

COPY

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
2971780006

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship)
Guinnerson's Kaupstaar
Trade or Business Name (if different than Legal Name)
260 Lobdall's Point Road
Business Address (Permit Location)
City: Washington Island, State: WI, ZIP Code: 54246
Business Located In: Town
Telephone Number: (920) 847 2576
County: Door

Organization (check one)

Organization options: Sole Proprietor, Partnership, Other, Wisconsin Corporation, Out-of-State Corporation

- 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?
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?
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?
4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services?
5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
6. Does the applicant understand that they may not sell single cigarettes?
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?
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 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.

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 13 day of June, 2014
Janice L. Jorgensen
My commission expires March 1 2015

Signature of Applicant: Guinnerson
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

COPY

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000394416-03

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)
TRIPLE K ENTERPRISES, LTD
Federal Employer Identification No. (FEIN)
39-1702144
Trade or Business Name (if different than Legal Name)
KARLY'S BAR
Telephone Number
(920) 847-2655
Business Address (Permit Location)
1265 MAIN RD
Business Located In
City Village Town
City of WASHINGTON
Business Telephone
County
DOOR
Mailing Address (if different than Business Address)
City State ZIP Code

Organization (check one)

Sole Proprietor
Partnership
Other (describe)
Wisconsin Corporation - Enter date incorporated: 06/1991
Out-of-State Corporation - Are you registered to do business in Wisconsin? 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?
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?
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?
4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services?
5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
6. Does the applicant understand that they may not sell single cigarettes?
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?
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 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 May, 2014

Tamre L. Jorgenson
Notary Public

My commission expires March 1 2015

Tamre L. Jorgenson
Notary Public
State of Wisconsin

**Application for Cigarette and Tobacco Products License**

**COPY**

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456000057517803

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

License Number
Period Covered <u>4/1/14 to 6/30/15</u>
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>NESEN'S HALL BARS POB + REST LLC</u>		Federal Employer Identification No. (FEIN) <u>421486055</u>
Trade or Business Name (if different than Legal Name)		Telephone Number ( )
Business Address (Permit Location) <u>1201 Main Road</u>		Business Telephone <u>(920) 847-2496</u>
City <u>Washington Island</u>	State <u>WI</u>	Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town
ZIP Code <u>54246</u>	of: <u>Washington Island</u>	
Mailing Address (if different than Business Address)	City	County <u>DOOR</u>
	State	ZIP Code

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- 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 and nicotine products to minors (including electronic cigarettes containing nicotine)?
- 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 6 day of May, 20 14  
Jamie L. Jorgensen  
 (Clerk / Notary Public)

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

My commission expires March 1 2015

# COPY

## Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-0000563260-03

← 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) HANSEN OIL COMPANY OF WASHINGTON ISLAND, INC			Federal Employer Identification No. (FEIN) 39-1301906	
Trade or Business Name (if different than Legal Name) HANSENS BP AMOCO			Telephone Number (920) 841-2008	
Business Address (Permit Location) 2006 LOBDEL PT ROAD		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town		Business Telephone ( )
City WASHINGTON ISLAND	State WI	ZIP Code 54246	of: WASHINGTON	
Mailing Address (if different than Business Address)			County DOOR	State ZIP Code

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 1998
- 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 May, 20 14

Mary Lynn Anderson  
Clerk / Notary Public

My commission expires 9-8-17

Raymond Hansen May 29, 14  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

COPY

APPLICATION FOR AN "OPERATOR'S LICENSE

to Serve Fermented Malt Beverages and Intoxicating Liquors

Washington Island, WI

Month Year  
May, 2014

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Washington, County of Door, Wisconsin for a License to serve, from date hereof to June 1, 2015, 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, regulations, 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 21 years of age. Date of Birth 10/22/53 x [Signature]  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant JANET A. WAGNER Is application new or a renewal? NEW

Address of Applicant 1225 MAIN RD, WASH. IS., WI 54246

If renewal (within the past 2 years held a Class "A", "Class A", 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? online

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 Name of Court

Nature of offense

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

STATE OF WISCONSIN

Door County ss.

JANET A. WAGNER, 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 [Signature] Applicant sign here Subscribed and sworn to before me this 22 day of May, 2014

Tamre L. Jorgenson Notary Public State of Wisconsin Licensing.

[Signature] Notary Public, Door County,

920 847 2038

1 year

APPLICATION FOR AN "OPERATOR'S LICENSE  
to Serve Fermented Malt Beverages and Intoxicating Liquors

COPY

Washington Island, WI May, 2014  
Month Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Washington, County of Door,  
Wisconsin for a License to serve, from date hereof to June, 2016, 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, regulations, 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 49 years of age. Date of Birth 7-16-1965 X [Signature]  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Amy E Jorgenson Is application new or a renewal? renewal  
(First) (MI) (Last)

Address of Applicant 1601 Range Line Road, Washington Island, WI 54246

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

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? Yes  
If so, where? online

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 \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?  
No Date of violation \_\_\_\_\_ Nature of violation \_\_\_\_\_

STATE OF WISCONSIN

ss.

Door County

Amy E Jorgenson, 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 [Signature]  
Applicant sign here

Subscribed and sworn to before me this 21  
day of May, 2014

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

Licensing.

Tamre L. Jorgenson  
Notary Public, Door County,

APPLICATION FOR AN "OPERATOR'S LICENSE

COPY

to Serve Fermented Malt Beverages and Intoxicating Liquors

Washington Island, WI May, 2014
Month Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Washington, County of Door, Wisconsin for a License to serve, from date hereof to June, 2016, 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, regulations, 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 26 years of age. Date of Birth 6/23/87 X Sarah Gibson
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Sarah R Gibson Is application new or a renewal? Renewal
(First) (MI) (Last)

Address of Applicant 2206 W Harbor Rd

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

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

If so, where? On line

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 Name of Court

Nature of offense

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?

No Date of violation Nature of violation

STATE OF WISCONSIN

Door County ss.

Sarah Gibson, 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 Sarah Gibson Subscribed and sworn to before me this 21 day of May, 2014
Applicant sign here

Tamre L. Jorgenson Notary Public, Door County, State of Wisconsin
Tamre L. Jorgenson
Notary Public, Door County,

Licensing.

535-0262

APPLICATION FOR AN "OPERATOR'S LICENSE"

to Serve Fermented Malt Beverages and Intoxicating Liquors

COPY

Washington Island, WI June, 2014
Month Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Washington, County of Door, Wisconsin for a License to serve, from date hereof to June, 2016, 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, regulations, 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 23 years of age. Date of Birth 6/16/1990. Signature of Applicant: Shanee D Mews

Answer the following questions fully and completely:

Name of Applicant: Shanee D Mews. Is application new or a renewal? Renewal. (First, MI, Last)

Address of Applicant: 1721 Town Line Rd Washington Island WI

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

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? Yes. If so, where? Online

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: Name of Court:

Nature of offense:

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? No. Date of violation: Nature of violation:

STATE OF WISCONSIN

Door County

ss.

Shanee Mews, 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 Shanee D Mews Applicant sign here

Subscribed and sworn to before me this 2 day of June, 2014

Tamre L. Jorgenson Notary Public

Tamre L. Jorgenson Notary Public, Door County

Licensing

State of Wisconsin

APPLICATION FOR AN "OPERATOR'S LICENSE  
to Serve Fermented Malt Beverages and Intoxicating Liquors

COPY

Washington Island, WI June, 2014  
Month Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Washington, County of Door, Wisconsin for a License to serve, from date hereof to June, 2014, 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, regulations, 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 22 years of age. Date of Birth 11/6/91 X Kristina Scheneman  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Kristina R Scheneman Is application new or a renewal? renewal  
(First) (MI) (Last)

Address of Applicant 1542 Mountain Rd Washington Island, WI 54246

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

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? yes  
If so, where? online

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 \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? no  
Date of violation \_\_\_\_\_ Nature of violation \_\_\_\_\_

STATE OF WISCONSIN

Door County ss.

Kristina Scheneman 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 Kristina Scheneman  
Applicant sign here

Subscribed and sworn to before me this 5 day of June, 2014

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

Tamre L. Jorgensen  
Notary Public, Door County,

309 824 5400

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2014 ending: 6/30/2015

TO THE GOVERNING BODY of the: [X] Town of [ ] Village of [ ] City of Washington
County of DOOR Aldermanic Dist. No. (if required by ordinance)

CHECK ONE [X] Individual [ ] Partnership [ ] Limited Liability Company [ ] Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1020984500-C
Federal Employer Identification Number (FEIN):
LICENSE REQUESTED
TYPE FEE
[ ] Class A beer \$
[X] Class B beer \$
[X] Class C wine \$
[ ] Class A liquor \$
[ ] Class B liquor \$
[ ] Reserve Class B liquor \$
Publication fee \$
TOTAL FEE \$

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
KATHRYN DEE KANIFF 1699 JACKSON ARB. RD 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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of perjury, I, the undersigned, 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 all member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

Tamre L. Jorgenson
Notary Public
State of Wisconsin

SUBSCRIBED AND SWORN TO BEFORE ME
this 30 day of May, 2014
Tamre L. Jorgenson (Clerk/Notary Public)
My commission expires March 1 2015

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)

Table with 3 columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted; License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter.

Save

Print

Clear

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 05/20/2014 ending: 6/31/2015  
(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>HSAT-70XGG B</u>	
Federal Employer Identification Number (FEIN): <u>39-1305749</u>	
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<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>	\$ <u>200-</u>

Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) James T. Findlay Home Address 1861 The Inn Rd Post Office & Zip Code Wash Isle, WI 5424  
Kathleen R. Findlay " " " "

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Findlay's Holiday Inn  
Address of Corporation/Limited Liability Company (if different from licensed premises) 1861 The Inn Rd WI, U  
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 J \_\_\_\_\_ \_\_\_\_\_ 542  
Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent \_\_\_\_\_  
Directors/Managers \_\_\_\_\_

C. 1. Trade Name Findlay's Holiday Inn Business Phone Number 920 847-2526  
2. Address of Premises 186 The Inn Rd Post Office & Zip Code \_\_\_\_\_

- 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.) Holiday Inn + Adjacent Garage
- 5. Legal description (omit if street address is given above): coolers & storage areas Holiday Inn
- 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 30 day of May, 20 14  
Valerie Caspelt  
(Clerk/Notary Public)  
My commission expires 9-6-15

**Go to Page 2**  
James T. Findlay  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Kathleen R. Findlay  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

<b>TO BE COMPLETED BY CLERK</b>		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>5-20-14</u>	<u>6-17-14</u>	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
		<u>Valerie Caspelt</u>

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2014 ending: 6-30-2015

TO THE GOVERNING BODY of the: [X] Town of Washington
[ ] Village of
[ ] City of
County of Door Aldermanic Dist. No. (if required by ordinance)

CHECK ONE [X] 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
Remke, Mike A. 1139 Jackson Harbor Road, Washington Is., 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

C.1. Trade Name Red Cup

Business Phone Number (920) 847-3304

2. Address of Premises 1885 Detroit Harbor Road

Post Office & Zip Code Wash. Is., 54246

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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.) Coffee Shop/Apt., Front&Back Porches

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 [X] 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 [X] 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 [X] 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. [X] 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] [X] 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? [X] Yes [ ] No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [ ] Yes [X] 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 23 day of May, 20 14

Valerie Carpenter (Clerk/Notary Public)

My commission expires

[Signature] (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

Table with 3 columns: Date received and filed with municipal clerk (5-23-14), Date reported to council/board (6-17-14), Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk (Valerie Carpenter)

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2014 ending: 06 30 2015  
(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

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	<u>TIMOTHY H JESSEN</u>	<u>1265 MAIN RD,</u>	<u>WASHINGTON ISLAND, WI 54246</u>
Vice President/Member	<u>LOIS L JESSEN</u>	<u>1265 MAIN RD</u>	<u>WASHINGTON ISLAND, WI 54246</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>LOIS L JESSEN</u>	"	"
Directors/Managers	_____	_____	_____

C.1. Trade Name ▶ KARLY'S bar

Business Phone Number (920) 847-2622

2. Address of Premises ▶ 1265 MAIN RD

Post Office & Zip Code ▶ WASHINGTON IS5424

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, RESTAURANT, DECKS, HALL (SEE P3)

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 FILED  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 and applicant(s) for corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 29 day of May, 20 14

Tamre L. Jorgensen  
(Clerk/Notary Public)

My commission expires March 1 2015

Sous J Jessen  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Tamre L. Jorgensen  
(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>5-30-14</u>	Date reported to council/board <u>6-17-14</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Valerie Capone</u>

COPY

Applicant's Wisconsin Seller's Permit Number: <u>456-0000394416603</u>	
Federal Employer Identification Number (FEIN): <u>39-1702144</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2014 ending: June 30 2015

Applicant's Wisconsin Seller's Permit Number: 456 026 986 0003
Federal Employer Identification Number (FEIN): 29-0276473
LICENSE REQUESTED: Class B beer, Class B liquor

TO THE GOVERNING BODY of the: Town of Door

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 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 ROAD WASHINGTON IS WI 54246
Vice President/Member FRANK WILL 7639 HWY N #5 SUW PARIE WI 53590
Secretary/Member
Treasurer/Member SUZANNE CORNELL 864 GRANLUNGSSEN RD WASHINGTON IS WI 54246
Agent ANGELINE C GOODLET

C. 1. Trade Name THE MIDDLE BAR II LLC Business Phone Number 920 8473400
2. Address of Premises 1239 MAIN RD 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.) Barroom, Pidoom, Parking lot, Deck, yard, Basement
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 30 day of May, 2015
I, Anne J. Jorgensen, Clerk/Notary Public
My commission expires March 1, 2015

Angeline C Goodlet
(Suzanne Cornell)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK
Date received and filed with municipal clerk: 5-30-14
Date reported to council/board: 6-17-14
Date license granted:
Date license issued:
Signature of Clerk / Deputy Clerk: Valerie Curran