1. Agenda

   Documents:

   VB-2022-06-01REVISED (AGENDA).PDF

2. Meeting Materials

   Documents:

   VB-MEETING-PACKET-060122-2-WNEW-AGENDA (MEETING PACKET 2 OF 2.PDF
   VB-MEETING-PACKET-060122-COMPRESSED-1 (MEETING PACKET 1 OF 2).PDF

HERITAGE
COMMUNITY
OPPORTUNITY

VILLAGE OF MOUNT HOREB
E. Main Street
Mount Horeb, WI 53572
Phone: (608) 437-6884 Fax: (608) 437-3190
Email: mhinfo@mounthorebwi.info Web: mounthorebwi.info

THE VILLAGE BOARD MEETING WILL BE HELD IN PERSON WITH A VIRTUAL OPTION. YOU CAN WATCH THE MEETING LIVE VIA THE VILLAGE WEBSITE BY CLICKING "WATCH LIVE" UNDER THE TROLLWAY TV GRAPHIC ON THE RIGHT SIDE OF THE HOME PAGE AT WWW.MOUNTHOREBWI.INFO. THE MEETING IS ALSO BROADCAST LIVE ON MHTC CHANNEL 181 AND CHARTER CHANNEL 981. YOU CAN ALSO JOIN THE MEETING USING YOUR COMPUTER, TABLET OR SMARTPHONE:
https://global.gotomeeting.com/join/715626877
OR, Dial in using your phone: 1(571)317-3122, Access Code: 715-626-877

VILLAGE BOARD
WEDNESDAY, JUNE 1, 2022

The Village Board of the Village of Mount Horeb will meet on the above date at 7:00pm in the Board Room of the Municipal Building, 138 E. Main Street, Mount Horeb, WI. Agenda as follows:

1) Call to order
Pledge of Allegiance
Roll call

2) Public Comments – non-agenda items

3) Consent Agenda
   a. Village Board Meeting Minutes of May 4, 2022
   b. Renewal Alcohol Beverage Licenses: Kwik Trip, Inc. #1130; Kwik Trip, Inc. #794; Walgreen Co. #11648; Hoff Bistro 101 LLC; Board and Brush Creative Studio; Premier Cooperative; Miller & Sons, Inc.; Trollway Liquor; Elegant Bridal LLC; Wisco Boces LLC; Villager Bar and Restaurant LLC; Mt. Horeb Hotel Partners LLC; The Dog House Bar & Grill LLC; Skal LLC; Friends of the Norsk, Inc.; Grumpy Troll LLC; Martinson Brothers, LLC; Into the Driftless LLC; Tulum LLC; McFee & Co. LLC; Sunn Café LLC; MoHo Dough Co.; Brix Cider LLC.
   c. Alcohol License Agents: Jose J. Onate, Brian LaDow, Steve Grundahl, Joshua Kitelinger, Mark F. Wilson, Carlton Miller, Daniel G. Hying, Scott F. Oomens, Lynn R. McFee, Joshua Hinze, Timothy D. Duerst, Nathan Faust, Mills Bruce Botham, Dominique Dailing, Matthew Schmock, Michael T. Woodward, Michael Rogers, Jr., Marah Odgers, Matt Raboin, Tanya Nicole Baron, Lindsay Bauer, Cynthia A. Curtes.
   d. Street Use Permit Application: Mount Horeb Summer Frolic Committee, June 12, 2022-Garfield Street to First Street, First Street to Henry Street, Henry Street to Grundahl Park, 10AM-1:30PM

4) Introduction of Jordan Schmitz, Electric Superintendent

5) Introduction/Recognition of New Village Police Officers: Officer Sam Koeller, and Officer Brian Hugill

6) 2021 Village Audit Presentation by Baker Tilly

7) Consideration of next phase of North Cape Commons (Phase 7)

8) Committee reports:

a) Mount Horeb Area Chamber of Commerce
b) Community Development Authority
c) Mount Horeb Area Joint Fire Department
d) Library Board
e) School Liaison
f) Parks, Recreation, and Forestry Commission
g) Plan Commission
h) Public Works Committee
i) Public Safety Committee
j) Finance/Personnel
k) Utility Commission
l) Tourism Commission

9) Village President's report

10) Village Administrator's report

11) Village Clerk's report

12) Meeting adjournment.

UPON REASONABLE NOTICE, EFFORTS WILL BE MADE TO ACCOMMODATE THE NEEDS OF DISABLED INDIVIDUALS THROUGH APPROPRIATE AIDS AND SERVICES. FOR INFORMATION OR TO REQUEST THIS SERVICE, CONTACT ALYSSA GAFFNEY, CLERK, AT 138 E MAIN STREET, MOUNT HOREB, WI (608) 437-9404.

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4) Appointment of Citizen Member to the Public Works Committee

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CONDITIONS FOR PROPOSED MOTION TO APPROVE THE DEVELOPMENT AGREEMENT FOR PHASE 7, NORTH CAPE COMMONS

1. Determination by Developer of the Lots to be included in Phase 7 and approval by the Village Engineer.
2. Establishment of all costs and fees required under the Development Agreement by the Village Administrator and Village Engineer and inserted therein.
3. Developer's payment of all fees and costs provided in the Development Agreement.
4. Acquisition and payment of and all State and County permits including NOI and erosion control permits, the satisfaction of which shall be determined by the Village Engineer.

AGREEMENT FOR
LAND DIVISION IMPROVEMENTS
NORTH CAPE COMMONS
[~~PHASE 6~~PHASE 7]

Agreement entered into this _____ day of _____, 2022~~1~~, by and between County ID, LLC (the "Subdivider"), and the Village of Mount Horeb ("Village"), a Wisconsin municipal corporation:

RECITALS

A. The Subdivider has received approval by the Village of Mount Horeb for a land division plat known as North Cape Commons Subdivision (hereinafter, the "Subdivision" or the "Plat") for an area of land located in the Village of Mount Horeb, Dane County, Wisconsin, and legally described as follows:

> Lots 1 through 149, Outlots 1, 2, and 3, North Cape Commons Subdivision, Village of Mount Horeb, Dane County, Wisconsin.

B. The Final Plat approval has been made contingent upon the execution of this Agreement, payment of required fees, and submittal of all required documents as provided by this Agreement.

C. County ID, LLC is a Wisconsin Limited Liability Company and the owner of the land described in the Plat. John R. DeWitt is Managing Member of County ID, LLC.

D. Chapter 18, Village of Mount Horeb ordinances, requires that provisions be made for the installation of public improvements, including but not limited to, streets, street lighting, sanitary sewers and water mains and appurtenances thereto, storm sewer and stormwater drainage facilities, greenways, walk ways, and erosion controls, and that such improvements be constructed by the Subdivider without cost to the Village.

E. The Village's purposes in entering into this Agreement are, among others, to provide for the installation of required improvements, to require the Subdivider to pay the direct and indirect costs related to the required improvements, and to avoid the harmful effects of substandard subdivisions, including premature subdivision which leaves property underdeveloped and unproductive.

F. The Subdivider now wishes to proceed with the installation of public improvements to serve Lots ~~37-43~~_____ and ~~49-52~~_____, inclusive, and collectively "~~Phase 6~~Phase 7" herein. Subsequent construction phases will be defined in scope by future agreements for land division improvements pertaining to those phases.

AGREEMENT

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Subdivider and the Village agree as follows:

ARTICLE I - REQUIRED IMPROVEMENTS

1. General Conditions.

a. *Improvements*. The Subdivider shall construct and install those on-site and off-site improvements needed to serve ~~Phase 6~~Phase 7. The Subdivider's obligation to complete the improvements will arise upon execution of this Agreement, will be independent of any obligations of the Village contained herein and will not be conditioned on the commencement of construction in the development or sale of any lots or improvements within the development.

The improvements contemplated herein include the following: Sanitary sewer service mains, manholes, laterals and all appurtenances; water mains, laterals, hydrants, valves and all appurtenances; stormwater management facilities; streets, curb and gutter; sidewalks; gas and electric utilities; cable television; telephone service; street lights (hereinafter referred to as the "Improvements") in accordance with the plans and specifications approved by the Village Engineer. In addition, the Subdivider further agrees to construct Improvements required to connect the Subdivision to existing utilities, including facilities required outside the boundaries of the Subdivision, and to dedicate said Improvements, rights-of-way, park lands, and stormwater detention/retention lands to the Village.

The Improvements will be designed, constructed and installed by the Subdivider at the Subdivider's sole expense. All required Improvements shall be designed, constructed and installed in accordance with the standard specifications of the Village of Mount Horeb and standards of Chapter 18 of the Village of Mount Horeb ordinances except as variances to or waivers of those requirements have been properly granted, and in accordance with plans and specifications approved by the Village Engineer. Two copies of the

approved, signed and stamped plans and specifications shall be provided to the Village Engineer, and one copy shall be provided to each contractor. Only stamped and signed copies of the plans and specifications shall be used on the job site. Where standards and/or specifications have not been established by the Village, all work shall be made in accordance with established engineering practices as designated and approved by the Village Engineer.

The Village shall, to the extent it already owns or has access easements over offsite lands, permit reasonable access for Subdivider's construction of offsite Improvements required under this Agreement. The Village shall not, however, be required to exercise, for the benefit of Subdivider, its power of eminent domain or exercise any other municipal authority to obtain access over any property which it does not currently own or over which it does not have access rights. Nor shall the Village be required to expend any time or money to stake, for Subdivider's benefit, the location of any dedicated lands or easements over which it will furnish Subdivider access for construction of offsite Improvements.

b. *Village Approval of Starting Dates*. No land disturbances or work shall begin without the Village Engineer's approval of a starting date and schedule which shall be submitted by the Subdivider to the Village Engineer a minimum of seven calendar days before work is scheduled to begin. A starting date will not be approved until the Letter of Credit required by this Agreement has been furnished to the Village.

c. *Change to Work Order*. The Village shall not be responsible for any costs or changes relating to this project except those specifically enumerated and agreed upon in this or subsequent written, signed agreements between the Subdivider and the Village.

d. *Contractors Engaged by Subdivider*. The Subdivider agrees to engage contractors for all construction included in this Agreement who are acceptable to the Village Engineer, who shall perform such work to the standards of the Village, and who shall comply with every requirement of the Village ordinances and standards in performing such work. The Subdivider shall furnish the Village Engineer with the names of all contractors and their subcontractors, with the classification of work they will perform, not less than seven calendar days prior to any work beginning.

e. *Indemnification and Insurance*. The Subdivider shall indemnify and hold the Village harmless from and against all claims, costs and liabilities of every kind and nature, for injury or damage received or sustained by any person or entity in connection with, or on account of the performance of work at the development site and elsewhere pursuant to this Agreement. The Subdivider further agrees to aid and defend the Village in the event that the Village is named as a defendant in an action concerning the Village's performance of work pursuant to this Agreement except where such suit is brought by the Subdivider. The Subdivider is not an agent or employee of the Village.

The Subdivider shall require all contractors engaged in the construction of this project to comply with the Village contract requirements pertaining to damage claims, indemnification of the Village, and providing insurance coverage that is approved by the Village. The Subdivider shall also require that the policies of insurance required hereunder name the Village and its engineer as additional insureds and that said general contractor and subcontractors maintain a current certificate of insurance on file with the Village Engineer.

f. *Time of Completion*. All work specified herein, excepting the final asphalt lift, shall be completed within twelve months after the execution of this Agreement. The final asphalt lift shall be completed during the construction season immediately following the construction season during which the binder course was installed. No damages may be recovered by Subdivider or any person against the Village for delay in completion of the Improvements. Notwithstanding the above, in the event of delay caused by events out of Subdivider's control, the time for completion shall be extended for a period equal to the delay caused by such events.

2. **Specifications for Improvements.**

a. *Signs and Barricades*. The Subdivider shall install and maintain during construction and until the Improvements are accepted by the Village all barricades and signs as specified by the Village Engineer at all points where new rights-of-way extend to or intersect with existing streets and all street ends.

b. *Grading*. The Subdivider shall perform all grading as specified in the plans approved by the Village Engineer. The terrace of existing streets that abut the Subdivision shall be graded to a sidewalk grade or a grade established by the Village Engineer. Vision clearance triangles on corner lots shall be

graded to a maximum height of three feet above the proposed curb elevation and as required by the Village Engineer. The Subdivider shall obtain an erosion control and stormwater management permit pursuant to Chapter 20 of the Village Code, prior to grading, excavating, or other land disturbing activities. A separate permit shall be required for each phase of construction.

c. *Erosion Control and Stormwater Management Facilities*. The Subdivider shall design, install and construct all erosion control and stormwater management measures as required by the Village's ordinances, and in accordance with plans and specifications approved by the Village Engineer, before grading, utility installation or any other land disturbing activity.

d. *Street Improvements*. The Subdivider shall design, construct and install all standard street Improvements needed to serve ~~Phase 6~~Phase 7, including grading, concrete curb and gutter, bituminous base and surface course, on all streets as approved by the Village in the Final Plat. The Village Engineer shall retain final authority regarding the need to remove bad subbase material and to replace such bad subbase material with breaker run, in order to insure the quality of the street construction.

e. *Sidewalks*. The Subdivider shall install sidewalks in accordance with the plans approved by the Village Engineer.

f. *Sanitary Sewer Mains*. The Subdivider shall design, construct and install all public sanitary sewer mains and laterals (complete with appurtenances thereto), necessary to serve ~~Phase 6~~Phase 7 from the existing Village sanitary sewer facilities. No installation of the underground utilities shall commence until plans and specifications have been approved by the Village Engineer and the Wisconsin Department of Natural Resources as it requires.

g. *Water Mains and Service Pipes*. The Subdivider shall design, construct and install all water mains, including pipe, hydrants, tees, valves, crosses and related appurtenances and water service laterals to serve ~~Phase 6~~Phase 7 from existing Village water facilities, and as required by the plans, specifications, and requirements of the Village, as approved by the Village Engineer. All materials used shall conform to the Village's specifications for water mains.

h. *Storm Sewer and Stormwater Management Facilities*. The Subdivider shall design, construct and install all erosion control, storm sewer and stormwater management facilities required by the Village's ordinances and the stormwater management plan and permit required by Chapter 20 of the

Village Code. The Subdivider shall obtain any easements needed for management facilities that the Village Engineer determines are needed outside the Plat. Plans and specifications for all such facilities shall be approved by the Village Engineer.

i. *Easements and Utility Service*. The Subdivider shall install or cause to be installed electric, gas, television cables, and telephone lines, including necessary appurtenances thereto, in order to serve ~~Phase 6~~Phase 7. All new utility service lines shall be installed underground.

j. *Fencing and Debris Removal*. The Subdivider shall remove all interior fences and posts on the property, and shall remove all man-made debris on lands to be dedicated to the public by the Plat, or which are public at this time.

k. *Excess Fill Materials*. If excavations result in excess fill, and the Subdivider uses such fill materials on lots within the Subdivision, the Subdivider shall be solely responsible for the location and method of placement of such material. Although such fill materials shall be leveled and graded to the specifications of the Village Engineer, neither the Village, the Village Engineer, nor the employees or agents of either, shall be responsible for the location, method of placement, type, or degree of compaction of any materials placed on private property.

l. *Survey Monuments*. The Subdivider shall install all survey monuments for the lands within the Plat in the manner required by law within the time required by law.

m. *Well Abandonment and Razing Structures*. The Subdivider shall abandon all existing wells and septic systems within the Plat in accordance with applicable Village, State and Federal regulations, and instructions of the Village Engineer. All existing buildings and structures within the Plat shall be razed in accordance with Village regulations.

ARTICLE II - PAYMENT OF FEES AND COSTS

1. **Fees**. The Subdivider shall pay the Village for all outstanding fees and assessments levied against lands within the Plat by the Village before the start of construction of the Improvements. In addition, the Subdivider shall pay all fees applicable to the ~~Phase 6~~Phase 7 development, including, but not limited to, the following fees and costs at the times specified:

a. *Inspection Fee:* $_____~~$23,000.00~~. Payable no later than the time this Agreement is executed. This is a deposit, and the actual fee will depend on the actual cost of inspection.

b. *Plan Review Deposit:* $~~3,000.00~~_____. Payable no later than the time this Agreement is executed. This is a deposit, and the actual fee will depend on the actual cost of plan review.

c. *Stormwater Permit Application Fee*: $~~150.00~~_____. Payable no later than the time this Agreement is executed. For avoidance of doubt, the Subdivider paid this fee prior to execution of this Agreement.

d. *Street and Traffic Signs*. To be installed by Village, payable upon Subdivider's receipt of the Village's invoice for such costs.

e. *Street Trees Fee*: $_____~~8,100.00~~ (____~~27~~ trees multiplied by $300 each). Payable no later than the time this Agreement is executed. This fee is for ~~Phase 6~~Phase 7 only. Additional street trees fees will be calculated and specified in the agreements attributable to subsequent phases. For avoidance of doubt, the Subdivider is not required to install street trees as part of the Improvements; rather, the Village will use the street trees fee to install street trees for ~~Phase 6~~Phase 7 after the Improvements are completed.

f. *Park Fees*. The Subdivider satisfied the parkland dedication requirements when the Plat was approved by the Village. However, for all ~~Phase 6~~Phase 7 lots, at the time a building permit is issued for each lot, a $_____~~200.00~~ park improvement fee must be paid by the lot owner.

2. **Subdivider to Reimburse Village Costs**. The Subdivider shall reimburse the Village for its actual cost of design, inspection, testing, construction, and associated legal, engineering and other fees for the required public Improvements. The Village's costs shall be determined as follows:

a. The actual cost of the Village's consulting, inspection, engineering and legal fees at the invoiced amount, incurred by the Village for purposes of the review, construction, inspection and testing of the Plat, this Agreement, the proposed development and public Improvements.

b. The total cost of Village employees' time engaged in any way with the Improvements based on the hourly rate paid to the employee, plus 20 percent

of those costs representing the Village's cost for expenses, benefits, insurance, sick leave, holidays, overtime, vacation and similar benefits.

c. The cost of Village equipment employed.

d. The cost of mileage reimbursed to Village employees which is attributed to the land division.

e. The actual costs of Village materials incorporated into the work including transportation costs plus a restocking and/or handling fee not to exceed 10 percent of the cost of the materials.

f. The costs incurred by the Village in connection with the review and approval of the Final Plat as well as the cost for review and approval of other related documents including agreements and deed restrictions.

g. Unless the amount totals less than $50, the Village shall bill the Subdivider monthly for expenses incurred by the Village. Bills outstanding for more than 30 days shall accrue interest at the rate of 1-1/2 percent per month. Bills outstanding for more than 90 days shall be forwarded to the Subdivider's surety agency for payment. Amounts less than $50 shall be held for billing by the Village until amounts total more than $50, or until the conclusion of project activities.

ARTICLE III - ACCEPTANCE AND GUARANTEE OF IMPROVEMENTS

1. **Acceptance**. After the required Improvements have been installed and completed, and within 21 days after receiving written notice that the Subdivider desires the Village to inspect such Improvements, the Village Engineer shall inspect the Improvements and, if acceptable to the Village Engineer, the Village Board shall by resolution certify such Improvements as being in compliance with the standards and specifications of the Village. Before obtaining certification of any such Improvements, the Subdivider shall: (1) present to the Village valid lien waivers from all persons providing materials or performing work on the Improvements for which certification is sought; (2) provide as built drawings to the Village Engineer consisting of four hard copies on paper and one hard copy on Mylar film. Certification by the Village Engineer does not constitute a waiver by the Village of the right to draw funds under the letter of credit on account of defects in or failure of any Improvements that are detected or which occur following such certification.

The Subdivider agrees that the dedication of right-of-way and the required public Improvements will not be accepted by the Village until they have been inspected and approved by the Village Engineer and furthermore until all outstanding Village costs, including engineering and inspection charges, have been paid in full and affidavits and lien waivers are received by the Village indicating that the contractors and their suppliers have been paid in full for all work and materials furnished under this Agreement. The sanitary sewer and water main and the respective service laterals shall not be accepted until a complete breakdown of all construction, engineering and administrative costs incurred by the Subdivider is submitted to the Village Engineer. In addition, the water system installation shall not be accepted until a bacteriologically safe sample is obtained and tested by a certified agency. The Subdivider shall be responsible to flush the main, obtain the samples, and have all tests completed as may be required for the Village's acceptance, under the direct supervision of the Village's Water Utility personnel. In addition, the Subdivider shall clean the sanitary sewers in accordance with the directives of the Village Engineer. Upon completion of the mains, hydrants, valves, appurtenances, and service laterals and acceptance of the system by the Village, ownership and control of the system shall be turned over without any restrictions to the Village.

The Subdivider agrees to provide for maintenance and repair of all required Improvements until such Improvements are formally accepted by the Village by resolution.

The Village will provide timely notice to the Subdivider whenever inspection reveals that an improvement does not conform to the required standards and specifications or is otherwise defective. The Subdivider shall have 30 days from the issuance of such notice to cure the defect. The Village shall not declare a default under this Agreement during the 30 day cure period on account of any such defect unless it is clear that the Subdivider does not intend to cure the defect, or unless the Village determines that immediate action is required in order to remedy a situation which poses an imminent health or safety threat. The Subdivider shall have no right to cure defects in or failure of any improvement found to exist or occurring after the Village accepts dedication of the improvement(s).

2. **Guarantee**. The Subdivider agrees to guarantee and warrant all work performed under this Agreement for a period of one year from the date of final acceptance by the Village of the last improvement completed by the Subdivider against defects in workmanship or materials. If the Improvements are accepted between November 15 and April 15, both dates inclusive, the guarantee period shall extend to June 15 following that date which is one year from the date the Improvements are accepted by the Village. If any defect appears during the guarantee period, the Subdivider

agrees to make required replacement or acceptable repairs of the defective work at its own expense, including total and complete restoration of any disturbed surface or component of the Improvements on lands where the repairs or replacement is required, to the standard provided in the approved plans and specifications.

All guarantees or warranties for materials or workmanship which extend beyond the above guarantee period shall be assigned by the Subdivider to the Village (as beneficiary).

ARTICLE IV - SURETY

1. **Letter of Credit**. The Subdivider shall, on or before the effective date of this Agreement, provide the Village with a Letter of Credit in the amount of $_____ having an expiration date of not earlier than one year after the date of execution of this Agreement to secure performance of this Agreement for Improvements in ~~Phase 6~~Phase 7. The amount of the required Letter of Credit is based on 115% of estimated cost to complete construction of the Improvements in this Agreement. The minimum term of any renewed or replacement Letter of Credit shall be 1 year. The form of Letter of Credit shall be subject to approval by the Village Attorney.

   Before the commencement of any land surface disturbances or construction associated with future construction phases, an agreement for land division improvements pertaining to such future phases must be executed by the Subdivider and the Village, and the Subdivider must furnish the Village with acceptable surety in the amount of 115 percent of the estimated total cost of the Subdivider's obligations under such agreement.

2. **Payment Procedure**.

   a. *Payment under Letter of Credit*. The Letter of Credit shall be payable to the Village at any time upon presentation of (1) a sight draft drawn on the issuing Bank in the amount to which the Village is entitled to draw pursuant to the terms of this Agreement; (2) an affidavit executed by an authorized Village official stating that the Subdivider is in default under this Agreement; and (3) the original Letter of Credit.

   b. *Reductions of Letter of Credit*. As work progresses on installation of the Improvements, the Village Engineer, upon written request from the Subdivider from time to time, is authorized to recommend a reduction in the amount of the letter of credit as hereinafter provided. When portions of the

Improvements are completed by the Subdivider, and determined acceptable by the Village Engineer, the Village Administrator is authorized to reduce the amount of the required Letter of Credit after receiving: (1) copies of pay requests approved by the Subdivider's Engineer; (2) a statement from the Subdivider's Engineer certifying the estimated cost of the total amount of work remaining to complete the Improvements, including all approved or anticipated change orders; and, (3) partial lien waivers from the general contractor, subcontractors and material suppliers for the total amount paid to date. The amount of the reduced letter of credit shall be not less than 115 percent of the estimated cost of the total work remaining to complete the Improvements, including approved and anticipated change orders, as certified by the Subdivider's Engineer.

c. *Reduction after Acceptance.* Upon acceptance by the Village Board of all Improvements required by this Agreement, the Village agrees to reduce the surety to an amount equal to an estimate of the Village Engineer to secure performance of the guarantee described in this Agreement, provided that the reduced amount is sufficient to guarantee the work performed pursuant to private contracts against defects in material and workmanship or will be at least 15 percent of the total cost of the Improvements, whichever is greater.

d. *Accounting*. The Subdivider may inspect the Village records of payments made using the Letter of Credit upon request at reasonable times. However, the Village retains the exclusive right to determine, among other things, questions of design, specifications, construction cost, performance, contract compliance, and payment in connection with this work. The Subdivider agrees that in the absence of fraud on the part of the Village, the Village's decisions on all such matters shall control and shall be final.

e. *Insufficient Letter of Credit Amount*. If the amount provided by the Letter of Credit is not sufficient to secure the Subdivider's performance of this Agreement, then the Village shall notify the Subdivider of the necessary increase in the Letter of Credit, or the additional amounts due, and the Subdivider agrees to increase the Letter of Credit or pay the Village for such additional costs within 30 days of receipt of notification.

f. *Notice of Expiration*. Subdivider agrees to provide written notice of the expiration of any Letter of Credit or replacement Letter of Credit provided for herein not less than 60 days before its expiration by sending written notice to the Village. Each Letter of Credit required herein shall be renewed or replaced at least 30 days before its respective expiration date, until the

completion of the guarantee period specified in Article III, Section 2 of this Agreement. The amount of the required Letter of Credit shall not be reduced to reflect work that has been completed until the requirements for reductions in Letter of Credit specified above have been satisfied. Failure to timely provide renewed or replacement Letter of Credit shall constitute a default allowing the Village to draw upon existing Letter of Credit.

ARTICLE V- MISCELLANEOUS PROVISIONS

1. **Inspections.** The Subdivider grants the right of entry on the lands within the Plat to personnel or agents of the Village to conduct inspections and monitor compliance with the provisions of this Agreement.

2. **Subdivider's Project Manager.** The Subdivider hereby designates Mike Calkins, PE, Snyder & Assoc. Engineering, LLC, as the Project Manager, who shall act as the Subdivider's representative during the construction of the Improvements. The Project Manager shall be available during construction hours on the job site or available by telephone at (608)838-0444. During non-construction hours, the Project Manager shall be available to respond to emergencies at the following telephone number: (608)209-5177.

3. **Building Permits.**

   a. Except as provided hereafter, building permits for Lots in ~~Phase 6~~Phase 7 shall not be issued until all Improvements have been constructed and approved by the Village Engineer, and the Village Engineer has certified that all "punch list" items have been completed to his satisfaction. The "punch list" items are those items needed to finally complete all Improvements other than the planting of street trees, and the installation of the surface coat of bituminous concrete on streets which shall be completed during the construction season immediately following the construction season during which the binder course was installed. Notwithstanding the above, "early start" permits may be issued in the discretion of the Village Engineer if Improvements are deemed sufficiently complete as to impose no risk of the Village or residents of the Village.

4. **Future Construction Phases.** Future construction phases of the Plat of North Cape Commons may not proceed until after execution of a separate agreement for land division improvements, or a written amendment to this Agreement, regarding construction of public improvements in such future construction phases and the approval of additional security.

5. **Transfers Within Future Phases.** The Subdivider shall record deed restrictions approved by the Village Attorney, in the form attached as Attachment A, that specify that the lots that are included in future construction phases will not be transferred or sold until the Subdivider has entered into an agreement for land division improvements for the future construction phase.

6. **Other Laws Apply.** All applicable provisions of Chapter 18, Village of Mount Horeb ordinances, and any other applicable ordinances or laws shall be adhered to with respect to the design, construction and installation of required Improvements for the Plat of North Cape Commons. If there is a conflict between any law or regulation and this Agreement, the Village Board shall determine which shall control.

7. **Affirmative Action.** The Subdivider shall allow and shall require that its Contractors shall allow the maximum feasible opportunity for minority, handicapped and women business enterprises to compete for any subcontracts entered into pursuant to this Agreement. Nothing in this provision shall render Subdivider responsible to the Village or any other person for the employment practices of any contractor or subcontractor, so long as Subdivider takes those steps required by law to encourage its contractors and subcontractors to comply with such affirmative action requirements.

8. **Amendment.** This Agreement may only be amended by a written amendment instrument approved and executed by the Village and the Subdivider.

9. **No Release.** Nothing set forth in this Agreement shall be construed as, nor is intended to be, a waiver or release of any obligations imposed upon the Subdivider by Chapter 18, Village of Mount Horeb ordinances, or any other applicable Village of Mount Horeb ordinance, state statute, or administrative rule. No waiver of any provision of this Agreement shall be deemed or constitute a waiver of any other provision, nor will it be deemed or constitute a continuing waiver unless expressly provided for by a written amendment to this Agreement signed by both the Village and the Subdivider, nor shall the waiver of any default under this Agreement be deemed a waiver of any subsequent default or defaults of the same type. The Village's failure to exercise any right under this Agreement shall not constitute approval of any wrongful act by the Subdivider or the acceptance of any Improvements.

10. **Force Majeure.** Neither party shall be responsible for any loss or delay caused by any act of war or of terrorism, any act of god or the happening or non-happening of

any event outside the party's reasonable ability to control, the non-happening or happening of which was a presupposed condition underlying this Agreement.

11. **Successors Bound.** This Agreement shall be binding upon the Subdivider, its grantees, personal representatives, heirs, successors and assigns.

12. **No Vested Rights Created.** Except as provided by law, or as expressly provided in this Agreement, no vested right in connection with this project shall inure to the Subdivider. The Village does not warrant by this Agreement that the Subdivider is entitled to any required approvals.

13. **No Third Party Beneficiaries**. This Agreement is solely for the benefit of the parties signatory to the Agreement. It shall not be construed to create any third party interest in any party, express or implied. Any person who derives any benefit hereunder is an incidental beneficiary without standing to sue.

14. **Severability.** Any illegal or unenforceable provision of this Agreement will be severed and will not render invalid any remaining portions of this Agreement.

15. **Sovereign Immunity.** The provisions of this Agreement are not meant to, and do not imply or create any waiver of the Village's sovereign immunity.

16. **Written Notice.** Any written notification required under this Agreement shall be deemed to be served if it is personally delivered or sent by first class mail to the following:

Village of Mount Horeb
Attn: Village Clerk
138 East Main Street
Mount Horeb, Wisconsin 53572-2138

John R. DeWitt, Managing Member
County ID, LLC
804 ~~Mariners Cove Dr.~~McBride Rd.~~5373 Mariners Cove Dr., #112~~
Madison, WI 53704

17. **Effective Date**. This Agreement is entered into as of the day and year first written above.

18. **Indemnification**. This Subdivider agrees to indemnify and hold harmless the Village for any claim arising out of or relating to the design, construction, or installation of the required Improvements, or on account of the performance of the work at the development site and elsewhere pursuant to this Agreement, including any claims of inverse condemnation related to land dedicated to the Village under the Plat.

19. **Attorney Fees**. If either party commences litigation, arbitration, or mediation to enforce the terms of this Agreement, the non-prevailing party shall pay all costs, including reasonable attorney fees and expert witness fees of the prevailing party. If the court, arbitrator, or mediator awards relief to both parties, each will bear its own costs.

20. **Default.** A default is defined herein as the Subdivider's breach of, or failure to comply with, the terms of this Agreement. The Village reserves to itself all remedies available at law or equity as necessary to cure any default. The Village also reserves to itself the right to draw on letters of credit provided hereunder, and to specially assess costs against the property within the Plat, in addition to pursuing any other available remedies. Remedies shall include, but not be limited to, stopping all construction in the approved Final Plat area and prohibiting the transfer or sale of lots.

21. **Entire Agreement.** This written agreement, and written amendments, shall constitute the entire agreement between the Subdivider and the Village relating to ~~Phase 6~~Phase 7.

22. **Benefits.** The benefits of this Agreement to the Subdivider are personal and shall not be assigned without the express written consent of the Village. Such approval may not be unreasonably withheld, but any unapproved assignment is void. Notwithstanding the foregoing, the burdens of this Agreement are personal obligations of the Subdivider and shall be binding on the heirs, successors and assigns of the Subdivider. There is no prohibition on the right of the Village to assign its rights under this Agreement. The Village shall release the original Subdivider's Letter of Credit if it accepts new security from any subdivider or lender who obtains the property. However, no act of the Village shall constitute a release of the original Subdivider from its liability under this Agreement.

23. **Recording.** The Village may record a copy of this Agreement with the Register of Deeds. All costs of recording shall be paid by the Subdivider.

24. **Ownership Warranty.** The Subdivider hereby warrants that the Subdivider is the lawful owner of and now lawfully possesses the real estate to be improved pursuant to this Agreement.

[The balance of this page intentionally left blank.]

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals as of the dates noted below.

VILLAGE OF MOUNT HOREB

By_____
Randy J. Littel, Village President

By_____
Alyssa Gaffney, Village Clerk

STATE OF WISCONSIN)

COUNTY OF DANE)

Personally, came before me this ____ day of _____, 2022~~1~~ the above named Randy J. Littel and Alyssa Gaffney, to me known to be the Village President and Village Clerk of the Village of Mount Horeb, and the persons who executed the foregoing instrument and acknowledged the same.

_____

Notary Public, State of Wisconsin
My Commission: _____

COUNTY ID, LLC

By_____
John R. DeWitt, President
County ID Investment Corp.
Managing Member

STATE OF WISCONSIN)

COUNTY OF DANE)

Personally, came before me this ____ day of _____, 2022~~1~~, the above named John R. DeWitt, to me known to be the person who executed the foregoing instrument and acknowledge the same.

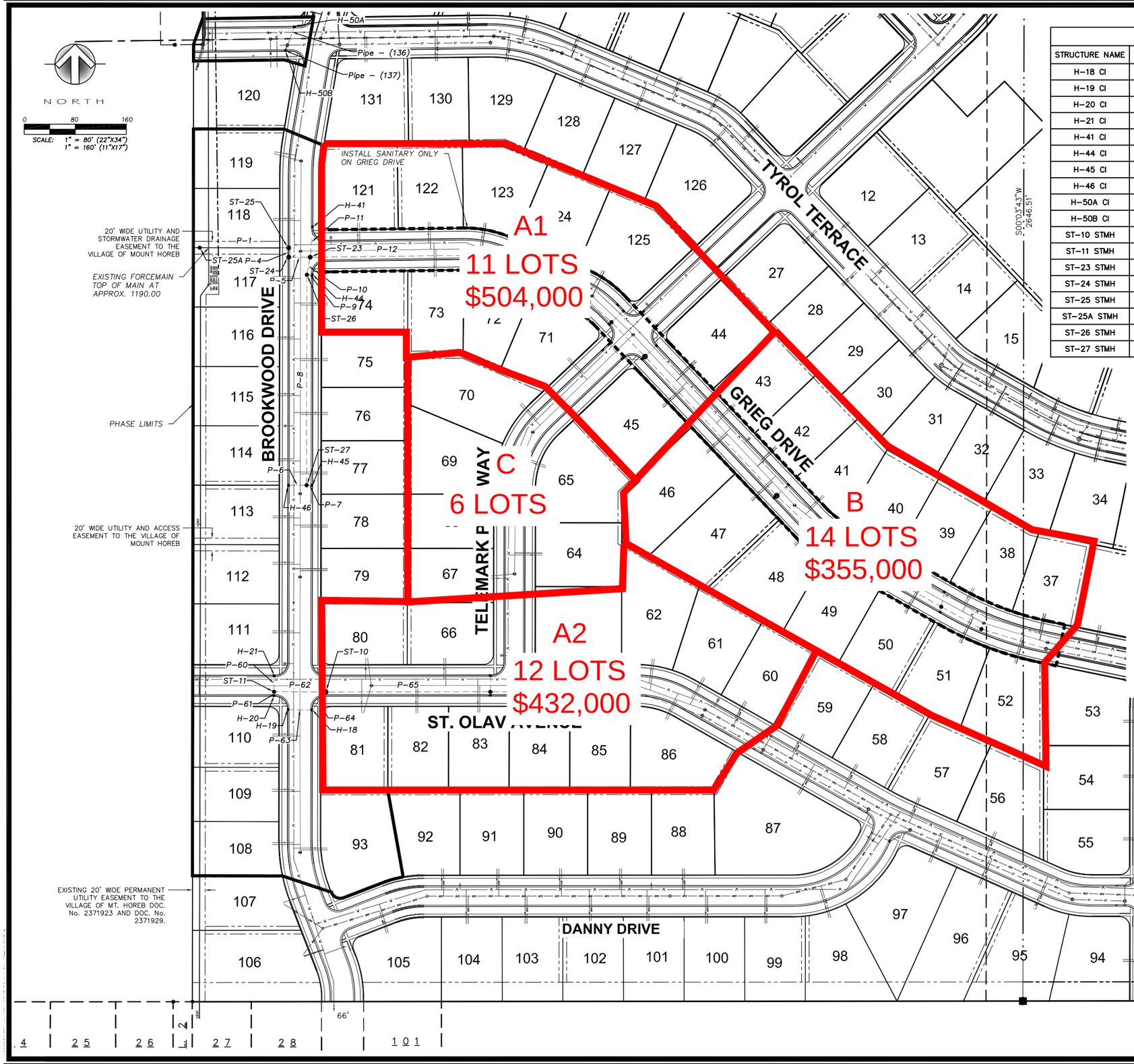
_____

Notary Public, State of Wisconsin
My Commission: _____

ATTACHMENTS

Attachment A - Deed Restrictions Regarding Transfer of Lots In Future Phases

This instrument drafted by and to be returned to:
Attorney Bryan Kleinmaier
Stafford Rosenbaum LLP
P.O. Box 1784
Madison, WI 53701-1784



STORM STRUCTURE TABLE

STRUCTURE NAME	STRUCTURE TYPE	STATION	OFFSET	FRAME/GRATE	RIM/TC	INVERT	STREET
H-18 CI	2' x 3' CI	135+05.1	19.5 R	R-3067	1209.24	1204.25	BROOKWOOD DRIVE
H-19 CI	2' x 3' CI	135+05.3	19.5 L	R-3067	1209.23	1204.99	BROOKWOOD DRIVE
H-20 CI	2' x 3' CI	159+59.4	16.5 R	R-3067	1208.57	1204.55	ST. OLAV AVENUE
H-21 CI	2' x 3' CI	159+59.6	16.5 L	R-3067	1208.56	1204.55	ST. OLAV AVENUE
H-41 CI	2' x 3' CI	142+61.7	19.5 R	R-3067	1196.23	1190.82	BROOKWOOD DRIVE
H-44 CI	2' x 3' CI	141+86.7	19.5 R	R-3067	1195.85	1191.08	BROOKWOOD DRIVE
H-45 CI	2' x 3' CI	138+56.9	19.5 R	R-3067	1206.54	1202.60	BROOKWOOD DRIVE
H-46 CI	2' x 3' CI	138+56.8	19.5 L	R-3067	1206.54	1202.69	BROOKWOOD DRIVE
H-50A CI	2' x 3' CI	201+44.0	19.5 L	R-3067	1212.19	1209.25	TYROL TERRACE
H-50B CI	2' x 3' CI	201+29.5	19.5 R	R-3067	1212.08	1208.93	TYROL TERRACE
ST-10 STMH	84" CONC STMH	160+40.3	10.0 R	R-2050-D	1207.28	1202.55	ST. OLAV AVENUE
ST-11 STMH	48" CONC STMH	159+59.4	9.5 R	R-2050-D	1208.19	1203.77	ST. OLAV AVENUE
ST-23 STMH	60" CONC STMH	142+14.2	15.1 R	R-2050-D	1195.37	1188.88	BROOKWOOD DRIVE
ST-24 STMH	60" CONC STMH	142+14.2	19.5 L	R-2050-D	1195.70	1190.05	BROOKWOOD DRIVE
ST-25 STMH	72" CONC STMH	142+28.9	19.5 L	R-3067	1195.76	1190.50	BROOKWOOD DRIVE
ST-25A STMH	48" CONC STMH	142+28.8	158.0 L	R-2050-D	1196.00	1192.50	BROOKWOOD DRIVE
ST-26 STMH	48" CONC STMH	141+86.7	10.0 R	R-2050-D	1195.61	1191.00	BROOKWOOD DRIVE
ST-27 STMH	48" CONC STMH	138+56.9	10.0 R	R-2050-D	1206.31	1202.55	BROOKWOOD DRIVE

STORM PIPE TABLE

PIPE NAME	PIPE TYPE	SIZE (IN.)	FROM	TO	LENGTH (FT)	START INV	END INV	SLOPE
P-1	RCP	24	ST-25A	ST-25	139	1192.50	1190.50	1.44%
P-4	RCP	24	ST-25	ST-24	15	1190.50	1190.05	3.08%
P-5	RCP	24	ST-24	ST-23	35	1190.05	1188.88	3.38%
P-6	RCP	12	H-46	ST-27	30	1202.69	1202.55	0.47%
P-7	RCP	12	H-45	ST-27	9	1202.60	1202.55	0.53%
P-8	RCP	12	ST-27	ST-26	330	1202.55	1191.00	3.50%
P-9	RCP	12	H-44	ST-26	9	1191.08	1191.00	0.84%
P-10	RCP	12	ST-26	ST-23	28	1191.00	1189.88	4.00%
P-11	RCP	12	H-41	ST-23	48	1190.82	1189.88	1.97%
P-12	RCP	24	ST-23	ST-22	241	1188.88	1181.65	3.00%
P-60	RCP	12	H-21	ST-11	26	1204.55	1203.77	3.00%
P-61	RCP	12	H-20	ST-11	7	1204.55	1203.77	11.19%
P-62	RCP	24	ST-11	ST-10	81	1203.77	1202.55	1.51%
P-63	RCP	12	H-19	H-18	39	1204.99	1204.25	1.90%
P-64	RCP	12	H-18	ST-10	35	1204.25	1203.55	2.01%
P-65	RCP	24	ST-10	ST-9	258	1202.55	1186.96	6.04%
Pipe - (136)	RCP	15	H-50A		20	1209.25	1208.96	1.50%
Pipe - (137)	RCP	12	H-50B		2	1208.93	1208.91	1.00%

INFRASTRUCTURE COST OPINIONS

MARK	REVISION	DATE	BY
Engineer: BCA	Checked By: MC	Scale: 1" = NOTED	
Technician: BCA	Date: 04-13-2017	Field Bk:	
		Pg:	

Project No: 117.0399.30

VILLAGE OF MOUNT HOREB, WI

NORTH CAPE COMMONS

OVERALL STORM SEWER

SNYDER & ASSOCIATES, INC.
5010 VOGES ROAD
MADISON, WISCONSIN 53718
608-838-0444 | www.snyder-associates.com

SNYDER & ASSOCIATES

C 2.1

HERITAGE
COMMUNITY
OPPORTUNITY

VILLAGE OF MOUNT HOREB
E. Main Street
Mount Horeb, WI 53572
Phone: (608) 437-6884 Fax: (608) 437-3190
Email: mhinfo@mounthorebwi.info Web: mounthorebwi.info

THE VILLAGE BOARD MEETING WILL BE HELD IN PERSON WITH A VIRTUAL OPTION. YOU CAN WATCH THE MEETING LIVE VIA THE VILLAGE WEBSITE BY CLICKING "WATCH LIVE" UNDER THE TROLLWAY TV GRAPHIC ON THE RIGHT SIDE OF THE HOME PAGE AT WWW.MOUNTHOREBWI.INFO. THE MEETING IS ALSO BROADCAST LIVE ON MHTC CHANNEL 181 AND CHARTER CHANNEL 981. YOU CAN ALSO JOIN THE MEETING USING YOUR COMPUTER, TABLET OR SMARTPHONE:
https://global.gotomeeting.com/join/715626877
OR, Dial in using your phone: 1(571)317-3122, Access Code: 715-626-877

VILLAGE BOARD
WEDNESDAY, JUNE 1, 2022

The Village Board of the Village of Mount Horeb will meet on the above date at 7:00pm in the Board Room of the Municipal Building, 138 E. Main Street, Mount Horeb, WI. Agenda as follows:

1) Call to order
Pledge of Allegiance
Roll call

2) Public Comments – non-agenda items

3) Consent Agenda
   a. Village Board Meeting Minutes of May 4, 2022
   b. Renewal Alcohol Beverage Licenses: Kwik Trip, Inc. #1130; Kwik Trip, Inc. #794; Walgreen Co. #11648; Hoff Bistro 101 LLC; Board and Brush Creative Studio; Premier Cooperative; Miller & Sons, Inc.; Trollway Liquor; Elegant Bridal LLC; Wisco Boces LLC; Villager Bar and Restaurant LLC; Mt. Horeb Hotel Partners LLC; The Dog House Bar & Grill LLC; Skal LLC; Friends of the Norsk, Inc.; Grumpy Troll LLC; Martinson Brothers, LLC; Into the Driftless LLC; Tulum LLC; McFee & Co. LLC; Sunn Café LLC; MoHo Dough Co.; Brix Cider LLC.
   c. Alcohol License Agents: Jose J. Onate, Brian LaDow, Steve Grundahl, Joshua Kitelinger, Mark F. Wilson, Carlton Miller, Daniel G. Hying, Scott F. Oomens, Lynn R. McFee, Joshua Hinze, Timothy D. Duerst, Nathan Faust, Mills Bruce Botham, Dominique Dailing, Matthew Schmock, Michael T. Woodward, Michael Rogers, Jr., Marah Odgers, Matt Raboin, Tanya Nicole Baron, Lindsay Bauer, Cynthia A. Curtes.
   d. Street Use Permit Application: Mount Horeb Summer Frolic Committee, June 12, 2022-Garfield Street to First Street, First Street to Henry Street, Henry Street to Grundahl Park, 10AM-1:30PM

4) Introduction of Jordan Schmitz, Electric Superintendent

5) Introduction/Recognition of New Village Police Officers: Officer Sam Koeller, and Officer Brian Hugill

6) 2021 Village Audit Presentation by Baker Tilly

7) Committee reports:
   a) Mount Horeb Area Chamber of Commerce
   b) Community Development Authority

c) Mount Horeb Area Joint Fire Department
d) Library Board
e) School Liaison
f) Parks, Recreation, and Forestry Commission
g) Plan Commission
h) Public Works Committee
i) Public Safety Committee
j) Finance/Personnel
k) Utility Commission
l) Tourism Commission

8) Village President's report

9) Village Administrator's report

10) Village Clerk's report

11) Meeting adjournment.

UPON REASONABLE NOTICE, EFFORTS WILL BE MADE TO ACCOMMODATE THE NEEDS OF DISABLED INDIVIDUALS THROUGH APPROPRIATE AIDS AND SERVICES. FOR INFORMATION OR TO REQUEST THIS SERVICE, CONTACT ALYSSA GAFFNEY, CLERK, AT 138 E MAIN STREET, MOUNT HOREB, WI (608) 437-9404.

VILLAGE OF MOUNT HOREB
VILLAGE BOARD MEETING MINUTES
MAY 4, 2022

The Village Board met in regular session in-person, with a virtual option.

Call to Order/Roll Call: Village President Randy Littel called the meeting to order at 7:00pm. Present were Trustees Brett Halverson, Jason Fendrick, Cathy Scott, Tim White, and Nate Gauger. Trustee Ryan Czyzewski was absent. Also present were Administrator Nic Owen and Village Clerk Alyssa Gaffney.

Welcome New Members: Littel welcomed new trustees Nate Gauger and Tim White to the Village Board.

Public Comments: None.

Consent Agenda: Fendrick moved, Halverson seconded to approve the following consent agenda items: March 30, 2022 Joint Village Board/Plan Commission Meeting minutes; April 6, 2022 Village Board Meeting minutes; April 19, 2022 Village Board Reorganizational Meeting minutes. Motion carried by unanimous voice vote.

Review and Discussion of Friends of the Norsk 2021 Financial Statements: Matt Anderson, Andy Baber, and Marc Schellpfeffer presented the Friends of the Norsk 2021 financial statements.

Consider award of 2022 Street Improvement Bids: Scott moved, White seconded to award Contract 22-101: Golf View Rd (Perimeter to Lincoln), E Garfield St (Perimeter to Dead End) and E Lincoln St (Perimeter to Dead End) to S&L Underground, who was the low bidder at $745,639. Motion carried by unanimous voice vote. Fendrick moved, White seconded to award Contract 22-102: Johns St (Durtschi Dr to Manor Dr), and Alan Dr (Durtschi Dr to Reid Dr) to S&L Underground, who was the low bidder at $729,612. Motion carried by unanimous voice vote.

Acceptance of Public Utility Improvements for Sienna Hills: Owen explained this item. Halverson moved, Gauger seconded to approve the improvements for Sienna Hills. Motion carried by unanimous voice vote.

Consider Resolution 2022-06, "BUDGET AMENDMENT": Owen explained this item. Scott moved, Fendrick seconded to approve the resolution. Motion carried by unanimous voice vote.

Committee reports: All committee reports were given, with no action taken.

Village President's report: Littel welcomed Gauger and White to the board.

Village Administrator's report: Owen stated he is working with Brenda Monroe on getting dates together for a board meeting to discuss what types of items the board would consider.

Village Clerk's report: Gaffney had nothing to report.

Discussion and Consideration of Purchase of Land for Park Space (Meylor Farm). The Village Board may convene in closed session as authorized by Wisconsin Statute 19.85(1)(e) for the purpose of deliberating or negotiating the investing of public funds or conducting other specified business, whenever competitive or bargaining reasons require a closed session. The Village Board may reconvene in open session and discuss and take action on the subject matter discussed in closed session: Fendrick moved, Halverson seconded to convene to closed session at 7:53pm. Motion carried by roll call vote.

Meeting Adjournment: Scott moved, Halverson seconded to adjourn the Village Board meeting at the end of closed session, at 8:31pm. Motion carried by unanimous voice vote.

Minutes by Alyssa Gaffney, Village Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07/01/2022 *(mm dd yyyy)* ending: 06/30/2023 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ■ Village of Mount Horeb Village of ☐ City of

County of Dane 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.

Applicant's Wisconsin Seller's Permit Number	
456-0000287614-03	
FEIN Number	
39-1036365	
TYPE OF LICENSE REQUESTED	**FEE**
■ Class A beer	$ 25.00
☐ Class B beer	$
☐ Class C wine	$
■ Class A liquor	$ 250.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 280.00 (pd)

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Kwik Trip, Inc.	P.O. Box 2107, La Crosse, WI 54602

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Oomens	Scott	Frederick	414 E Madison St, Dodgeville, WI 53533

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zietlow	Donald	Paul	2802 Bergamot Pl., Onalaska, WI 54650
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Wrobel	Jeffrey	James	3633 Bentwood Pl., La Crosse, WI 54601
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zietlow	Donald	Paul	2802 Bergamot Pl., Onalaska, WI 54650
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name KWIK TRIP 1130 Business Phone Number 608-437-5559
2. Address of Premises 9255 Ridgeview Rd Post Office & Zip Code Mount Horeb 53572
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... ■ Yes ☐ No
4. Premise 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.) One-story frame construction, 5,720 sq ft building, with storage in walk-in cooler, on sales floor, behind sales counter.
5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3.** ☐ 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 page 3** ☐ 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 they must hold a Wisconsin Seller's Permit? ■ Yes ☐ No
   [phone (608) 266-2776]

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ■ No
    (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments, or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Zietlow, Donald P.	President	4-28-2022
Signature	Phone Number	Email Address
Donald P Zietlow	608-791-7385	LicensingDept@kwiktrip.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/11/22	6/01/22	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07/01/2022 *(mm dd yyyy)* ending: 06/30/2023 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ■ Village of Mount Horeb Village of ☐ City of

County of Dane 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.

Applicant's Wisconsin Seller's Permit Number 456-0000287614-03	
FEIN Number 39-1036365	
TYPE OF LICENSE REQUESTED	**FEE**
■ Class A beer	$ 25.00
☐ Class B beer	$
☐ Class C wine	$
■ Class A liquor	$ 250.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 280.00 pd

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Kwik Trip, Inc.	P.O. Box 2107, La Crosse, WI 54602

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hying	Daniel	Gerard	209 E Polk St, Dodgeville, WI 53533

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zietlow	Donald	Paul	2802 Bergamot Pl., Onalaska, WI 54650
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Wrobel	Jeffrey	James	3633 Bentwood Pl., La Crosse, WI 54601
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zietlow	Donald	Paul	2802 Bergamot Pl., Onalaska, WI 54650
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name KWIK TRIP 794 Business Phone Number 608-437-4821
2. Address of Premises 525 Springdale St Post Office & Zip Code Mount Horeb 53572
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ■ Yes ☐ No
4. Premise 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.) One-story frame construction, 9,100 sq ft building, with storage in walk-in cooler, on sales floor, behind sales counter.
5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3**. ☐ 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 page 3** ☐ 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

Agent change reported 9/2021

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 they must hold a Wisconsin Seller's Permit? ■ Yes ☐ No
   [phone (608) 266-2776]

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ■ No
    (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments, or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Zietlow, Donald P.	President	4-28-2022
Signature	**Phone Number**	**Email Address**
Donald P Zietlow	608-791-7385	LicensingDept@kwiktrip.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/01/2022	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07/01/2022 *(mm dd yyyy)* ending: 06/30/2023 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of Mount Horeb

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

Check one: ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-0000455404-05	
FEIN Number 36-1924205	
TYPE OF LICENSE REQUESTED	**FEE**
☒ Class A beer	$ 25.00
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$ 250.00
☒ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 280.00 pd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Walgreen Co.	PO Box 901 Deerfield, IL 60015

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Store Manager

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Baron	Tanya	Nicole	19 W. School St., Belleville, WI 53508

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Standley	John		2849 Myrtle Drive. Mechanicsburg, PA 17055
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Badgley	Lisa		5 Plymouth Court Lincolnshire, IL 60069
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Amsbary Jr.	Joseph		354 Hirst Court Lake Bluff, IL 60044
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Gruener	Jeffery		340 Crescent Dr. Lake Bluff, IL 60044
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Walgreens #11648 Business Phone Number (608) 437-9160
2. Address of Premises 1401 Springdale St. Post Office & Zip Code 53572-2067
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.)

Retail drug store with sundries in a one-story building of 14,490 sq. ft.

Alcohol is sold on coolers and on sales floor. Overstock is tored in locked storage room.

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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
   Change in corporate officers

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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Savannah Mansour, License Specialist	Senior Vice President	
Signature	Phone Number	Email Address
Lisa Badgley, Senior Vice President	(847) 315-2297	taxlicenserenewals@walgreens.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
4/19/22	6/01/22	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: JULY 1ST, 2022 (mm dd yyyy) ending: JUNE 30TH, 2023 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of MT HOREB

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

Check one: ☐ Individual ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-0003299888-02

FEIN Number: 26-0382150

TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	$
☒ Class B beer	$ 100 -
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 500 -
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5 -
TOTAL FEE	$ 605 -

pd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
HOFF BISTRO 101 LLC	101 EAST MAIN STREET, MT HOREB, WI 53572

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
VALASKEY	MARK	A.	4235 GARFOOT ROAD CROSS PLAINS, WI 53528

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

President / Member Last Name: GALLINA	(First): JOSEPH	(Middle Name): R.	Home Address (Street, City or Post Office, & Zip Code): 4274 CTY ROAD P, CROSS PLAINS, WI 53528
Vice President / Member Last Name: VALASKEY	(First): MARK	(Middle Name): A.	Home Address (Street, City or Post Office, & Zip Code): 4235 GARFOOT ROAD CROSS PLAINS, WI 53528
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name HOFF BISTRO 101 LLC Business Phone Number (608) 437-9463
2. Address of Premises 101 EAST MAIN ST. MT HOREB, WI 53572 Post Office & Zip Code 53572
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.)

SUITES 100 & 150 SIDEWALK IN FRONT OF BUILDING

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
VALASKEY, MARK, A.	OPERATING PARTNER	MAY 6TH, 2022
Signature	**Phone Number**	**Email Address**
Mark A. Valasky	(608) 516-0825	markehoffbistro@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/10/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07/01/2022 (mm dd yyyy) ending: 06/30/23 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of } Mt. Horeb

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

Check one: ☐ Individual ☐ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1028852948-02	
FEIN Number: 47-4995108	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 500.00
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 605.00 (pd)

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Bauer	Lindsay	Ann	208 Valley View Rd, Mt. Horeb, WI 53572
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Board and Brush Creative Studio, Mt. Horeb	113 E Main St, Mt. Horeb, WI 53572

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Bauer	Lindsay	Ann	208 Valley View Rd, Mt. Horeb, WI 53572

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Bauer	Lindsay	Ann	208 Valley View Rd, Mt. Horeb, WI 53572
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Board & Brush Creative Studio Business Phone Number 608-419-0253
2. Address of Premises 113 E Main St. Post Office & Zip Code 53572 (Mt. Horeb)
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.)

950 sqft of space to include main floor, sidewalk

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

---

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Bauer, Lindsay A	Owner	5/18/22
Signature	**Phone Number**	**Email Address**
LindsayBauer	480-399-3554	mthorek@boardandbrush.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/18/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07 01 2022 *(mm dd yyyy)* ending: 06 30 2023 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of MT HOREB

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

Check one: ☐ Individual ☐ Limited Liability Company ☐ Partnership ☑ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 450-0000073918-02	
FEIN Number 39-0527690	
TYPE OF LICENSE REQUESTED	**FEE**
☑ Class A beer	$ 25
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$ 250
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5
TOTAL FEE	$ 280

pd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
PREMIER COOPERATIVE	501 W MAIN ST, MT HOREB, WI 53572

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
KITELINGER	JOSHUA		300 9TH STREET, MINERAL POINT, WI 53565

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BURNS	STEVE		8946 RIDGEVIEW RD, MT HOREB, WI 53572
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SESTON	MITCH		10301 HWY KP, MAZOMANIE, WI 53560
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
KIELER	LOUIE		4851 CHURCH RD, PLATTEVILLE, WI 53518
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SEVERSON	MATHEW		2341 SARAH ROSE LN, REEDSBURG, WI 53959
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name PREMIER COOPERATIVE Business Phone Number 608-437-5536
2. Address of Premises 501 W MAIN STREET Post Office & Zip Code MT HOREB, WI 53572
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.)

CONVENIENCE STORE, APPROXIMATELY 5,000 SQ FT.

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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

   PREMIER COOPERATIVE IS NOT REQUIRED TO FILE A WISCONSIN INCOME TAX RETURN UNDER CHAPTER 185 OF WI STATE STATUTES

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
MATHEW SEVERSON	CEO	5/2/2022
Signature	Phone Number	Email Address
MAT	608-437-5536	Matt.Severson@premiercooperative.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/02/22	6/01/22	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07-01-2022 (mm dd yyyy) ending: 06/30/23 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of MT. HOREB

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

Check one: ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
456-0000072677-03	
FEIN Number 39-1102464	
TYPE OF LICENSE REQUESTED	**FEE**
☒ Class A beer	$ 25.00
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$ 250.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 280.00 (pd)

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
MILLER AND SONS, INC.	1845 SPRINGDALE ST. MT. HOREB WI

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
MILLER	CARLTON	W.	2065 HWY J. VERONA, WI 53593

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
MILLER	CARLTON	W	2065 HWY J. VERONA, WI 53593
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
MILLER	WILLIAM	K	1770 BRINGOLD DR. VERONA, WI 53593
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Miller and Sons, INC. Business Phone Number (608) 437-3081
2. Address of Premises 1845 Springdale St. Post Office & Zip Code Mt. Horeb, WI 53572
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.)

44,000 Sq. Ft. Retail

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
MILLER, CARLTON W	OWNER	5-5-22
Signature	Phone Number	Email Address
[signature]	(608) 437-3081	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/05/22	6/01/22	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: July 1 2022 (mm dd yyyy) ending: June 30 2023 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of Mount Horeb

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

Check one: ☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1028201809-02	
FEIN Number: 46-3305561	
TYPE OF LICENSE REQUESTED	**FEE**
☒ Class A beer	$ 25.00
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$ 250.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 280.00

cd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Longshot Investments LLC	504 W. Main St. Mount Horeb WI 53572

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Rogers	Michael	Eugene	109 Nesheim Trail Mt Horeb WI 53572

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Rogers	Michael	Eugene	109 Nesheim Trail Mt. Horeb WI 53572
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Rogers	Melissa	Ann	109 Nesheim Trail Mt. Horeb WI 53572
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Trollway Liquor Business Phone Number 608-437-5570
2. Address of Premises 504 W. Main Street Post Office & Zip Code Mount Horeb 53572
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.) 1000 + sq ft Sales floor. 17 door beer cooler, Back storage area, office

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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

   Extension filed, to be paid July 30. All property and Sales taxes are paid in full to date

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Rogers JR, Michael E.	Agent	5/17/2022
Signature	Phone Number	Email Address
	608-370-9300	trollwayliquors@gmail

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/17/22	6/01/22	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07/01/2022 (mm dd yyyy) ending: 6/30/2023 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of MT. HOPE

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

Check one: ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-0002301691-02.	
FEIN Number: 20-2879759.	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$ 250.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 255.00 (pd)

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Odgers	Marah	Michele	10817 Sawtrail Blvd Mounds WI 53517
Odgers	Eric	Alan	" "

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
ELEGANT BRIDAL, LLC	101 E. Main St. Mount Hope WI 53572

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Odgers	Marah	Michele	10817 Sawtrail Blvd Mounds WI 53517

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

President / Member Last Name: Odgers	(First) Marah	(Middle Name) Michele	Home Address (Street, City or Post Office, & Zip Code) 10817 Sawtrail Blvd Mounds WI 53517
Vice President / Member Last Name: Odgers	(First) Eric	(Middle Name) Alan	Home Address (Street, City or Post Office, & Zip Code) " "
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name MARAH'S ELEGANT BRIDAL Business Phone Number 608. 206-2343
2. Address of Premises 101 E. MAIN ST. MT. HOPE Post Office & Zip Code 53572
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.)

BRIDAL BOUTIQUE SELLING BRIDAL GOWNS & ACCESSORIES
1ST FLOOR 1800 SF.

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Odgers, Mariah M	OWNER/MEMBER	5/16/2022
Signature	**Phone Number**	**Email Address**
Mariah M. Odgers	608-206-2343	manager@marinaelegantbrides.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/16/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

biz registration #600-102926739 2-03

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 7/1/2022 (mm dd yyyy) ending: 6/30/2023 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of } Mount Horeb, WI

County of Dane

Aldermanic Dist. No. _____ (if required by ordinance)

Check one: ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1029267392-02	
FEIN Number: 81-3535957	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$ 250.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 255.00

pd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
WiscoBoxes, LLC	8180 Langberry Rd. Barneveld, WI 53507

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Botham	Mills	Bruce	555 S. Midvale Blvd. #301 Madison, WI 53711

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Botham	Sarah	Fletcher	8180 Langberry Rd. Barneveld, WI 53507
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name WiscoBoxes.com Business Phone Number 608.437.2202
2. Address of Premises 305 e. main st. mt. horeb Post Office & Zip Code WI, 53572
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.) WiscoBoxes is housed in a 110-year-old house that is now a commercial property. Having outgrown its original space in the building, in 2021, a 2000-sf addition was built to accommodate the business needs. This encompasses 1000-sf on each of two floors plus one 20'x25' room in the original building. Alcohol beverages are stored in all of these areas.

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Botham, Sarah, F.	founder + president	5/16/22
Signature	**Phone Number**	**Email Address**
Sarah Botham	608.437.2202	sarah@wiltoboxes.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/16/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07/01/2022 (mm dd yyyy) ending: 06/30/2023 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of Mount Horeb

County of Dane

Aldermanic Dist. No._____ (if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1029973980-02	
FEIN Number 82-5484975	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 500.00
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 605.00 pd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Villager Bar and Restaurant LLC	825 Bagswood Ave Verona, WI 53593

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Wilson	Mark	F.	825 Bagswood Ave Verona WI 53593

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

President / Member Last Name Wilson	(First) Mark	(Middle Name) F.	Home Address (Street, City or Post Office, & Zip Code) 925 Bagswood Ave Verona WI 53593
Vice President / Member Last Name Wilson	(First) Matt	(Middle Name) E.	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name Kuffel	(First) Amy	(Middle Name) L	Home Address (Street, City or Post Office, & Zip Code) 303 Riviera St. Oregon WI 53575
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name The Walk-On Bar + Grill Business Phone Number 608-437-5733
2. Address of Premises 120 E Main St. Mount Horeb WI Post Office & Zip Code 53572
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.)

Basement - Storage only
1st and 2nd floors = bar/restaurant serving food and drinks

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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

_____

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_____

_____

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

_____

_____

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_____

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Wilson, Mark F.	Owner	5/9/22
Signature	**Phone Number**	**Email Address**
MF Wilson	608-279-9246	wilsonmf05@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/09/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07/01/22 (mm dd yyyy) ending: 06/30/2023 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of Mount Horeb

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

Check one: ☐ Individual ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
456-1028 6587 56-03	
FEIN Number	
46-5311 563	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 500.00
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 605.00

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Mt Horeb Hotel Partners LLC	175 Lillehammer Ln. Mt Horeb, WI. 53572

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hinze	Joshua	James	1944 Fox Run Mt Horeb, WI. 53572

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

President / Member Last Name: Murphy	(First): Brad	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): 712 S First St. Mt Horeb 53572
Vice President / Member Last Name: McNall	(First): Michael	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): 100 Sunset Ln. Mt Horeb 53572
Secretary / Member Last Name: Brass	(First): Beverly	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): 103 Marshall Ct. Mt Horeb 53572
Treasurer / Member Last Name: Brindley	(First): Thomas	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): 405 N 4th St. Mt Horeb 53572
Directors / Managers Last Name: Grundahl	(First): Brad	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): 10877 Cty Rd A Hollandale 53544
Directors / Managers Last Name:	(First):	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code):

C. Business Information

1. Trade Name GrandStay Hotel + Suites Business Phone Number 608-437-5200
2. Address of Premises 175 Lillehammer Ln Post Office & Zip Code Mt Horeb, WI. 53572
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.) Hotel Lobby, Front Desk, Breakfast Room, Conference Room, Patio

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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

_____

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_____

_____

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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Hinze, Joshua, J	General Manager	4/28/22
Signature	**Phone Number**	**Email Address**
Joshua Hinze	608-437-1219	mountharebl gradsl-y-net

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/13/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 7/01/22 *(mm dd yyyy)* ending: 6/30/23 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of MOUNT HOREB

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

Check one: ☐ Individual ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
456-1030839050-04	
FEIN Number	
32-0669688	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 500.00
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 605.00

pd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
~~FAUST~~	~~NATHAN~~	~~ORION~~	~~4278 COUNTY ROAD P, CROSS PLAINS, WI 53528~~
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
THE DOG HOUSE BAR & GRILL LLC	117 S. 1ST STREET, MOUNT HOREB, WI 53572

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
FAUST	NATHAN	ORION	4278 COUNTY ROAD P, CROSS PLAINS, WI 53528

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name THE DOG HOUSE BAR & GRILL Business Phone Number 608-437-7725
2. Address of Premises 117 S. 1ST STREET Post Office & Zip Code 53572
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.)

35' x 59' UPSTAIRS & DOWN STAIRS - 8.5' x 70' OUTSIDE DECK/PATIO AND FENCED IN AREA.

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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

   HAVEN'T MADE IT THROUGH A FULL YEAR YET

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
FAUST NATHAN O.	PRESIDENT	05·10·2022
Signature	Phone Number	Email Address
	608-712-9080	n8faust@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/16/22	6/01/22	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 06/30/22 *(mm dd yyyy)* ending: 06/30/23 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of } Mt. Horeb

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

Check one: ☐ Individual ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1030153718-02	
FEIN Number: 25012468	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 605.00 (pd)

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
LaDow	Brian	L	4036 Twin Court Ridgeway WI 53582
LaDow	Kim	M	4036 Twin Court Ridgeway WI 53582

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Skal, LLC	4036 Twin Court Ridgeway WI 53582

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
LaDow	Brian	L	4036 Twin Court Ridgeway WI 53582

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

President / Member Last Name: LaDow	(First): Brian	(Middle Name): L	Home Address (Street, City or Post Office, & Zip Code): 4036 Twin Court Ridgeway WI 53582
Vice President / Member Last Name: LaDow	(First): Kim	(Middle Name): M	Home Address (Street, City or Post Office, & Zip Code): 4036 Twin Court Ridgeway WI 53582
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Skål Public House Business Phone Number 608-437-1011
2. Address of Premises 209 E. Main Street, Suite H Post Office & Zip Code Mt. Horeb, WI 53572
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.) Roughly 50'x80 bar, dining room, Storage & private room. Bar 28'x28'/Dining room 28x28 Storage 20'x10'/Private Rm. 28x28'/Outdoor patio 16'x42' 6x8 walk in cooler - all on main floor.

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
LaDow, Brian L	Owner	04/26/22
Signature	**Phone Number**	**Email Address**
[signature]	(608 574-3980	bladow93@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
4/26/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07-01-2022 *(mm dd yyyy)* ending: 06-30-2023 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of Mount Horeb

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

Check one: ☐ Individual ☐ Limited Liability Company ☐ Partnership ☒ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1029016897-02	
FEIN Number: 81-1454296	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5
TOTAL FEE	$ 605 (pd)

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Friends of The Norsk Inc	2755 Golf Bowl Rd Mt Horeb, WI 53572

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Woodward	Michael	Thomas	1007 Heather Lane Platteville, WI 53818

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

President / Member Last Name: Bebes	(First): Andy	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): 708 Hamilton Lane Mt Horeb, WI. 53572
Vice President / Member Last Name: Schellpeper	(First): Marc	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): Brookwood Dr Mt Horeb, WI. 53572
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name: Anderson	(First): Matt	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): 4405 Brookwood Dr Mt Horeb, WI. 53572
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Norsk Golf Club Business Phone Number 608 437 3359
2. Address of Premises 2755 Golf Bowl Rd Post Office & Zip Code Mt Horeb 53572
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.)

8360 Sq Ft Clubhouse & bowling Center, 30x38 outside Patio 20x30 tent & on course service for 9 holes

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

---

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Woodward Michael T	General Manager	16 May 2022
Signature	**Phone Number**	**Email Address**
[signature]	608 393 8925	woodwardsale1@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/17/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07 01 2022 *(mm dd yyyy)* ending: 06 30 2023 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of Mount Horeb

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

Check one: ☐ Individual ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 320-1027444520-02

FEIN Number: 45-3929831

TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	$
☒ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5
TOTAL FEE	$ 605

pd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Grumpy Troll LLC	105 S. 2nd St., Mt. Horeb, WI 53572

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Duerst	Timothy	Duane	1853 Duerst Valley Rd., Mt. Horeb, WI 53572

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Pharo	Robin	Lynn	1853 Duerst Valley Rd., Mt. Horeb, WI 53572
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Duerst	Timothy	Duane	1853 Duerst Valley Rd., Mt. Horeb, WI 53572
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Grumpy Troll Brew Pub Business Phone Number 608-437-2739
2. Address of Premises 105 S. 2nd St. Post Office & Zip Code Mt. Horeb, WI 53572
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.) The building is 2 stories tall with a full basement. there is also an outdoor patio on both sides of the building. Beverages are served in all four spaces. Liquor is stored in a locked room in the basement. Beer is stored in the basement as well.

5. Legal description (omit if street address is given on previous page): N/A

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Pharo, Robin L.	President	
Signature: Robin L Pharo	Phone Number: 608-514-1728	Email Address: robin@tds.net

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/16/22	6/01/22	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07/01/2022 (mm dd yyyy) ending: 06/30/2023 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of MT. HOREB

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

Check one: ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1029952973-02	
FEIN Number: 83-0532811	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 500.00
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 605 (pd)

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
MARTINSON BROTHERS, LLC	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
GRUNDAHL	STEPHEN		2060 Hwy. E, Blue Mounds, WI 53517

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

~~President~~ / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
GRUNDAHL	STEPHEN		2060 Hwy E, Blue Mounds, WI 53517
~~Vice President~~ / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SIMMET	LUDWIG		2712 Hwy E, Blue Mounds, WI 53517
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
~~Directors~~ / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SIMMET	REBEKAH		2712 Hwy. E, Blue Mounds, WI, 53517
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name MARTINSON HALL Business Phone Number 608-437-4227
2. Address of Premises 108 S. 2ND ST. Post Office & Zip Code MT. HOREB 53572
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.)

Basement storage, 1st floor outside deck, 1st floor management office, 2nd floor bar and banquet hall, 2nd floor outside patio

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
GRUNDAHL, STEPHEN B	MEMBER	4/22/2022
Signature	Phone Number	Email Address
	608-712-1445	steve@midwestprotax.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
4/22/22	6/01/22	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 6/30/22 (mm dd yyyy) ending: 6/30/23 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of } Mount Horeb

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

Check one: ☐ Individual ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1030802550-02	
FEIN Number: 86-3700286	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☒ Reserve Class B liquor	$ 500.00
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 605.00 (pd)

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
~~Schmock~~	~~Matthew~~	~~W~~	~~509 Perimeter Rd M.H. 53572~~
~~Full Name (Last) Schmock~~	~~(First) Timothy~~	~~(Middle Name) L~~	~~Home Address (Street, City or Post Office, & Zip Code) 6101 Knotty Pine Way, Fitchburg, 53719~~
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Into the Driftless, LLC	128 E Main St.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Schmock	Matthew	W	509 Perimeter Rd MH, WI 53572

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Schmock	Matthew	W	509 Perimeter Rd Motto 53572
Vice President / Member Last Name: Schmock	(First) Timothy	(Middle Name) L	Home Address (Street, City or Post Office, & Zip Code) 6101 Knotty Pine Way, Fitchburg 53719
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Driftless Social Business Phone Number 608 219 8756
2. Address of Premises 128 E. Main St. Post Office & Zip Code 53572
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.)

Liquor, Beer & Wine will be stored behind the bar and in the basement, Served in the dining area and in the bar.

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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

We had our license but were not open for business.

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Schmock, Matthew, W	Owner	5/17/22
Signature	**Phone Number**	**Email Address**
[signature]	608 219 8756	matt.driftlesssocial@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/17/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07-01-22 (mm dd yyyy) ending: 06-30-23 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of } Mount Horeb

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

Check one: ☐ Individual ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: HS6-102821957 3-02	
FEIN Number: 46-3678271	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 500.00
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 605.00 (pd)

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Tulum LLC	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Onate	Jose	Juan	608 Pleasant Valley Pkwy Waunakee WI. 53597

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

President / Member Last Name: Onate	(First): Jose	(Middle Name): J	Home Address (Street, City or Post Office, & Zip Code): 608 Pleasant Valley Pkwy Waunakee WI. 53597
Vice President / Member Last Name: Macias	(First): Miguel	(Middle Name): A	Home Address (Street, City or Post Office, & Zip Code): 7355 Santafe trial Madison WI. 53719
Secretary / Member Last Name: Macias	(First): Miguel	(Middle Name): A	Home Address (Street, City or Post Office, & Zip Code): 7355 Santafe trial Madison WI. 53719
Treasurer / Member Last Name: Macias	(First): Miguel	(Middle Name): A	Home Address (Street, City or Post Office, & Zip Code): 7355 Santafe trial Madison WI. 53719
Directors / Managers Last Name: Macias	(First): Miguel	(Middle Name): A	Home Address (Street, City or Post Office, & Zip Code): 7355 Santafe trial Madison WI. 53719
Directors / Managers Last Name:	(First):	(Middle Name):	Home Address (Street, City or Post Office, & Zip Code):

C. Business Information

1. Trade Name Aztlan Mexican grill Business Phone Number 608 437 7600
2. Address of Premises 407 W Main St Mt Horeb Post Office & Zip Code 53572
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.)

Dinning Room, Storage Room, Office, Kitchen, and Outdoor seating Patio

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Orate Jose J	President	04-28-22
Signature	**Phone Number**	**Email Address**
Jose Jean Orate	608-213-7601	azteamexicangrill@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
4/28/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: July 1, 2022 *(mm dd yyyy)* ending: June 30, 2023 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of Mt. Horeb

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

Check one: ☒ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1029135223-02

FEIN Number: 81-1501399

TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	$
☒ Class B beer	$ 100.00
☒ Class C wine	$ 100.00
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 205.00 (pd)

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
McFee & Co. LLC	400 East Main Street, Mt Horeb, 53572

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
McFee	Lynn	Riviere	404 Tvedt Dr, Mt Horeb, 53572

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
McFee	Lynn	Riviere	404 Tvedt Dr / PO Box 317, Mt Horeb 53572
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name McFee On Main Business Phone Number 608-437-4663
2. Address of Premises 400 East Main Street Post Office & Zip Code Mount Horeb, 53572
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.)

2,200 Sq. ft Retail Space 2 Floors (1st Floor & 2nd Floor) & Front Porch

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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
   Alcohol is only served at Events,
   Alcohol is only Served.

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
McFee Lynn R.	President	5-13-22
Signature	**Phone Number**	**Email Address**
Lynn R McFee	773-383-5367	LYNM@McFeeonMain.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/13/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 7-1-22 *(mm dd yyyy)* ending: 6-30-23 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of MOUNT HOREB

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

Check one: ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1029219142-02	
FEIN Number: 81-2039726	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100
☒ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5
TOTAL FEE	$ 205

pd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
SUNN CAFE LLC	103 SHELDON DR, MT HOREB

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
CURTES	CYNTHIA	A	103 SHELDON DR. MT HOREB

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
CURTES	CYNTHIA	A	103 SHELDON DR, MT HOREB
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
PETERSON	TASHA	D	103 SHELDON DR, MT HOREB
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name SUNN CAFE Business Phone Number 608-437-7866
2. Address of Premises 201 E. MAIN ST. Post Office & Zip Code MT. HOREB 53572
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.)

STORED: KITCHEN, BASEMENT, DINING RM.
SERVED: DINING ROOM
CONSUMED: DINING ROOM, SIDEWALK CAFE, ALLEY PATIO

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** . . . . . ☐ 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 page 3.** . . . . . ☐ 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 they must hold a Wisconsin Seller's Permit? . . . . . ☒ Yes ☐ No
[phone (608) 266-2776]

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
CYNTHIA A. CURTES	MEMBER	5/19/2022
Signature	**Phone Number**	**Email Address**
	608-220-2297	sunn.cafe.201@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/19/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07/01/2022 *(mm dd yyyy)* ending: 06/30/2023 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of } Mount Horeb

County of Dane

Aldermanic Dist. No. _____ (if required by ordinance)

Check one: ☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
456-1029877665-02	
FEIN Number	
82-5063515	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100.00
☑ Class C wine	$ 100.00
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 5.00
TOTAL FEE	$ 205.00

pd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
MoHo Dough Co	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Dailing	DominRue	Michelle	104 Lincoln St Appt 218 Verona WI 53573

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Bennett	Bradley	Thomas	1400 Iris Court Stoughton WI 53589
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Barleyvine — Business Phone Number 608-481-2080
2. Address of Premises 1873 Springdale St — Post Office & Zip Code 53572
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.)

2500 sqft restaurant with 800 sqft outdoor seating. Self service beer & wine stations, walk in cooler & two smaller refrigerators to store.

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☑ No

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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Bennett Bradley T	President	5-16-22
Signature	Phone Number	Email Address
	815-621-2264	bbennett17@yahoo.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/16/22	6/01/22	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07-01-2022 *(mm dd yyyy)* ending: 06-30-2023 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of Mount Horeb

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

Check one: ☐ Individual ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1026085238-04	
FEIN Number 82-0699811	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☒ Class B (wine only) winery	$ 500.00
Publication fee	$ 5.00
TOTAL FEE	$ 605.00 (pd)

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Brix Cider LLC	119 S. 2nd St. Mount Horeb

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Raboin	Matt	Louise	1972 St. Rd 92, Mount Horeb 53572

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Raboin	Matt	Louis	1972 St. Rd 92 Mount Horeb 53572
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Raboin	Marie	Louise	1972 St. Rd 92 Mount Horeb 53572
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Brix Cider LLC Business Phone Number 608-437-2749
2. Address of Premises 119 S. 2nd St. Post Office & Zip Code 53572
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.)

see attachment

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** ☐ 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 page 3.** ☐ 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 they must hold a Wisconsin Seller's Permit? [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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

---

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Dubois, Marie L	Owner	5-17-2022
Signature	Phone Number	Email Address
	608-630-3325	Marie@bmxcube.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5/17/22	6/01/22	
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of Tujum LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Aztlan Mexican Grill
(Trade Name)

located at 407 W Main St Mt Horeb WI

appoints Jose J Onate
(Name of Appointed Agent)

608 Pleasant Valley Pkwy Waunakee WI 53597
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Lucedos Mexican restaurant Madison WI.

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

Place of residence last year 608 Pleasant Valley Pkwy Waunakee WI. 53597

For: Tujum LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Jose J Onate
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Jose J Onate, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Jose J Onate 04-28-22 Agent's age 49 years
(Signature of Agent) (Date)

608 Pleasant Valley Pkwy Waunakee WI 53597 Date of birth 09-18-1972
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-24-2022 by _____ Title Police Chief
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of Skål LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Skål Public House
(Trade Name)

located at 209 E. Main Street, Suite H. Mount Horeb, WI 53572

appoints Brian LaDow
(Name of Appointed Agent)

4036 Twin Court Ridgeway, WI 53582
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 46yrs.

Place of residence last year Same

For: Skål LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Brian LaDow, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] _____ Agent's age 46
(Signature of Agent) *(Date)*

4036 Twin Court Ridgeway, WI 53582 Date of birth 06/23/75
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5.24.2022 by [signature] Title Police Chief
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of MT. HOREB County of DANE

The undersigned duly authorized officer/member/manager of MARTINSON BROTHERS, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as MARTINSON HALL
(Trade Name)

located at 108 S. 2ND ST. MT. HOREB, WI 53572

appoints STEVE GRUNDAHL
(Name of Appointed Agent)

2060 HWY. E, BLUE MOUNDS, WI 53517
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 31 years

Place of residence last year 2060 HWY. E, BLUE MOUNDS, WI 53517

For: MARTINSON BROTHERS, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, STEVE GRUNDAHL, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 4/22/2022 Agent's age 52
(Signature of Agent) *(Date)*

2060 HWY. E, BLUE MOUNDS, WI 53517 Date of birth 8/19/69
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5.24.2022 *(Date)* by [signature] *(Signature of Proper Local Official)* Title Police Chief *(Town Chair, Village President, Police Chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☑ Village ☐ City of MT HOREB County of DANE

The undersigned duly authorized officer/member/manager of PREMIER COOPERATIVE
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

CENEX MINI MART
(Trade Name)

located at 501 W MAIN ST, MT HOREB, WI 53572

appoints JOSHUA KITELINGER
(Name of Appointed Agent)

300 9TH STREET, MINERAL POINT, WI 53565
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☑ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☑ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 28 YEARS

Place of residence last year 300 9TH STREET, MINERAL POINT, WI 53565

For: PREMIER COOPERATIVE
(Name of Corporation / Organization / Limited Liability Company)

By: [signature] CEO Treasurer
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, JOSHUA KITELINGER, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 5/2/22 Agent's age 33
(Signature of Agent) *(Date)*

300 9TH STREET, MINERAL POINT, WI 53565 Date of birth 11/18/1988
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5.24.2022 by [signature] Title Police Chief
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of Villager Bar + Restaurant LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as The Walk-On Bar + Grill
(Trade Name)

located at 170 E. Main St. Mount Horeb WI 53572

appoints Mark F Wilson
(Name of Appointed Agent)

825 Basswood Ave Verona WI 53593
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 41 years

Place of residence last year 825 Basswood Ave Verona WI 53593

For: Villager Bar and Restaurant LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Mark F Wilson, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 5/10/22 Agent's age 41
(Signature of Agent) (Date)

825 Basswood Ave Verona WI 53593 Date of birth 04/05/81
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5.24.2022 (Date) by [signature] (Signature of Proper Local Official) Title Police Chief (Town Chair, Village President, Police Chief)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of MT. HOREB County of DANE

The undersigned duly authorized officer/member/manager of MILLER & SONS INC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as MILLER & SONS, INC.
(Trade Name)

located at 1845 SPRING DALE ST. MT. HOREB, WI 53572

appoints CARLTON MILLER
(Name of Appointed Agent)
2065 Hwy J Verona WI 53593
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☑ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
MILLER AND SONS VERONA WI

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 60+ years

Place of residence last year 2065 HWY J Verona, WI 53593

For: MILLER & SONS, INC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, CARLTON MILLER, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 5/5/22 Agent's age 69
(Signature of Agent) (Date)

2065 HWY J VERONA, WI 53593 Date of birth 5/7/52
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5.24.2022 by [signature] Title Police Chief
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☑ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of KWIK TRIP, INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Kwik Trip 794
(Trade Name)

located at 525 Springdale St., Mount Horeb, WI 53572

appoints Daniel G. Hying
(Name of Appointed Agent)

209 E. Polk St., Dodgeville, WI 53533
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☑ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☑ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? All my life.

Place of residence last year 209 E. Polk St., Dodgeville, WI 53533

For: KWIK TRIP, INC.
(Name of Corporation / Organization / Limited Liability Company)

By: Donald G. Gullickson
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Daniel G. Hying, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

X Daniel G. Hying 4/29/2022 Agent's age 29
(Signature of Agent) *(Date)*

209 E. Polk St., Dodgeville, WI 53533 Date of birth 3/22/1993
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5.24.2022 by _____ Title Police Chief
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☑ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of KWIK TRIP, INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Kwik Trip 1130
(Trade Name)

located at 9255 Ridgeview Rd., Mount Horeb, WI 53572

appoints Scott F. Oomens
(Name of Appointed Agent)

414 E. Madison St., Dodgeville, WI 53533
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☑ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☑ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Since 1997

Place of residence last year 414 E. Madison St., Dodgeville, WI 53533

For: KWIK TRIP, INC.
(Name of Corporation / Organization / Limited Liability Company)

By: Donald G. [illegible]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Scott F. Oomens, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Scott F Oomens 10-26-2021 Agent's age 56
(Signature of Agent) *(Date)*

414 E. Madison St., Dodgeville, WI 53533 Date of birth 9/19/65
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5.24.2022 by [signature] Title Police Chief
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Mt. Horeb County of Dane

The undersigned duly authorized officer/member/manager of McFee & Co. LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as McFee on Main
(Trade Name)

located at 400 East Main Street, Mt. Horeb, WI 53572

appoints Lynn R. McFee
(Name of Appointed Agent)

404 Tweat Drive, Mt Horeb, WI 53572
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 9 years

Place of residence last year 404 Tweat Drive, Mt. Horeb, WI 53572

For: McFee & Co. LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Lynn R McFee
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Lynn R. McFee, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Lynn R McFee 5.13.22 Agent's age 63
(Signature of Agent) *(Date)*

404 Tweat Drive, Mt. Horeb, WI 53572 Date of birth 3.15.59
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5.24.2022 by _____ Title Police Chief
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Mount Hereb County of Dane

The undersigned duly authorized officer/member/manager of Mt Hereb Hotel Partners LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Grandstay Hotel + Suites
(Trade Name)

located at 175 Lillehammer Ln. Mt Hereb, WI. 53572

appoints Joshua Hinze
(Name of Appointed Agent)

1944 Fox Run Mt Hereb WI. 53572
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 37 years

Place of residence last year Mt Hereb, WI.

For: Grandstay Hotel + Suites / Mt Hereb Hotel Partners LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Joshua Hinze, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 4/28/22 Agent's age 37
(Signature of Agent) *(Date)*

1944 Fox Run Mt Hereb, WI. 53572 Date of birth 9/4/84
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-24-2022 by [signature] Title Police Chief
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☑ Village ☐ City of Mt. Horeb County of Dane

The undersigned duly authorized officer(s)/members/managers of Grumpy Troll, LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Grumpy Troll Brew Pub
(trade name)

located at 105 S. Second Street, Mt. Horeb, Wisconsin 53572

appoints Timothy D. Duerst
(name of appointed agent)

1853 Duerst Valley Rd, Mt Horeb, WI 53572
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☑ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Grumpy Troll, LLC

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☑ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 53

Place of residence last year Same as above

For: Grumpy Troll, LLC
(name of corporation/organization/limited liability company)

By: [signature] Timothy D. Duerst
(signature of Officer/Member/Manager)

And: [signature] Robin L. Pharo
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Timothy D Duerst, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 5/12/22 Agent's age 53
(signature of agent) *(date)*

1853 Duerst Valley Rd, Mt Horeb, WI 53572 Date of birth 09/25/68
(home address of agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-24-2022 by [signature] Title Police chief
(date) *(signature of proper local official)* *(town chair, village president, police chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of MOUNT HOREB County of DANE

The undersigned duly authorized officer/member/manager of THE DOG HOUSE BAR & GRILL LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

THE DOG HOUSE BAR & GRILL
(Trade Name)

located at 117 S. 1ST STREET, MOUNT HOREB, WI 53572

appoints NATHAN FAUST
(Name of Appointed Agent)

4278 COUNTY ROAD P, CROSS PLAINS, WI 53528
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 43 YEARS

Place of residence last year 4278 COUNTY ROAD P, CROSS PLAINS, WI 53528

For: THE DOG HOUSE BAR & GRILL
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, NATHAN FAUST, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 05·10·2022 Agent's age 43
(Signature of Agent) *(Date)*

4278 COUNTY ROAD P, CROSS PLAINS, WI 53528 Date of birth 05·26·78
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5·24·2022 by [signature] Title Police Chief
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of WiscoBoxes, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as WiscoBoxes.com
(Trade Name)

located at 305 e. main st. Mt. Horeb, WI 53572

appoints Mills Bruce Botham
(Name of Appointed Agent)

555 S. Midvale Blvd. Madison, WI 53711 #301
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 24 years

Place of residence last year 555 S. Midvale Blvd. #301 Madison, WI 53711

For: WiscoBoxes
(Name of Corporation / Organization / Limited Liability Company)

By: Josh B
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Mills Bruce Botham, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Mills Botham 5/15/22 Agent's age 24
(Signature of Agent) (Date)

555 S. Midvale Blvd. #301 Madison WI 53711 Date of birth 7/3/1997
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY

(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-24-2022 (Date) by _____ (Signature of Proper Local Official) Title Police Chief (Town Chair, Village President, Police Chief)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☑ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of MoHo Dough, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Barleyvine
(Trade Name)

located at 1883 Springdale St Mount Horeb WI 53572

appoints Dominique Dailing
(Name of Appointed Agent)

104 Lincoln Street Apt 218 Verona WI 53593
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☑ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☑ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 6 years

Place of residence last year 104 Lincoln Street Apt 218 Verona WI 53593

For: MoHo Dough, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Brad Breese
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Dominique Dailing (Print / Type Agent's Name), hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Dominique Dailing (Signature of Agent) 5/16/22 (Date) Agent's age 42

104 Lincoln Street Apt 218 Verona, WI 53593 (Home Address of Agent) Date of birth 8/13/1979

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-24-2022 (Date) by [signature] (Signature of Proper Local Official) Title Police chief (Town Chair, Village President, Police Chief)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of Into the Driftless, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Driftless Social
(Trade Name)

located at 128 E. Main St.

appoints Matthew Schmock
(Name of Appointed Agent)

509 Perimeter Rd, Mount Horeb, WI 53572
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 38 years

Place of residence last year 509 Perimeter Rd. Mt Horeb WI 53572

For: Into the Driftless, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Matthew Schmock
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Matthew Schmock, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Matthew Schmock 5/17/22 Agent's age 38
(Signature of Agent) (Date)

509 Perimeter Rd. Mt Horeb WI 53572 Date of birth 5/17/22
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-24-2022 by _____ Title Police Chief
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of Friends of The Nersk DBA Nersk Golf Club
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Nersk Golf Club
(Trade Name)

located at 2755 Golf Bowl Rd Mount Horeb, WI 53572

appoints Michael T Woodward
(Name of Appointed Agent)

1007 Heather Lane Platteville, WI 53818
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? _____

Place of residence last year 1007 Heather Lane Platteville, WI 53818

For: Friends of The Nersk DBA Nersk Golf Club
(Name of Corporation / Organization / Limited Liability Company)

By: M. A
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Michael T Woodward, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

M. A 16 May 22 Agent's age 51
(Signature of Agent) *(Date)*

1007 Heather Lane Platteville, WI 53818 Date of birth 12-12-1970
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-24-2022 by _____ Title Police Chief
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☑ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of Longshot Investments LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Trolley Liquor
(Trade Name)

located at 504 W. Main Street Mount Horeb WI 53572

appoints Michael E. Rogers JR
(Name of Appointed Agent)

109 Nesheim Trail Mount Horeb WI 53572
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☑ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☑ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 14 years

Place of residence last year 109 Nesheim Trail Mount Horeb WI 53572

For: Longshot Investments LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Michael Rogers JR, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 5/17/22 Agent's age 61
(Signature of Agent) (Date)

109 Nesheim Trail Mount Horeb WI 53572 Date of birth 1/2/61
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-24-2022 (Date) by [signature] (Signature of Proper Local Official) Title Police Chief (Town Chair, Village President, Police Chief)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of MOUNT HOREB County of DANE

The undersigned duly authorized officer/member/manager of ELEGANT BRIDAL, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as MARAH'S ELEGANT BRIDAL
(Trade Name)

located at 101 E. MAIN ST. MOUNT HOREB WI 53572

appoints MARAH ODGERS
(Name of Appointed Agent)

10817 SAUK TRAIL BLUE MOUNDS WI 53517.
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 44

Place of residence last year 10817 SAUK TRAIL BLUE MOUNDS WI 53517

For: ELEGANT BRIDAL LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Marah M. Odgers
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, MARAH ODGERS, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Marah M. Odgers 5/16/2022 Agent's age 44
(Signature of Agent) (Date)

10817 SAUK TRAIL BLUE MOUNDS WI 53517 Date of birth 10/23/1977
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5.24.2022 by _____ Title Police Chief
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of Brix Cider LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Brix Cider
(Trade Name)

located at 119 S. 2nd St Mount Horeb WI 53572

appoints Matt Raboin
(Name of Appointed Agent)
1972 St. Rd 92 Mount Horeb WI 53572
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 8 years

Place of residence last year 1972 St. Rd 92 Mount Horeb WI 53572

For: Brix Cider LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Matt Raboin
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Matt Raboin, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Matt Raboin 5-17-21 Agent's age 43
(Signature of Agent) *(Date)*

1972 St. Rd 92 Mount Horeb WI 53572 Date of birth 3/15/79
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5.24.2021 *(Date)* by [signature] *(Signature of Proper Local Official)* Title Police Chief
(Town Chair, Village President, Police Chief)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of Walgreen Co.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Walgreens #11648
(Trade Name)

located at 1401 Springdale St. Mount Horeb, WI 53572

appoints Tanya Nicole Baron
(Name of Appointed Agent)

19 W School St. Belleville, Wi 53508
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 28 yrs.

Place of residence last year 19 W. School St. Belleville, WI 53508

For: Walgreen Co.
(Name of Corporation / Organization / Limited Liability Company)

By: Lisa Badgley
(Signature of Officer / Member / Manager)
Lisa Badgley, Senior Vice President

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Tanya Nicole Baron, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Tanya Baron 5/11/22 Agent's age 28
(Signature of Agent) *(Date)*

19 W School St. Belleville, Wi 53508 Date of birth 9/14/1993
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-24-2022 by _____ Title Police Chief
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Mount Horeb County of Dane

The undersigned duly authorized officer/member/manager of Board and Brush Creative Studio - Mt. Horeb, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Board & Brush Creative Studio - Mt. Horeb
(Trade Name)

located at 113 E Main St., Mt. Horeb, WI 53572

appoints Lindsay Bauer
(Name of Appointed Agent)

208 Valley View Rd, Mt. Horeb, WI 53572
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? approximately 8 years

Place of residence last year Mt. Horeb, WI

For: Board and Brush Creative Studio - Mt. Horeb, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Lindsay Bauer
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Lindsay Bauer, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Lindsay Bauer 5/18/22 Agent's age 39
(Signature of Agent) *(Date)*

208 Valley View Rd, Mt. Horeb, WI 53572 Date of birth 9/15/82
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-24-2022 by _____ Title Police Chief
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of MOUNT HOREB County of DANE

The undersigned duly authorized officer/member/manager of SUNN CAFE LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as SUNN CAFE
(Trade Name)

located at 201 E MAIN ST MT HOREB

appoints CYNTHIA A. CURTES
(Name of Appointed Agent)

103 SHELDON DR MT HOREB
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 56 YEARS

Place of residence last year 103 SHELDON DR MT HOREB

For: SUNN CAFE LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, CYNTHIA A CURTES, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 5-19-22 Agent's age 58
(Signature of Agent) *(Date)*

103 SHELDON DR MT HOREB Date of birth 7-13-63
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-24-2022 *(Date)* by [signature] *(Signature of Proper Local Official)* Title Police Chief *(Town Chair, Village President, Police Chief)*

Village of Mt Horeb
Street Use Permit Application

$20.00 Waived

Applicant Name: Mt. Horeb Summer Frolic Committee

Address: _____ Telephone: _____

Event Sponsor (if different than above): NA

Address: _____ Telephone: _____

Responsible Person(s) (if different than above): _____

Address: _____ Telephone: _____

Event Information

Start date: 6/12/2022 Time: 10:00AM End Date: 6/12/2022 Time: 1:30 PM
(Include set-up and tear-down/clean-up time)

Detailed description of street(s) proposed to be used: Garfield to 1st, 1st to Henry Henry to Grundahl Park

Estimated number of persons: 80 to 90 units (Certificate of Insurance may be required)

Use of street (include a detailed description of all activities such as vending, music, selling of food or alcohol beverages, location and use of tents, stages, or other equipment, and a detailed plan for clean-up after the event): Parade vehicles & Personel on Streets

If using recording or sound amplification equipment please describe: MC at Center Avenue

Designate any public facilities or equipment to be used (additional costs may be incurred): Street Cones & maybe barricades

I certify that I have read and understand the Village of Mount Horeb Ordinance 2006-17 An Ordinance To Require Street Use Permits, and agree to adhere to all of the rules and requirements outlined in the Ordinance and that all information provided on this application is true and correct.

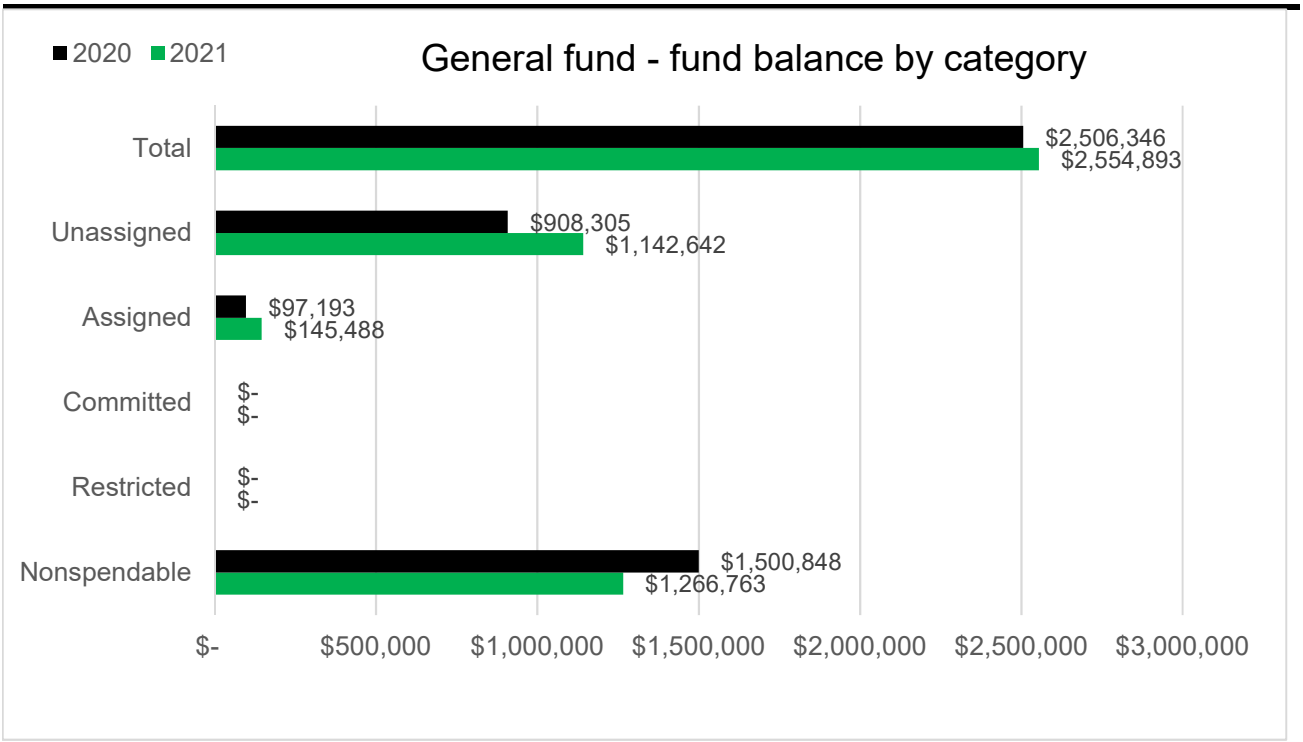
Randy Hefty 5-5-2022
Signature Date

****

CHIEF OF POLICE: DN 5/5/2022 ACCEPTED ____ DECLINED VILLAGE ADMINISTRATOR: ____ ACCEPTED ____ DECLINED

RECEIPT#: _____ LICENSE# _____

Village of Mount Horeb
General fund results



Summarized income statement

	Actual	Final budget	Variance
Revenues and other financing sources	$ 5,230,212	$ 4,995,052	$ 235,160
Expenditures and other financing uses	5,181,665	5,088,798	(92,867)
Net change in fund balance	$ 48,547	$ (93,746)	$ 142,293

Fund balance category definitions

Nonspendable - amounts cannot be spent either because they are not in spendable form or because legal or contractual requirements require them to be maintained in tact.

Restricted - amounts that can be spent only for the specific purposes stipulated by an external source.

Committed - amounts constrained for specific purposes that are internally imposed through formal action of the governing body.

Assigned - spendable amounts that are intended to be used for specific purposes that are not considered restricted or committed.

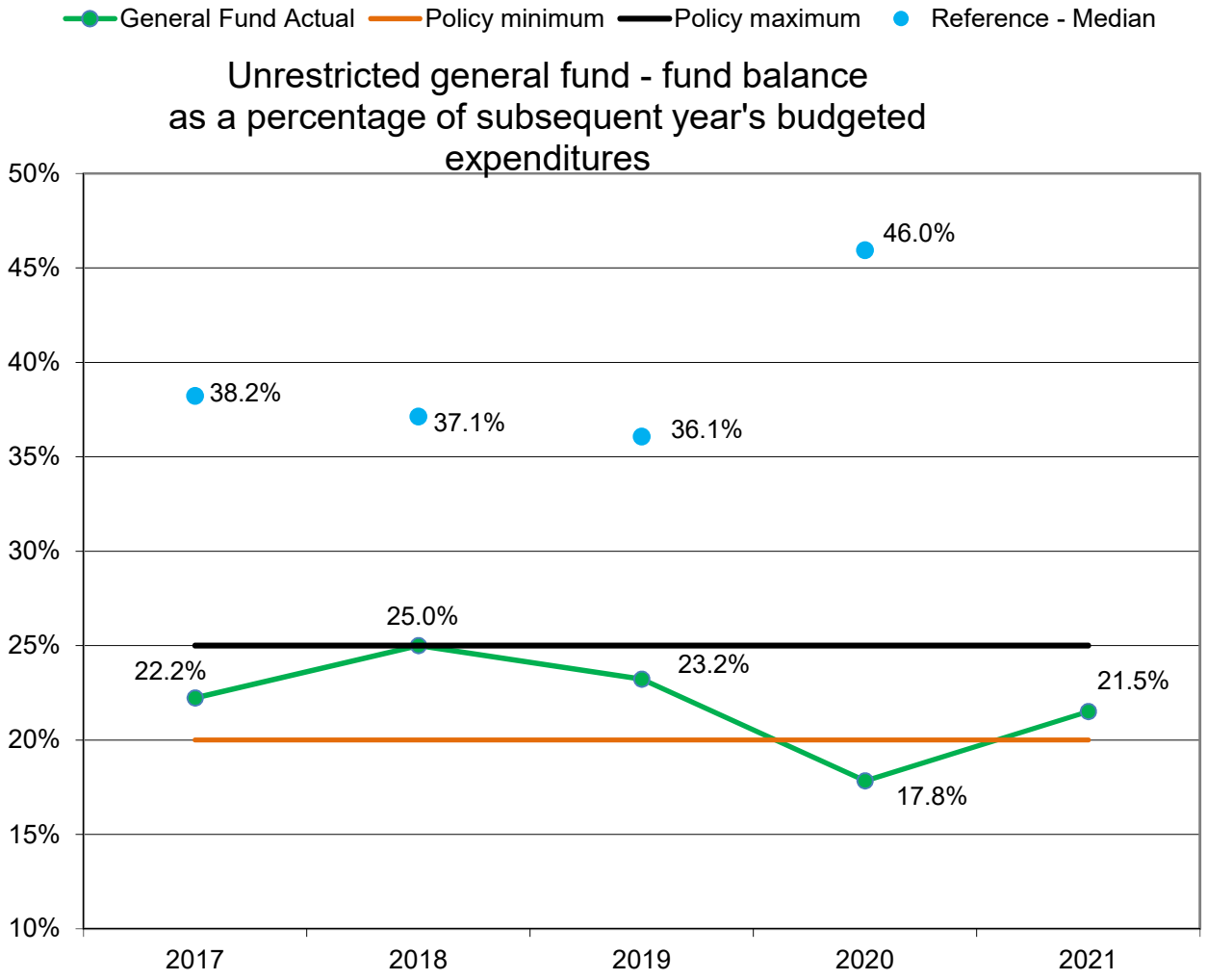
Unassigned - residual amounts that have not been classified within other categories above.

Source: current and prior year financial statement information and other benchmark information as noted.

Village of Mount Horeb
General fund - fund balance trends

Fund balance policy:

20-25% of the subsequent years budgeted general fund expenditures. Unassigned fund balance that exceeds this range shall be transferred to the capital improvement projects fund to reduce future borrowing needs.



Other reference values

GFOA recommends a minimum of no less than 2 months (16.7%) of general fund expenditures.

Median reference value generated from 2017 - 2020 Baker Tilly municipal client data for population ranges less than 10,000.

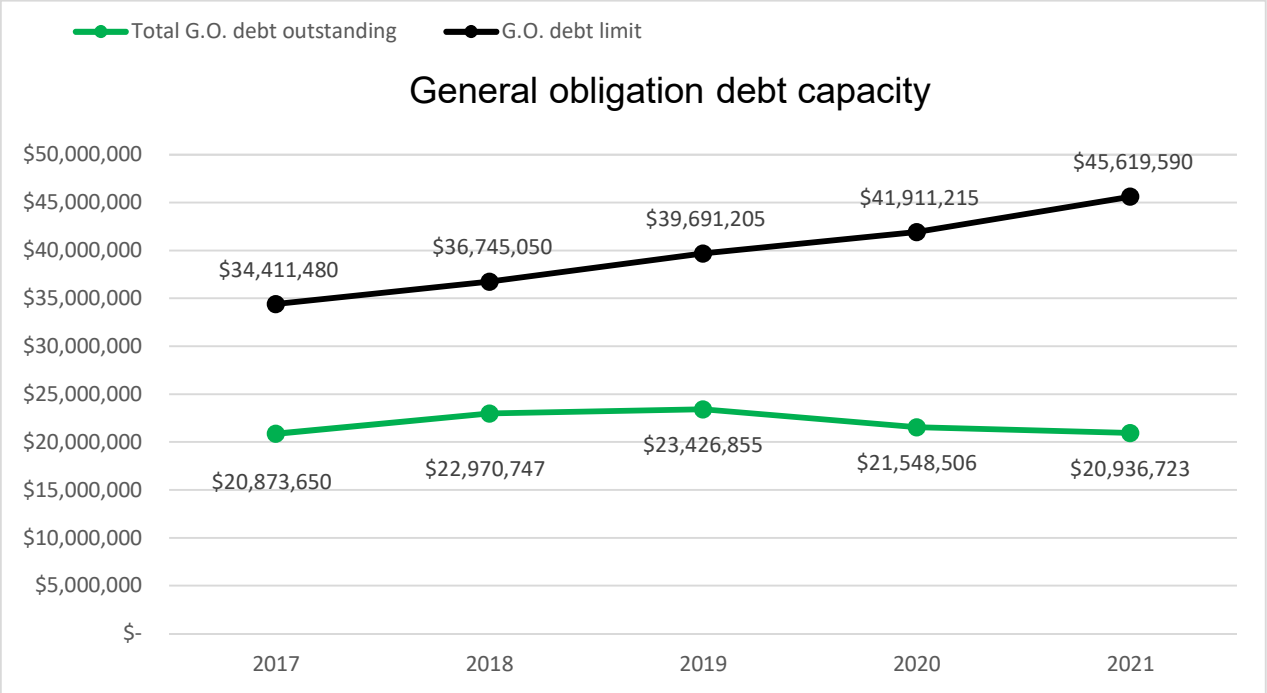
Source: current and prior year financial statement information and other benchmark information as noted.

Village of Mount Horeb
General obligation debt

Debt management policy:

Total outstanding general debt obligations should remain within 50% of the Village's legal debt margin capacity (5% of the Village's total equalized value). Non-utility and non-TIF related general debt obligations should remain within 40% of the legal debt margin unless otherwise authorized by the Village Board.

	Total GO Debt	Non-Utility Non-TIF GO Debt
Actual percentage of debt limit at 12/31/21:	**46%**	**24%**



Total debt outstanding by type at 12/31/2021

	General obligation	Revenue Debt	Comp Abs	Total
Village	$ 11,122,618	$ -	$ 590,516	$ 11,713,134
Utility	-	15,864,181	-	$ 15,864,181
TIF	9,814,105	-	-	9,814,105
Total	$ 20,936,723	$ 15,864,181	$ 590,516	$ 37,391,420

Comparative metrics available online through the Wisconsin Policy Forum.

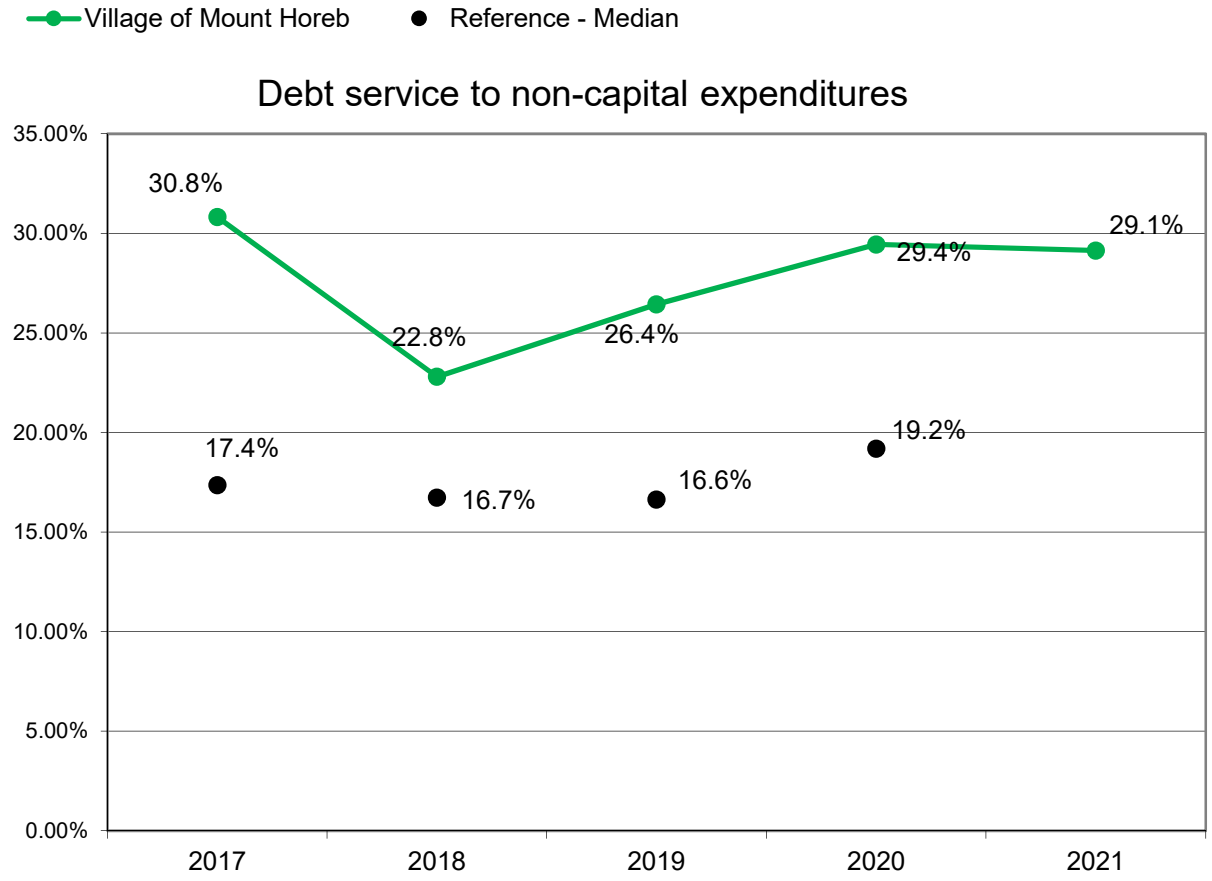
https://wispolicyforum.org/research/municipal-datatool-examining-and-comparing-wisconsin-cities-and-villages/

Select "Debt" -- options for custom comparisons or comparisons by county

Source: current and prior year financial statement information and other benchmark information as noted.

Village of Mount Horeb

Governmental funds - debt service



Current and prior year data

	2021	2020
Principal (excludes refunding)	$ 1,933,388	$ 1,878,349
Interest	824,888	805,837
Total	$ 2,758,276	$ 2,684,186
Non-capital expenditures	$ 9,466,696	$ 9,117,760

Other reference values

Median reference value generated from 2017 - 2020 Baker Tilly municipal client data for population ranges less than 10,000.

Source: current and prior year financial statement information and other benchmark information as noted.

Village of Mount Horeb

TIF District Historical Summary Through December 31, 2021

	TIF District No. 3	%	TIF District No. 4	%	TIF District No. 5	%
Sources of funds						
Tax increments	$ 5,406,791	19%	$ 934,328	66%	$ 1,469,229	21%
Intergovernmental grants	-	0%	-	0%	249,001	4%
Payment in lieu of taxes	-	0%	487	0%	-	0%
Tax levy/transfer from general fund	644,285	2%	-	0%	-	0%
Exempt computer aid	31,785	0%	33,892	2%	-	0%
Investment income	345,304	1%	22,437	2%	15,557	0%
Sale of property	-	0%	-	0%	444,934	6%
Miscellaneous	256,256	1%	-	0%	99,357	1%
Premium on debt	394,829	1%	-	0%	-	0%
Debt issued	21,638,703	75%	433,000	30%	4,740,740	68%
TOTAL	$ 28,717,953	100%	$ 1,424,144	100%	$ 7,018,818	100%
Uses of Funds						
Capital, administration, and professional services	$ 7,155,185	25%	$ 542,174	54%	$ 2,347,653	29%
Interest on long-term debt	4,241,127	15%	46,884	5%	600,427	8%
Discount and issuance costs	321,426	1%	-	0%	90,513	1%
Developer grants	-	0%	-	0%	4,214,338	53%
Payment escrow	389,739	1%	-	0%	-	0%
Principal on long-term debt	16,772,203	58%	411,277	41%	725,000	9%
TOTAL	$ 28,879,680	100%	$ 1,000,335	100%	$ 7,977,931	100%
TIF Fund Balance (Deficit) - December 31, 2021	$ (161,727)		$ 423,809		$ (959,113)	
Calculation of Net Cost Recoverable through TIF Increments						
General obligation debt outstanding	4,866,500		21,723		4,015,740	
Levy/ transfer from general fund to be repaid	644,285		-		-	
TIF Fund (Balance)/Deficit - December 31, 2021	161,727		(423,809)		959,113	
Net cost recoverable through TIF increments - December 31, 2021	$ 5,672,512		$ (402,086)		$ 4,974,853	
Creation date:	March 24, 2004		September 24, 2007		August 18, 2016	
Last date to incur project costs:	March 24, 2022		September 24, 2022		August 18, 2038	
Last year to collect increment:	2027		2027		2043	