

**Application for an "Operator's" License** Washington Is WI 54246, 2013  
to Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the ( City  
Town  
Village ) of Door  
County of Washington Island, Wisconsin for a License to serve, from date hereof to June 30, 2013, inclusive (unless  
sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the  
Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and  
regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 20 years of age. Date of Birth 09/23/1992 Andrea Munao  
Signature of Applicant

**Answer the following questions fully and completely:**

Name of Applicant Andrea Munao Is application new or a renewal? new

Address of Applicant PO BOX 249, Washington Island, WI 54246

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license),  
where was the privilege obtained? ( City  
Town  
Village ) \_\_\_\_\_

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? YES

If so, where? Washington Island, WI

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? NO

Date of such conviction NA Name of Court NA

Nature of offense NA

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? NO

Nature of violation NA

Name and address of physician signing your health certificate filed herewith (if required) N/A

STATE OF WISCONSIN

Door County, ss.

2yr.

Andrea G. Munao, being first duly sworn on oath says that (s)he is the  
person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Andrea Munao  
Applicant sign here

Subscribed and sworn to before me this 3<sup>rd</sup>  
day of June, 2013  
Bonnie D. Munao  
Notary Public, Door County, Wis.

exp 4-12-15

**COPY**

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2013 ending: 6/30/2014  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } Washington Island  
 Village of }  
 City of }

County of Door Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

Ditello Robin 1201 Main Road Washington Island WI 54246

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member \_\_\_\_\_  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Directors/Managers \_\_\_\_\_

**COPY**

C. 1. Trade Name Nelson's Hall, Bar Pub & Rest LLC

Business Phone Number 920-847-2496

2. Address of Premises 1201 Main Road

Post Office & Zip Code 54246

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) main bar, walk-in cooler 2acres, cell

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 10<sup>th</sup> day of May, 20 13

Ju Rubman  
(Clerk/Notary Public)

My commission expires April 26, 2015

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-10-13</u>	Date reported to council/board <u>6-18-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2013 ending: June 30, 2014  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } Washington  
 Village of }  
 City of }

County of Door Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>4560 0003508860</u>	
Federal Employer Identification Number (FEIN): <u>391305749</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100-</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

**Complete A or B. All must complete C.**

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) Findlay, James Thomas Home Address 1861 The Inn Rd Post Office & Zip Code Washington Island, WI 54246  
Findlay, Kathleen

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ \_\_\_\_\_  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member \_\_\_\_\_  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ \_\_\_\_\_  
 Directors/Managers \_\_\_\_\_

**COPY**

C. 1. Trade Name ▶ Findlay's Holiday Inn Business Phone Number 920-847-7526  
 2. Address of Premises ▶ 1861 The Inn Rd Washington Island, WI Post Office & Zip Code ▶ 54246

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Coolers and storage areas
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 28 day of May, 20 13  
Valeri Caputo  
(Clerk/Notary Public)  
 My commission expires 9-6-15

James T. Findlay  
Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual  
Kathleen Findlay  
Officer of Corporation/Member/Manager of Limited Liability Company /Partner  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>5-28-13</u>	Date reported to council/board <u>6-18-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Valeri Caputo</u>

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2013 ending: JUNE 30 2014  
(MM DD YYYY) (MM DD YYYY)

Applicant's Wisconsin Seller's Permit Number:	456-02690600003
Federal Employer Identification Number (FEIN):	27-0276478
<b>LICENSE REQUESTED</b>	
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 480
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$ 520</b>

TO THE GOVERNING BODY of the:

Town of  
 Village of  
 City of

County of DOOR Aldermanic Dist. No. (if required by ordinance)

CHECK ONE Individual Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

**COPY**

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company THE MIDDLE BAR II LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) 1239 MAIN ROAD

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	ANGELINE C GOODLET	1239 MAIN Rd	WASH IS WI 54246
Vice President/Member	FRANK WILL	7639 HWY N #5	SUNPAIRE WI 53590
Secretary/Member			
Treasurer/Member	SUZANNE CORNELL	864 GUNNINGS RD	WASH IS WI 54246
Agent	ANGELINE C GOODLET		

C. 1. Trade Name THE MIDDLE BAR II LLC

Business Phone Number 920 847 3400

2. Address of Premises 1239 MAIN ROAD

Post Office & Zip Code WASH IS WI 54246

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR ROOM - POOL ROOM - PART-DECK - YARD - BASEMENT - COOLER

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? (phone (608) 266-2776)  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership licensee, and each member of a limited liability company licensee, and each officer, director, manager or agent of a corporation licensee, and each member/manager of a limited liability company licensee must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 13TH day of MAY, 20 13

Linda Schult  
(Clerk/Notary Public)

My commission expires 4/5/2015

**LINDA SCHULT**  
 Notary Public  
 State of Wisconsin  
Angeline C Goodlett  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Suzanne Cornell  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
Frank F. Will  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>5-16-13</u>	<u>6-18-13</u>	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R, 1-12)

**Tamre L. Jorgensen**  
 Notary Public  
 State of Wisconsin

11/6/13  
 10701 W. WISCONSIN ST. CHANDLER, AZ 84901

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-13 ending: 6-30-13  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Washington

County of Door Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) Kaniff Kathryn Dee Home Address 1699 Jackson Harbor Road Post Office & Zip Code 54246

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company \_\_\_\_\_  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member \_\_\_\_\_  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Directors/Managers \_\_\_\_\_

COPY

C. 1. Trade Name Fiddlers Green Business Phone Number 920-847-2610  
 2. Address of Premises \_\_\_\_\_ Post Office & Zip Code 54246

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire Building and Grounds
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 29 day of May, 20 13  
Valeri Cisneros  
(Clerk/Notary Public)  
 My commission expires 9-6-15

Kathryn Dee Kaniff  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-29-13</u>	Date reported to council/board <u>6-18-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>456-1020984500-03</u>	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>20</u>
<b>TOTAL FEE</b>	<b>\$ <u>220</u></b>

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2013 ending: 06/30/2014

Applicant's Wisconsin Seller's Permit Number: 456-000039441003
Federal Employer Identification Number (FEIN): 39-1702144
LICENSE REQUESTED
TYPE: Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor
FEE: \$
TOTAL FEE: \$

TO THE GOVERNING BODY of the: Town of } WASHINGTON
Village of }
City of }

County of Door Aldermanic Dist. No. (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Triple K Enterprises, LTD
Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Timothy H Jessen 1265 MAIN Rd WASHINGTON ISLAND, WI 54246
Vice President/Member Lois Lynn Jessen 1265 MAIN Rd " " " "
Secretary/Member
Treasurer/Member
Agent Lois L Jessen, 1265 MAIN Rd, WASHINGTON ISLAND, W. 54246
Directors/Managers

C. 1. Trade Name Karry's Bar + Cellar RESTAURANT Business Phone Number (920) 847-2655
2. Address of Premises 1265 MAIN Rd Post Office & Zip Code WASHINGTON ISLAND, WI 54246

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. Storage, office, Bowling Alley, PARKING LOT, APARTM
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. EXTENSION APPLIED Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
this 30 day of May, 2013
Valeri Carpenter (Clerk/Notary Public)
My commission expires 9-6-15

Timothy H Jessen (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Lois Lynn Jessen (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Table with 3 columns: Date received and filed with municipal clerk (5-30-13), Date reported to council/board (6-18-13), Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk

# COPY

## Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000 155 398-03

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>BROTHERS TOO of W.I. Inc</u>		Federal Employer Identification No. (FEIN) <u>39-1584031</u>	
Trade or Business Name (if different than Legal Name) <u>Brothers Too</u>		Telephone Number <u>(920) 847-2382</u>	
Business Address (Permit Location) <u>1929 Town Line Rd.</u>		Business Telephone ( )	
Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town		County <u>Door</u>	
City <u>Washington Island</u>	State <u>Wi</u>	ZIP Code <u>54246</u>	of: <u>Washington</u>
Mailing Address (if different than Business Address)		City <u>Washington Island</u>	State <u>Wi</u>
		ZIP Code <u>54246</u>	

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: Feb 19 1987
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin?  YES  NO
- Other (describe)

- YES  NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES  NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES  NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES  NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES  NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES  NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES  NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES  NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco/index.html](http://www.doj.state.wi.us/dls/tobacco/index.html) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 29 day of April, 20 13

Valerie Casper  
(Clerk / Notary Public)

My commission expires 9-6-15

Mark H. Henningson President  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)