

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning 07/01/2015 ending: 06/30/2016
(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 Hotel Washington & Studio, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 1051 Old West Harbor Road Wash
 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	Jean Helene Kokes	2400 Madera Lane, Naperville, IL	60565
Vice President/Member	Jennifer Ann Hulsey	55427 Columbia St, Naperville IL	60563
Secretary/Member	Todd Edward Kokes	1515 Geranium Court Naperville IL	60565
Treasurer/Member	Matthew John Kokes	24077 Pear Tree Circle, Plainfield IL	60585
Agent	Kathy Young		

Directors/Managers
 C. 1. Trade Name Hotel Washington & Studio Business Phone Number 920-847-3010

2. Address of Premises 354 Range Line Rd, Washington IS Post Office & Zip Code 54246

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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.) hotel manager's office, basement cellar, hotel dining room, bar, porch, rooms
- Legal description (omit if street address is given above): _____
- 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
- 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. LLC name changed from Washington Hotel & Yes No
- 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
- 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
- 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
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

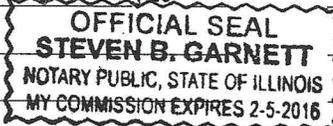
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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 2nd day of APRIL, 2015

St. B. Garnett
(Clerk/Notary Public)

My commission expires 2-5-2016



Jean H. Kokes (member)
Jennifer Hulsey
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>4-10-15</u>	Date reported to council/board <u>5-19-2015</u>	Date license granted
License number issued	Date license issued	Signature of Clerk/Deputy Clerk <u>[Signature]</u>

studio arounds 7100 man through room

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2015 ending: June 30 2016
(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) WILL FRANK F. Home Address 7639 Hwy N Post Office & Zip Code SUN PRAIRIE WI. 53590

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) 1234 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	<u>ANGELINE C GOODLET</u>	<u>1239 MAIN RD</u>	<u>WASH IS WI 54246</u>
Vice President/Member	<u>FRANK WILL</u>	<u>7639 HWY N #5</u>	<u>SUN PRAIRIE WI 53590</u>
Secretary/Member			
Treasurer/Member	<u>SUZANNE CORNELL</u>	<u>864 GUNN AUGERSON RD</u>	<u>WASH IS WI 54246</u>
Agent	<u>ANGELINE C GOODLET</u>		

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

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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.) BASEMENT BAR ROOM - Poolroom - PARKING Lot - DECK - YARD - COOL
- 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

Tamre L. Jorgenson
Notary Public
 State of Wisconsin

REAL CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions have been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law, and 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 27 day of MARCH, 20 15
Reinda Schult
(Clerk/Notary Public)
 My commission expires 4/5/2015

LINDA SCHULT
 Notary Public
 State of Wisconsin
Angeline C Goodlet
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Frank F. Will
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
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	Date reported to council/board	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: 06/30/2015 ending: 06/30/2016
(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 WI Seller's Permit No.: <u>456 10285289602</u>		FEIN Number: <u>96 572 8017</u>	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$		
<input checked="" type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$		
TOTAL FEE	\$		

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ANDERMEYER LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 1475 AZNOE Rd, WASHINGTON Island
 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>EDGAR ANDERSON</u>	<u>1671 DETROIT HARBOR RD, WASHINGTON ISLAND WI</u>	<u>54246</u>
Vice President/Member	<u>MARTINE ANDERSON</u>	<u>1671 DETROIT HARBOR RD</u>	" "
Secretary/Member	<u>HELENE MEYER</u>	<u>1475 AZNOE Rd</u>	" "
Treasurer/Member	<u>HELENE MEYER</u>	" "	" "
Agent	<u>EDGAR ANDERSON</u>	<u>1671 DETROIT HARBOR RD</u>	" "

C. 1. Trade Name LE PETIT BISTRO Business Phone Number 920 737 5064
 2. Address of Premises 1350 N. AIRPORT 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BISTRO area of lavender farm retail shop and entire premise consisting of 21 Acres

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 Tamre L. Jorgenson

this 24 day of April, 2015
Tamre L. Jorgenson Notary Public

[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)

My commission expires March 12 State of Wisconsin

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/24/15</u>	Date reported to council/board <u>5/14/15</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: 07 01 2015 ending: 06/30/2016
(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 ▶ Shipyard Island Marina, Inc.

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	Andrew J. Munao, Sr	553 Forestview Rd, Washington Island, WI	54246
Vice President/Member	Louis A. Munao, Sr	1421 Buckridge Ct, Washington Island, WI	54246
Secretary/Member	Bonnie D. Munao	553 Forestview Rd, Washington Island, WI	54246
Treasurer/Member	Andrew J. Munao, Jr	752 Fawn Ct, Washington Island, WI	54246
Agent	Andrew J. Munao, Sr.	553 Forestview Rd, Washington Island, WI	54246
Directors/Managers Andrew Munao, Sr, Bonnie Munao, Louis Munao, Andrew Munao, Jr			

C.1. Trade Name ▶ Sailor's Pub Resturant Business Phone Number 920-847-2105

2. Address of Premises ▶ 1475 South Shore Drive Post Office & Zip Code ▶ Washington 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.) Storage Bldg, Deck, Dock, Restaurant

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 and each member of a corporation, officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 04 day of April, 2015

Bonnie D. Munao
(Clerk/Notary Public)

My commission expires 04-12-15

Notary Public
State of Wisconsin
Tamre L. Jorgensen
(Notary Public)

Andrew J. Munao, Sr
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Bonnie D. Munao
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

Andrew J. Munao, Jr
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

4/14/15

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-15-15</u>	Date reported to council/board <u>5-19-15</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Valerie Cooper</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

98-03

Applicant's WI Seller's Permit No. <u>004000015539</u>		FEIN Number <u>39-1584031</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/>	Class A beer	\$	
<input type="checkbox"/>	Class B beer	\$	
<input type="checkbox"/>	Class C wine	\$	
<input checked="" type="checkbox"/>	Class A liquor	\$	
<input type="checkbox"/>	Class B liquor	\$	
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
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** _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Brothers Too of WI, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1929 Town Line Rd
 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>Mack Henery Gunnlaugsson</u>	<u>1929 Town Line Rd Washington Island WI</u>	<u>54246</u>
Vice President/Member	_____	_____	_____
Secretary/Member	<u>James Russell Gunnlaugsson</u>	<u>1249 Aznoe Rd Washington Island WI</u>	<u>54246</u>
Treasurer/Member	<u>James Russell Gunnlaugsson</u>	<u>1249 Aznoe Rd Washington Island WI</u>	<u>54246</u>
Agent	<u>James Russell Gunnlaugsson</u>	<u>1249 Aznoe Rd Washington Island WI</u>	<u>54246</u>

C. 1. Trade Name ▶ rothers Too Business Phone Number 920-847-2282
 2. Address of Premises ▶ 1929 Town Line Rd Post Office & Zip Code ▶ Washington 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.) Frame 26 X 40 New 24 x 60
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 25 day of March, 20 15
James R. Jorgensen
(Clerk/Notary Public)
 My commission expires March 1 2019

James Gunnlaugsson Lee Threane
(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>3-25-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Valerie Carpenter</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-01-2015 ending 06/30/2016
(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 WI Seller's Permit No. <u>00400016</u> FEIN Number: <u>7051803</u>	
LICENSE REQUESTED <u>20-044561</u>	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Kap's Marina & Shipswheel Restaurant Inc
 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>Kevin Krueger</u>	<u>P.O. Box 183</u>	<u>54246</u>
Vice President/Member	<u>Katie McGrane</u>	<u>167 Green Bay Rd</u>	<u>54246</u>
Secretary/Member	<u>Lois Ann Krueger</u>	<u>P.O. Box 57</u>	<u>54246</u>
Treasurer/Member	<u>Lois Ann Krueger</u>	<u>P.O. Box 57</u>	<u>54246</u>

Directors/Managers

C. 1. Trade Name Kap's Marina + Shipswheel Rest Inc Business Phone Number 920-847-2640

2. Address of Premises 239 Lobdell Pt. Rd. Wash. Is 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant, gift shop, bait shop

5. Legal description (omit if street address is given above): Marina Front Deck of Restaurant

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

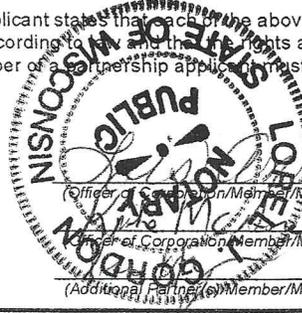
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to and the rights and responsibilities conferred by the license(s), 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 13th day of March, 20 15

Joel J. Gordon
(Clerk/Notary Public)

My commission expires 12-18-2016



Kevin Krueger
(Officer/Member/Manager of Limited Liability Company /Partner/Individual)

Kevin Krueger
(Member of Corporation/Member/Manager of Limited Liability Company /Partner)

Kevin Krueger
(Additional Partner(s) Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-16-15</u>	Date reported to council/board <u>4-21-15</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Valerie Cornejo</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(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) Robin Ditello **Home Address** 1201 Main Road **Post Office & Zip Code** Washington Island 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 Nelsen's Hall, BittersPub&Rest LLC Business Phone Number 920-847-2496

2. Address of Premises _____ Post Office & Zip Code 54249

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.) Main bar, walkin cooler, 2 acres, cellar

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

Applicant's WI Seller's Permit No.: 456-0000575178-03172-148605 FEIN Number: 141400

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	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

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 15 day of April, 20 15

Jamie A. Jorgensen
(Clerk/Notary Public)

My commission expires March 1 2019

Robin Ditello
(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>4-15-15</u>	Date reported to council/board <u>5-19-15</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Valerie Carpenter</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 05 01 2015 ending: 10 01 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
Washington Island baseball club

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	<u>James Charles Rose</u>	<u>1707 Lake View Rd</u>	<u>PO Box 75 54246</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	<u>Jeannie Gunnlaugsson</u>	<u>1455 Townline Rd</u>	<u>54246</u>
Agent	<u>James C Rose</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name

Address of Premises 1053 Main Rd Business Phone Number _____ Post Office & Zip Code 54246

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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.) Town Ball Shed
- Legal description (omit if street address is given above): _____
- 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
- 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
- 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
- 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
- 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
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for wine or spirits? 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 the terms, conditions, 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 20 day of April, 20 15
Tamre L. Jorgensen
(Notary Public)
 My commission expires March 1 2019

Tamre L. Jorgensen
Notary Public
State of Wisconsin

Tamre L. Jorgensen
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Jeannie M. Gunnlaugsson
(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>4/20/2015</u>	Date reported to council/board <u>5/19/2015</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

COPY

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

Washington Island, WI 6/30, 2015
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 6/30, 2017, 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 55 years of age. Date of Birth 03/16/1949 Candis A. Kirchner
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant CANDIS Ann Kirchner Is application new or a renewal? renewal
(First) (MI) (Last)

Address of Applicant 1903 Gasoline Town 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) 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? Sturgeon Bay NWTC

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?
Date of violation _____ Nature of violation _____

STATE OF WISCONSIN

Door County

CANDIS A. Kirchner, 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 Candis A. Kirchner
Applicant sign here

Subscribed and sworn to before me this 6
day of May, 2015

Tamre L. Jorgenson
Notary Public
State of Wisconsin

Tamre L. Jorgenson
Notary Public, Door County,

Licensing.