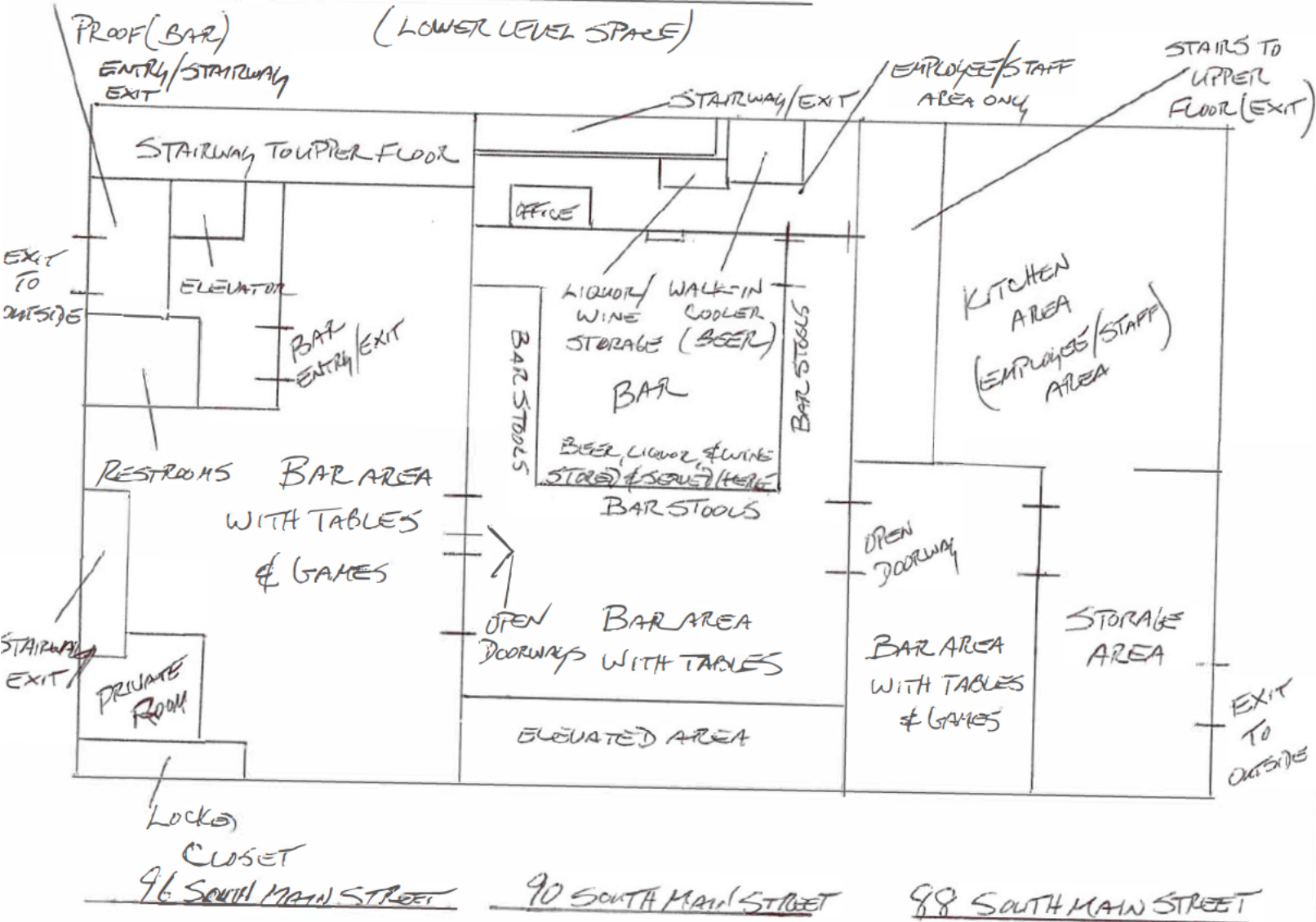
K&S RESTAURANTS, LLC

88 SOUTH MAIN STREET:

\*MAP IS NOT TO SCALE



88, 90, AND 96 SOUTH MAIN STREET:



**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)  
K&S RESTAURANTS, LLC

2. Business Trade Name or DBA  
PROOF SPEAKEASY, THE BRIDGE AT RIVER & MAIN

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  
LEDERER

2. First Name  
KRISTA

3. M.I.  
L.

4. Email  
[REDACTED]

5. Phone  
[REDACTED]

6. Home Address  
1785 N. WATER STREET #1606 / AS OF 03/31/2026 WILL BE: 88 SOUTH MAIN STREET FORT ATKINSON, WIS. 53538

7. City  
WAUWATOSA

8. State  
WI

9. Zip Code  
53202

10. Date of Birth  
06/29/2004

11. Drivers License/State ID Number  
[REDACTED]

12. Drivers License/State ID State of Issuance  
WISCONSIN

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? .....  Yes  No  
Submit proof of completion. (PENDING, COMPLETING)

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? .....  Yes  No

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 <i>LEDERER</i>	First Name <i>KRISTA</i>	M.I. <i>L.</i>
Title <i>MANAGING MEMBER</i>		<i>(608)</i>
Signature <i>Krista Lederer</i>		Date <i>02/27/2026</i>

**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 <i>LEDERER</i>	First Name <i>KRISTA</i>	M.I. <i>L.</i>
Signature <i>Krista Lederer</i>		Date <i>02/27/2026</i>

# Alcohol Beverage Individual Questionnaire

Date  
02/25/2026

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)  
K & S Restaurants, LLC

2. Business Trade Name or DBA  
Proof Speakeasy, The Bridge

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Last Name: Lederer      2. First Name: Krista

4. Relationship to Business (Title): Managing Member/ Operator      5. [Redacted]      6. [Redacted]

8. City: Wauwatosa      9. State: WI      10. Zip Code: 53202      11. Date of Birth: 06/28/2004

12. Drivers License/State ID Number: [Redacted]      13. Drivers License/State ID State of Issuance: WISCONSIN

AS OF 3/31/26 88 South Main St., Fort Atkinson, WI, 53538 (on-site)

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 06/2004

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
355 S. Moorland RD	Brookfield	WI	53005
7203 Stonewood court	Middleton	WI	53562
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	State	County
WI	Dane	WI	Brookfield				
WI	Waukesha	WI					

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>Krista Jelenen</i>	Date 2/25/2020
------------------------------------	-------------------

# Alcohol Beverage Individual Questionnaire

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) K & S Restaurants, LLC	
2. Business Trade Name or DBA Proof Speakeasy, The Bridge	
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 Gray	2. First Name Scott	3. M.I. R	
4. Relationship to Business (Title) Member/ Operator	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City Milwaukee	9. State Wi	10. Zip Code 53202	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance ILLINOIS	

As of 3/31/26 88 South Main St., Fort Atkinson, WI, 53538 (on-site)

Part C: Address History	
1. Do you currently live in Wisconsin? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin .....	(MM/YYYY) 09/2024

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 11601 S. Kedzie Ave.	City Merrionette park	State IL	Zip Code 60803
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 Milwaukee	State IL	County Will	State	County	State	County
State IL	County COOK	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 2/25/2006



## MEMORANDUM

**DATE:** March 25, 2026

**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 Chroma Art Studio, LLC for use at 112 N. Main Street for a "Class C" Wine License (Ebbert, Clerk/Treasurer/Finance Director)

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### 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 by the glass or in one opened original container. 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*.

*State Statutes have not established quotas for "Class C" wine licenses. The City of Fort Atkinson does not have a quota on "Class C" wine licenses.*

### DISCUSSION

Jessica Turner, owner of Chroma Art Studio, LLC provided an Alcohol Beverage License Application for a "Class C" wine license for use at 112 N. Main Street. A "Class C" wine license allows for consumption by the glass on site or in one unopened original container for consumption on premise where it is sold. The open container may be taken for consumption off the premises only in compliance with Wis. Stat. 125.51(3r) (i.e., "recorked" bottle). The premise includes the east end of the first floor of the building, two event spaces and a small office space. The wine can be stored, sold and consumed in the areas described in the premise.

Note that effective May 1, 2024, Act 73 eliminated previous limitations on eligibility for "Class C" wine licenses (i.e., no longer has to be a restaurant).

The following information was provided.

- Confirmation of Legal Name (corporation, limited liability company, partnership)
- Trade or Business Name
- Background check on Agent/Applicant was successful

The following items to be verified prior to license issuance.

- Verification of Federal Identification Number
- Verification of Wisconsin Seller's Permit Number

### **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 and may be pro-rated upon issuance. A "Class C" Wine license is \$100.00 per licensing period, July 1 to June 30. If approved by the License Committee and City Council, the pro-rated license fee would be \$12.51 for April 10 through June 30.

### **RECOMMENDATION**

Staff requests the License Committee to recommend to the City Council approval of the Alcohol Beverage License for a "Class C" Wine License for Chroma Art Studio, LLC for use at 112 N. Main Street from April 10th through June 30th contingent upon payment of license fees.

### **ATTACHMENTS**

1. Chroma Art Studio 112 N Main St Alcohol App\_Redacted

Form  
AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY FORT ATKINSON
License Period	4.10.16 to 10.30.26

**Application Type** (check one)

Initial (New)       Renewal

License(s) Requested: (up to two boxes may be checked)	Fees								
<input type="checkbox"/> Class "A" Beer ..... \$ _____ <input type="checkbox"/> Class "B" Beer ..... \$ _____ <input type="checkbox"/> "Class A" Liquor ..... \$ _____ <input type="checkbox"/> Regular "Class B" Liquor \$ _____ <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ <input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor ..... \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>License Fee(s)</td> <td>\$</td> </tr> <tr> <td>Background Check Fee</td> <td>\$</td> </tr> <tr> <td>Publication Fee</td> <td>\$</td> </tr> <tr> <td><b>Total Fees</b></td> <td><b>\$</b></td> </tr> </table>	License Fee(s)	\$	Background Check Fee	\$	Publication Fee	\$	<b>Total Fees</b>	<b>\$</b>
License Fee(s)	\$								
Background Check Fee	\$								
Publication Fee	\$								
<b>Total Fees</b>	<b>\$</b>								

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship)  
Chroma Art Studio LLC

2. Business Trade Name or DBA

3. FEIN 82-1100489      4. Wisconsin Seller's Permit Number 456-1031054-703-02

5. Entity Type (check one)  
 Sole Proprietor     Partnership     Limited Liability Company     Corporation     Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? .....  Yes     No  
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization Wisconsin      8. Date of Organization 10/24/2013      9. Wisconsin DFI Registration Number 6086337

10. Premises Address 112 N. Main St

11. City Fort Atkinson      12. State WI      13. Zip Code 53538

14. County Jefferson      15. Governing Municipality:  City     Town     Village of: Fort Atkinson      16. Aldermanic District

17. Premises Email Address [Redacted]      18. Website www.chromafort.com

20. Premises Description  
**Initial (New Applicants Only):** 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.  
**Renewal Applicants Only:** I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.   
The premises is located at 112 N. Main St Fort Atkinson, WI and includes only the west-east end of the first floor of the building. This includes two event spaces and a small office space.

21. Mailing Address (if different from premises address)

22. City      23. State      24. 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 wholesaler?  Yes  No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

**Part C: Individual Information**

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

**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 <i>Turner</i>	First Name <i>Jessica</i>	M.I. <i>C</i>
Title <i>owner</i>	Employer 	Phone 
Signature <i>Jessica Turner</i>		<i>8/15/2026</i>

**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)



Form AB-101

Alcohol Beverage Appointment of Agent

Date

**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)  
*Chroma Art Studio, LLC*

2. Business Trade Name or DBA

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: *Turner*      2. First Name: *Jessica*      3. M.I.: *C*

4. Email: [Redacted]      5. Phone: [Redacted]

6. Home Address: [Redacted]

7. City: *Fort Atkinson*      8. State: *WI*      9. Zip Code: *53538*      10. Date of Birth: [Redacted]

11. Driver's License/State ID Number: [Redacted]      12. Driver's License/State ID State of Issuance: *Wisconsin*

**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* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? .....  Yes       No

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	First Name	M.I.
Turner	Jessica	C
Title	Email	Phone
Owner	[REDACTED]	[REDACTED]
Signature	Date	
Jessica Turner	3/15/2026	

**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	First Name	M.I.
Turner	Jessica	C
Signature	Date	
Jessica Turner	3/15/2026	

Form AB-100

# Alcohol Beverage Individual Questionnaire

Date

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 is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
*Chroma Art Studio LLC*

2. Business Trade Name or DBA

3. Entity Type (check one)  
 Sole Proprietor     Partnership     Limited Liability Company     Corporation     Nonprofit Organization

**Part B: Individual Information**

1. Last Name: *Turner*    2. First Name: *Jessica*    3. M.I.: *C*

4. Relationship to Business (Title): *Owner*    5. Email: [Redacted]    6. Phone: [Redacted]

7. Home Address: [Redacted]

8. City: *Fort Atkinson*    9. State: *WI*    10. Zip Code: *53538*    11. Date of Birth: [Redacted]

12. Driver's License/State ID Number: [Redacted]    13. Driver's License/State ID State of Issuance: *Wisconsin*

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No  
 If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): *03/1999*

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
<i>[Redacted]</i>	<i>Fort Atkinson</i>	<i>WI</i>	<i>53538</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

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
<i>WI</i>	<i>Jefferson</i>	<i>WI</i>	<i>Kenosha</i>	<i>MN</i>	<i>Winona</i>		
<i>WI</i>	<i>Racine</i>	<i>IL</i>	<i>Lake</i>				

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 *Jessica Turner* Date *3/15/2026*



**LEARN 2 SERVE™**

## CERTIFICATE OF COMPLETION

This certifies that

**Jessica Turner**

is awarded this certificate for

**Wisconsin Responsible Beverage Server Training**



Completion Date  
03/07/2026



Expiration Date  
03/06/2028



Certificate #  
WI-00647234

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.



## MEMORANDUM

**DATE:** March 25, 2026

**TO:** Fort Atkinson City Council

**FROM:** Michelle Ebbert, Clerk/Treasurer/Finance Director

**RE:** Review and possible recommendation to the City Council relating to Alcohol Beverage License Application for a "Class A" Intoxicating Liquor license (Ebbert, Clerk/Treasurer/Finance Director)

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### BACKGROUND

The number of "Class A" Intoxicating Liquor licenses available was established by City Council Ordinance #799 on May 18, 2021. At that time, the Council echoed the quota for Class "A" Fermented Malt Beverages allowing 1 license per 750 residents, last updated 2004. The Department of Administration estimated population of 2026 is 12,455. An additional 295 of residential growth would be needed to increase the quota by 1 for the "Class A" Intoxicating Liquor License under the current ordinance.

### DISCUSSION

In September 2025, Stop-N-Go / Kwik Trip #1502 operating at 313 Madison Avenue closed their business. Upon closure, a "Class A" Intoxicating Liquor and Class "A" Fermented Malt Beverage license was surrendered to the City. At that time, there were no interested parties in the license. In February 2026, two inquires were made within the same week for the "Class A" Intoxicating Liquor license. Both parties were provided required applications and the City of Fort Atkinson Alcohol License Questionnaire. The questionnaire was created in 2022 when multiple applicants were submitted for a Reserve "Class B" Intoxicating Liquor License.

Applicants provided the following documents:

- AB-200 - Alcohol Beverage License Application
- AB-101 - Alcohol Beverage Appointment of Agent
- AB-100 - Alcohol Beverage Individual Questionnaire
- Federal Identification Number (documentation required confirming the number)
- Wisconsin Seller's Permit Number (documentation required confirming the number)
- City of Fort Atkinson License Questionnaire

The two applicants for the available license are (alpha order)

- Honey Be A Flower, LLC d/b/a Honey Be A Flower for use at 126 N. Main Street
- Topsy Trail Liquors, Inc d/b/a Topsy Trail Liquors for use at 313 Madison Avenue

Information from the Reserve License Questionnaire from each applicant is included in attached summary, along with all application submittals.

The City does not have criteria outlined in ordinance relating to choosing between multiple applications for a single available license. The License Committee and the City Council have discretion in choosing the application that is most in line with the goals of the City. Honey Be A Flower is an existing business that desires to add alcohol sales to its business model. Topsy Trails has an offer to purchase the vacant building located at 313 Madison Avenue contingent on receiving the desired alcohol licenses. Because the City does not receive any revenue from sales tax, use of the license by either business will not impact the City's general fund.

### **FINANCIAL ANALYSIS**

A "Class A" Intoxicating Liquor license has an annual license fee of \$500.00, the maximum fee allowed by State Statute. The recipient of the license would be required to pay the pro-rated alcohol license fees for the remainder of the licensing period through June 30, 2026.

### **RECOMMENDATION**

Staff recommends that the License Committee review the applications and summary data included in this report and packet; and make a recommendation to the City Council for review at the meeting on Thursday, April 9, 2026.

### **ATTACHMENTS**

1. Class A Liquor License Questionnaire Summary 03192026
2. Honey Be A Flower 126 N Main St Alcohol App\_Redacted
3. Honey Be A Flower Class A Questionnaire
4. Topsy Trail Liquors 313 Madison Ave Alcohol Application\_Redacted
5. Topsy Trail Liquors Class A Questionnaire

**CITY OF FORT ATKINSON INTOXICATING LIQUOR LICENSE QUESTIONNAIRE SUMMARY**

Date Received	Business/ Applicant	New or Existing Business	Opened / Opening	Type of Business	Current Full-Time Staff	Current Part-Time Staff	Hiring Addtl Staff? Yes / No	Number of Addtl Staff	Premise: Previously Licensed Redevelopment New Structure	Weekly Hours	Total Hours Per Week	Parking Public or Private	No. of Stalls Available	Own or Lease Premise	
3/11/2026	Tipsy Trail Liquors Inc	New	5/1/2026	Retail, alcohol sales	0	0	Yes	3 FT 3 PT	Redevel: former gas station	7 Days a Week 8:00 am to 9:00 pm	91	Parking Lot	6 - 10 Stalls	Own	Also applied for a Class "A" Fermented Malt Beverage License
3/13/2026	Honey Be A Flower, LLC	Existing	2/4/2026	Retail, flower shop and gifts	1	0	Yes	1 PT	Redevel: vacant, former retail	Tues, Fri 10:00 am to 5:00 pm Sat 11:00 am to 2 :00 pm	17	Public Street	N/A	Lease	

Form AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

**Application Type (check one)**

Initial (New)       Renewal

License(s) Requested: (up to two boxes may be checked)		Fees	
<input type="checkbox"/> Class "A" Beer .....	\$ _____	<input type="checkbox"/> Class "B" Beer .....	\$ _____
<input checked="" type="checkbox"/> "Class A" Liquor .....	\$ _____	<input type="checkbox"/> Regular "Class B" Liquor	\$ _____
<input type="checkbox"/> "Class A" Liquor (cider only)	\$ _____	<input type="checkbox"/> Reserve "Class B" Liquor	\$ _____
<input type="checkbox"/> "Class C" Liquor (wine only)	\$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor .....	\$ _____
		<b>License Fee(s)</b>	\$
		<b>Background Check Fee</b>	\$
		<b>Publication Fee</b>	\$
		<b>Total Fees</b>	\$

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship)  
*Honey Be A Flower! LLC*

2. Business Trade Name or DBA  
*Honey Be A Flower! LLC*

3. FEIN  
*88-2785366*

4. Wisconsin Seller's Permit Number  
*756-1031087946-04*

5. Entity Type (check one)  
 Sole Proprietor     Partnership     Limited Liability Company     Corporation     Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? .....  Yes     No  
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization  
*WI*

8. Date of Organization  
*10-14-2018*

9. Wisconsin DFI Registration Number  
*H062621*

10. Premises Address  
*126 N. Main St*

11. City  
*Fort Atkinson*

12. State  
*WI*

13. Zip Code  
*53538*

14. County  
*Jefferson*

15. Governing Municipality:  City     Town     Village  
*Fort Atkinson*

16. Aldermanic District

17. Premises Phone  
*[REDACTED]*

18. Premises Email  
*[REDACTED]*

19. Website  
*www.honeybeaflower.com*

20. Premises Description  
**Initial (New Applicants Only):** 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.  
**Renewal Applicants Only:** I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.   
*Located in Store Front*

21. Mailing Address (if different from premises address)  
*126 N. Main Street*

22. City  
*Fort Atkinson*

23. State  
*WI*

24. 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 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 wholesaler?  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

**Part C: Individual Information**

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

**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 <b>Starr</b>	First Name <b>Angela</b>	M.I. <b>J</b>
Title <b>Owner</b>	Email [REDACTED]	Phone [REDACTED]
Signature <b>Angela Starr</b>	Date <b>2/4/20</b>	

**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)	



Form  
AB-100

# Alcohol Beverage Individual Questionnaire

Date

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 is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	Honey Be & Flower, LLC
2. Business Trade Name or DBA	Honey Be & Flower
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.	
Starr	Angela	J	
4. Relationship to Business (Title)	5. Email	6. Phone	
Owner	[REDACTED]	[REDACTED]	
7. Home Address			
[REDACTED]			
8. City	9. State	10. Zip Code	11. Date of Birth
Fort Atkinson	WI	53538	01/28/82
12. Driver's License/State ID Number		13. Driver's License/State ID State of Issuance	
[REDACTED]		WI	

Part C: Address History			
1. Do you currently live in Wisconsin? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
if yes, provide the month and year when you permanently moved to Wisconsin .....			(MM/YYYY) ? / 1986
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
510 North Street	Fort Atkinson	WI	53538
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
WI	Washington	WI	Jefferson
State	County	State	County
WI		WI	

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 checked="" type="checkbox"/> No
-----------------	---

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-----------------	---

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" 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

*Cynthia Steer*

Date

*3/11/26*

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date

**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)  
*Honey Be A Flower! LLC*

2. Business Trade Name or DBA  
*Honey Be A Flower*

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.  
*New Business*

**Part B: Agent Information**

1. Last Name  
*Starr*

2. First Name  
*Angela*

3. M.I.  
*J*

4. Email  
[REDACTED]

5. Phone  
[REDACTED]

6. Home Address  
[REDACTED]

7. City  
*Fort Atkinson*

8. State  
*WI*

9. Zip Code  
*53538*

10. Date of Birth  
*01/28/82*

11. Driver's License/State ID Number  
[REDACTED]

12. Driver's 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 (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? .....  Yes       No

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	Starr	First Name	Angela	M.I.	J
Title	Owner	Email	[REDACTED]	Phone	[REDACTED]
Signature	Angela Starr			Date	3/11/26

**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	Starr	First Name	Angela	M.I.	J
Signature	Angela Starr			Date	3/11/26

CLERK/TREASURER/FINANCE DIRECTOR  
Michelle Ebbert | [mebbert@fortatkinsonwi.gov](mailto:mebbert@fortatkinsonwi.gov)



### CITY OF FORT ATKINSON ALCOHOL LICENSE QUESTIONNAIRE

The City of Fort Atkinson City Council makes the final determination of the recipient of Intoxicating Liquor Licenses. The License Committee, made up of three City Council members, will make a recommendation to the City Council based on the answers to the questions below. The goal of the License Committee and City Council in choosing the recipient of license is to encourage private investment and garner the greatest economic impact for the City.

Please provide as much detail as possible to each of the criteria and comment if an item does not pertain to your business. You are welcome to attach additional sheets or documentation.

Name (individual / partners / corporations / limited liability companies):

*Honey Be A Flower! LLC*

Trade Name d/b/a:

*Honey Be A Flower!*

Address / Location where license will be used:

*126 N. Main Street Fort Atkinson, WI 53538*

Below or on an additional page, please quantify the anticipated economic impact of your business to the City of Fort Atkinson. Include your business plan, proposal and why your application should be recommended for approval. Attachments are acceptable.

RECEIVED

MAR 13 2026

CITY OF FORT ATKINSON  
CLERK / TREASURER

If this is an existing business in the City of Fort Atkinson, please continue to **Part A**.  
If this is a new/proposed business in the City of Fort Atkinson, please continue to **Part B**.  
Please select best response.

**PART A: EXISTING BUSINESS**

Date business opened: February 4 2026

Hours of operation:

10-5 Tuesday-Friday, Saturdays 11-2

Current number of full-time staff: 1

Current number of part-time staff: 0

Do you anticipate hiring additional staff should you be issued license: YES  NO

If yes, how many and full-time or part-time: 1 part-time

Parking Availability: ON-SITE/PRIVATE  PUBLIC STREET / PUBLIC LOT

Number of parking stalls available: \_\_\_\_\_

Do you own or lease the property: OWN  LEASE   
If you lease, please provide a copy of the lease agreement.

Describe where alcohol will be stored, served and consumed:

It will be stored in my store front.

Having a local Floral and Gift shop in downtown Fort Atkinson, residents can purchase from a local independent shop.

A higher percentage of money stays in the community, compared to chain stores.

Combining flowers & wine creates a unique one-stop-shop for gifts allowing customers to pair wine, flowers and other specialty gifts. It allows my shop to offer "Blooms and bottles" or "Flowers and fizz" for all occasions.

It attracts a wider customer base, including those looking for unique, curated, or local gift options rather than just flowers. Acts as a community hub allowing more relaxed, social atmosphere that encourages people to linger, strengthening community ties.

Offer locally-themed gift baskets that aren't available in big name retailers.

Such licenses enable small business, often as family-owned shops to pivot from traditional retail to experiential offerings "sip and shop" hours or workshops.

A local florist with a wine license is more likely to purchase wine from locally independent vendors which supports regional, small-scale wineries, flowers to support local farmers.

Boosts event tourism, can enhance appeal of local weddings.

Contributes to local tax revenue.

It can elevate the shopping experience from a simple transaction to a curated lifestyle oriented visit.

Combining wine and flowers supports local entrepreneurs, increasing overall economic resilience.

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 ..... \$ \_\_\_\_\_   
  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	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship) <b>Tipsy Trail Liquors Inc</b>			
2. Business Trade Name or DBA <b>Tipsy Trail Liquors</b>			
3. FEIN <b>41-4377367</b>		4. Wisconsin Seller's Permit Number <b>456-1032307934-09</b>	
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 <b>WI</b>		7. Date of Organization <b>Feb 2026</b>	8. Wisconsin DFI Registration Number <b>T119205</b>
9. Premises Address <b>313 Madison Ave</b>			
10. City <b>Fort Atkinson</b>		11. State <b>WI</b>	12. Zip Code <b>53538</b>
13. County <b>Jefferson</b>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone [REDACTED]		17. Premises Email [REDACTED]	18. Website [REDACTED]
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. <b>All liquor will be kept on shelves on the floor, and cigarettes and small sizes behind the counter and beer will be in beer coolers.</b>			
20. Mailing Address (if different from premises address) [REDACTED] <b>WI 53091</b>			

**Part B: Questions**

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.     Yes     No

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages.  Yes  No  
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor?  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

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

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

**Part C: Individual Information**

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

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

Last Name	First Name	Title	Phone
Navadia	Prakash	Owner	[REDACTED]

**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 Navadia	First Name Prakash	M.I.
Title [REDACTED]		
Signature Prakash Navadia		Date 2/20/26

**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)

TIPSY Trail Liquors INC

2. Business Trade Name or DBA

TIPSY Trail Liquors

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

Navatia

2. First Name

Prakash

3. M.I.

4. Email

[Redacted]

5. Phone

262-527-4213

6. Home Address

[Redacted]

8. State

WI

9. Zip Code

53097

10. Date of Birth

[Redacted]

11. Drivers License/State ID Number

[Redacted]

12. Drivers License/State ID State of Issuance

WISCONSIN

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 (licensee) or  
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? .....  Yes     No

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 Navadia	First Name Pravash	M.I.
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature Pravash Navadia		Date

**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 Navadia	First Name Pravash	M.I.
Signature Pravash Navadia		Date 2/20/26

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)  
TIPSY TRAIL LIQUORS INC

2. Business Trade Name or DBA  
TIPSY TRAIL LIQUORS

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Last Name: Navadig    2. First Name: Prakash    3. M.I.

4. Relationship to Business (Title): Owner    5. Email: [REDACTED]    6. Phone: [REDACTED]

7. Home Address: [REDACTED]    10. Zip Code: [REDACTED]    11. Date of Birth: [REDACTED]

State ID State: WISCONSIN

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No  
 If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 2019

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
1202 Ridge Creek Rd	Savoy	IL	61874
W13.5 N 7255 Lund Cir	Menomonie Falls	WI	53051
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	State	County
IL	Champaign	IL					
WI	Waushara	WI					

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 Prakash Navadina Date 2/20/26

Form  
CTV-100

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

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) TIPSY Trail LIQUORS INC			
2. Business Trade Name or DBA TIPSY Trail LIQUORS			
3. FEIN 41-4377367		4. Wisconsin Seller's Permit Number 456-1032307934-02	
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			
6. State of Organization WI		7. Date of Organization Feb 2026	8. Wisconsin DFI Registration Number T119205
9. Premises Address (do not use PO Box) 313 Madison Ave			
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: _____		15. Aldermanic District
16. Mailing Address (if different from premises address) [REDACTED]			
17. City [REDACTED]		18. State WI	19. Zip Code 53097
20. [REDACTED]		21. Premises Email [REDACTED]	22. Website
23. Premises Description - Describe the building or buildings, 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. Cigarette, Tobacco, Electronic Vape will all be kept behind the counter on a shelves.			

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(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary 3a. Name of Business Entity: _____ 3b. FEIN of Business Entity: _____	

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor; all officers, directors, and agents of a corporation; all partners of a partnership; and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Navadia	Pravash	Owner	[REDACTED]

**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 allow 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 if convicted.

Signature <i>Pravash Navadia</i>	Date <i>2/20/26</i>
Name (Last, First, M.I.) <i>Navadia Pravash</i>	
Title <i>Owner</i>	mail [REDACTED] 3

**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		



**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: *Prakash Navadia* Date: *2/20/26*

**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 does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date

CLERK/TREASURER/FINANCE DIRECTOR  
Michelle Ebbert | [mebbert@fortatkinsonwi.gov](mailto:mebbert@fortatkinsonwi.gov)



**CITY OF FORT ATKINSON ALCOHOL LICENSE QUESTIONNAIRE**

The City of Fort Atkinson City Council makes the final determination of the recipient of Intoxicating Liquor Licenses. The License Committee, made up of three City Council members, will make a recommendation to the City Council based on the answers to the questions below. The goal of the License Committee and City Council in choosing the recipient of license is to encourage private investment and garner the greatest economic impact for the City.

Please provide as much detail as possible to each of the criteria and comment if an item does not pertain to your business. You are welcome to attach additional sheets or documentation.

Name (individual / partners / corporations / limited liability companies):

TIPSY TRAIL LIQUORS INC

Trade Name d/b/a:

TIPSY TRAIL LIQUORS

Address / Location where license will be used:

313 MADISON AVE FORT ATKINSON WI 53538

Below or on an additional page, please quantify the anticipated economic impact of your business to the City of Fort Atkinson. Include your business plan, proposal and why your application should be recommended for approval. Attachments are acceptable.

I AM BUYING EMPTY BUILDING AND REMODELING AND MAKING A NEW BUSINESS AND WILL CREATE MORE JOBS NOT MANY BUT SOME SINCE ITS VERY SMALL BUSINESS AND HOPING TO DO MORE BUSINESS IN FORT ATKINSON.

RECEIVED

MAR 11 2026

CITY OF FORT ATKINSON  
CLERK / TREASURER

PART B: NEW / ANTICIPATED BUSINESS

Anticipated opening date: MAY 1 2026

Anticipated hours of operation:

**8AM TO 9PM 7 DAYS A WEEK**

Estimated number of full-time staff: 3

Estimated number of part-time staff: 3

Parking Availability: ON-SITE/PRIVATE  PUBLIC STREET / PUBLIC LOT

Number of parking stalls available: 6-10

Do you own or lease the property: OWN  LEASE

If you lease, please provide a copy of the lease agreement.

Describe where alcohol will be stored, served and consumed:

**ALL ALCOHOL IS STORED INSIDE ON THE SHELF BECAUSE IT'S SOLD A PACKAGE WILL NOT BE CONSUMED IT'S TO GO IN PACKAGE.**



## MEMORANDUM

**DATE:** March 25, 2026

**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 Topsy Trail Liquors, for use at 313 Madison Avenue for a Class "A" Fermented Malt Beverage license (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 by the glass or in one opened original container. 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*.

*Statutes do not provide quotas for Class "A" Fermented Malt Beverage licenses; however, Statutes do allow municipalities to establish such quotas.*

*The City of Fort Atkinson has a quota on Class "A" Fermented Malt Beverage licenses, Sec. 6-62. License Quotas allows 1 license to be issued per 750 or fraction thereof of the population of the City.*

### DISCUSSION

Topsy Trail Liquors, Inc has an offer to purchase property located at 313 Madison Avenue to operate a retail store. This location was the former Stop-N-Go / Kwik Trip #1502 that closed in September 2025. The premise description was provided that reflects the applicants' application submissions for Alcohol and Cigarette Licensees. Premise: *All liquor will be kept on shelves on the floor and cigarettes and small sizes behind the counter and beer will be in the beer coolers.*

The following information was provided.

- Confirmation of Legal Name (corporation, limited liability company, partnership)
- Trade or Business Name
- Background check on Agent/Applicant was successful

The following items were verified.

- Verification of Federal Identification Number
- Verification of Wisconsin Seller's Permit Number

### **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 and may be pro-rated upon issuance. A Class "A" Fermented Malt Beverage license is \$100.00 per licensing period, July 1 to June 30. If approved by the License Committee and City Council, the pro-rated license fee would be \$12.51 for April through June.

### **RECOMMENDATION**

Staff requests the License Committee to recommend to the City Council approval of the Alcohol Beverage License for a Class "A" Fermented Malt Beverage for Topsy Trail Liquors Inc for use at 313 Madison Avenue from April 10th through June 30th contingent upon payment of license fees.

### **ATTACHMENTS**

1. Topsy Trail Liquors 313 Madison Ave Alcohol Application (1)\_Redacted

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 ..... \$ \_\_\_\_\_   
  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	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship) <b>TIPSY TRAIL LIQUORS INC</b>			
2. Business Trade Name or DBA <b>TIPSY TRAIL LIQUORS</b>			
3. FEIN <b>41-4377367</b>		4. Wisconsin Seller's Permit Number <b>456-1032307934-02</b>	
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 <b>WI</b>		7. Date of Organization <b>FEB 2026</b>	8. Wisconsin DFI Registration Number <b>T119205</b>
9. Premises Address <b>313 Madison Ave</b>			
10. City <b>Fort Atkinson</b>		11. State <b>WI</b>	12. Zip Code <b>53538</b>
13. County <b>Jefferson</b>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		15. Aldermanic District
16. Premises Phone [REDACTED]	17. Premises Email [REDACTED]	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. <b>All liquor will be kept on shelves on the floor, and cigarettes and small sizes behind the counter and beer will be in beer coolers.</b>			
20. Mailing Address (if different from premises address) [REDACTED]			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . .  Yes  No  
 beverages.  
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . .  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

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

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

**Part C: Individual Information**

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

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

Last Name	First Name	Title	Phone
Navadia	Prakash	Owner	[REDACTED]

**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 Navadia	First Name Prakash	M.I.
Title Owner	[REDACTED]	Phone [REDACTED]
Signature Prakash Navadia		Date 2/20/26

**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)	

<b>Agent Type</b> (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) <u>TIPSY Trail Liquors INC</u>	
2. Business Trade Name or DBA <u>TIPSY Trail Liquors</u>	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" 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 <u>Navatia</u>	2. First Name <u>Prakash</u>	3. M.I.
4. Email [REDACTED]		5. Phone [REDACTED]
6. Home Address [REDACTED]		
7. City <u>[REDACTED]</u>	8. State <u>[REDACTED]</u>	[REDACTED]
9. ID Number [REDACTED]		12. Drivers License/State ID State of Issuance <u>WISCONSIN</u>

**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, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)? .....	<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 Navadia	First Name Prakash	M.I.
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature Prakash Navadia		Date

**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 Navadia	First Name Prakash	M.I.
Signature Prakash Navadia		Date 2/20/26

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)  
TIPSY TRAIL LIQUORS INC

2. Business Trade Name or DBA  
TIPSY TRAIL LIQUORS

3. Entity Type (check one)  
 Sole Proprietor     Partnership     Limited Liability Company

**Part B: Individual Information**

1. Last Name: Navadia      2. First Name: Prakash

4. Relationship to Business (Title): Owner      5. Email: [REDACTED]

7. Home Address: [REDACTED]

11. Date of Birth: [REDACTED] WISCONSIN

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No  
 If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 2019

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
1202 Ridge Creek Rd	Savoy,	IL	61874
W135 N 7255 Lund Cir	Menomonie Falls	WI	53051
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	State	County
IL	Champaign	IL					
WI	Waushara	WI					

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	
<b>READ CAREFULLY BEFORE SIGNING:</b> 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>Prakash Navrobia</i>	Date <i>2/20/26</i>

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

FOR CLERKS ONLY	
Municipality	
License Period	

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) TIPSY Trail LIQUORS INC			
2. Business Trade Name or DBA TIPSY Trail LIQUORS			
3. FEIN 41-4377367		4. Wisconsin Seller's Permit Number 456-1032307934-02	
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			
6. State of Organization WI		7. Date of Organization Feb 2026	8. Wisconsin DFI Registration Number T119205
9. Premises Address (do not use PO Box) 313 Madison Ave			
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: _____		15. Aldermanic District
16. Mailing Address (if different from premises address) [REDACTED]			
17. [REDACTED]		18. State WI	19. Zip Code 53097
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. building or building _____, tobacco products, and electronic vaping devices are to be sold and stored. Cigarette, Tobacco, Electronic Vape will all be kept behind the counter on a shelves.			

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(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary 3a. Name of Business Entity: _____ 3b. FEIN of Business Entity: _____	

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Navadia	Pravash	Owner	[REDACTED]

**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 allow 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 if convicted.

Signature Pravash Navadia	Date 2/20/26
Name (Last, First, M.I.) Navadia Pravash	
Title Owner	Email [REDACTED]
	Phone [REDACTED]

**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 2/20/26

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)  
 TIPSY Trail Liquors Inc

2. Business Trade Name or DBA  
 TIPSY Trail Liquors

3. Entity Type (check one)  
 Sole Proprietor     Partnership     Limited Liability Company     Corporation

Part B: Individual Information

1. Name (Last) Navadia	2. Name (First) Prakash	3. Name (M.I.)
4. Relationship to Business (Title) owner	5. Email	6. Phone
7. Home Address	[Redacted]	
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	ID State of Issuance WISCONSIN

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 1202 Ridge Creek Rd	City Savoy	State IL	Zip Code 61874
Previous Address 2 W135 N7255 Lund Cir	City menomonie falls	State WI	Zip Code 53051
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 IL	County Champaign	State	County	State	County	State	County
State WI	County Waushara	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: *Prakash Navadia* Date: *2/20/26*

**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 does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date



## MEMORANDUM

**DATE:** March 25, 2026

**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 Topsy Trail Liquors, for use at 313 Madison Avenue (Ebbert, Clerk/Treasurer/Finance Director)

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### 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

Topsy Trail Liquors, Inc has an offer to purchase property located at 313 Madison Avenue to operate a retail store. This location was the former Stop-N-Go / Kwik Trip #1502 that closed in September 2025. The premise description was provided that reflects the applicants' application submissions for Alcohol and Cigarette Licensees. Premise: *All liquor will be kept on shelves on the floor and cigarettes and small sizes behind the counter and beer will be in the beer coolers.*

The following information was provided.

- Confirmation of Legal Name (corporation, limited liability company, partnership)

- Trade or Business Name
- Background check on Agent/Applicant was successful

The following items were verified.

- Verification of Federal Identification Number
- Verification of Wisconsin Seller's Permit Number

### **FINANCIAL ANALYSIS**

Cigarette, Tobacco and Electronic Vaping Device Retail License fee for the licensing period of April 10, 2026 to June 30, 2026 is \$100.00. Cigarette license fees are not pro-rated.

### **RECOMMENDATION**

Staff recommends the License Committee recommend the City Council approve the Cigarette and Tobacco Products Retail License Application for Topsy Trail Liquors Inc for use at 313 Madison Avenue for the licensing period of April 10, 2026 to June 30, 2026 contingent upon payment of license fees.

### **ATTACHMENTS**

1. Topsy Trail Liquors Inc 313 Madison Ave Cigarette Application\_Redacted

Form  
CTV-100

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

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) TIPSY TRAIL LIQUORS INC			
2. Business Trade Name or DBA TIPSY TRAIL LIQUORS			
3. FEIN 41-4377367		4. Wisconsin Seller's Permit Number 456-1032307934-02	
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			
6. State of Organization WI		7. Date of Organization Feb 2026	8. Wisconsin DFI Registration Number T119205
9. Premises Address (do not use PO Box) 313 Madison Ave			
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: _____		15. Aldermanic District
16. Mailing Address (if different from premises address) [REDACTED]			
18. State WI		19. Zip Code 53097	
20. Premises Phone [REDACTED]	21. Premises Email [REDACTED]	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. Cigarette, Tobacco, Electronic Vape will all be kept behind the counter on a shelves.			

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(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary	
3a. Name of Business Entity: _____	
3b. FEIN of Business Entity: _____	

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Navadia	Pravash	Owner	[REDACTED]

**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 allow 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 if convicted.

Signature Pravash Navadia		Date 2/20/26
Name (Last, First, M.I.) Navadia Pravash		
Title Owner	Email [REDACTED]	Phone [REDACTED]

**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 2/20/26

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)  
TIPSY Trail Liquors Inc

2. Business Trade Name or DBA  
TIPSY Trail Liquors

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation

Part B: Individual Information

1. Name (Last) Navadia    2. Name (First) Prakash    3. Name (M.I.)

4. Relationship to Business (Title) owner    5. Email [REDACTED]    6. Phone [REDACTED]

7. Home Address [REDACTED]

8. City [REDACTED]

12. Drivers License/State ID Number [REDACTED]    13. Drivers License/State ID State of Issuance WISCONSIN

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	City	State	Zip Code
1202 Ridge Creek Rd	Saroy	IL	61874
W135 N7255 Lund Cir	menomonie falls	WI	53051
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	County	State	County	State	County	State	County
IL	Champaign						
WI	Waushara						

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: Prakash Navadia Date: 2/20/26

**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 does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date