

COPY

03

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE \$ 200.00.

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
Karnoff Kathryn Dee 1699 Jackson Harbor Road 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

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, consumption, 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. [] 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

Notary Public State of Wisconsin
TAMRE L. JORGENSEN
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 a corporation must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
this 26 day of May, 2015
Tamre L. Jorgensen (Clerk/Notary Public)
My commission expires March 1 2019

Kathryn Dee Karnoff (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 (5/26/15), Date reported to council/board (6/16/2015), Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk (Valerie Carpenter)

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No.: 456-000051044502 FEIN Number: 39-1941673

For the license period beginning: 07 01 2015 ending: 06 30 2016

TO THE GOVERNING BODY of the: [Town of] Washington

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

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

Table with columns: LICENSE REQUESTED, TYPE, FEE. Includes rows for Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and 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. Example: Remke, Mike A, 1139 Jackson Harbor Road, Washington Is., 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

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? [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, consumption, 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 Porch
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. Do you understand and agree to keep the permit 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 22 day of May, 2015. Tamre L. Jorgenson, Notary Public, State of Wisconsin. My commission expires March 1 2019.

Signature of Applicant: Ann Lennon. (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 columns: Date received and filed with municipal clerk (5/22/15), License number issued, Date reported to council/board (6/16/15), Date license issued, Date license granted, Signature of Clerk / Deputy Clerk (Valerie Carpenter).

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000155398-03

← 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) BROTHERS TOO OF WI, INC			Federal Employer Identification No. (FEIN) 39-1584031		
Trade or Business Name (if different than Legal Name) BROTHERS TOO			Telephone Number (920) 847-2282		
Business Address (Permit Location) 1929 TOWN LINE RD		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town		Business Telephone (920) 847-2282	
City WASHINGTON ISLAND	State WI	ZIP Code 54246	of: WASHINGTON		County DOOR
Mailing Address (if different than Business Address)			City	State	ZIP Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 02-19-1987
- 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 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 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 25 day of March, 2015

Janice K. Orosz
(Clerk / Notary Public)

My commission expires March 1 2019

James Sunblaysson
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Application for Cigarette and Tobacco Products License

COPY

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) HANSEN'S BP AMOCO			Telephone Number (920) 847-2008	
Business Address (Permit Location) 2006 LOBDEL POINT 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)		City	State	ZIP Code
				DOOR

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 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 31 day of March, 20 15

Tamre L. Jorgenson
(Clerk / Notary Public)

My commission expires March 1 2019

Raymond Howard Rex Marshall
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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
456-0000575478-03

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

License Number
Period Covered 7/1/15 to 6/30/16
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) NELSEN'S HALL, BITTERS PUB & REST. LLC		Federal Employer Identification No. (FEIN) 42-1486055	
Trade or Business Name (if different than Legal Name)		Telephone Number (920) 847-2496	
Business Address (Permit Location) 1201 MAIN ROAD		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town	
City WASHINGTON ISLAND	State WI	ZIP Code 54246	of: WASHINGTON ISLAND
Mailing Address (if different than Business Address)		City	State ZIP Code
			County DOOR

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 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 15 day of April, 2015
Lamre & Opalusa
(Clerk/Notary Public)
My commission expires March 1 2019

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

0071

MUNICIPAL USE ONLY

Application for Cigarette and Tobacco Products License

License Number
Period Covered
Date of Issuance

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.

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 ROAD			Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of: <u>WASHINGTON</u>		
City WASHINGTON ISLAND	State WI	ZIP Code 54246	Business Telephone (920) 847-2655		
Mailing Address (if different than Business Address)			County DOOR		
			State	ZIP Code	

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 06/1991
 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?
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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 27 day of May, 2015
Tamre L. Jorgenson
 (Clerk/Notary Public)
 My commission expires March 1 2019

Tamre L. Jorgenson
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Tamre L. Jorgenson
Notary Public
State of Wisconsin