ALCOHOL LICENSE COMMITTEE AGENDA

May 19, 2025 4:00 PM

Meeting Room A

160 S Macy Street Fond du Lac, Wisconsin

City-County Government Center

- I. ROLL CALL
 - A. Attendance
 - B. Declaration Quorum Present

II. CONSENT AGENDA

A. April 28, 2025 Minutes

III. INPUT

- A. The Presiding Officer Shall Limit Comments To Items Only Noticed On The Agenda
- **B.** Biannual Update On Licensed Establishments With Demerit Points

Presented By: Captain, Tony Hahn

IV. ACTIONS

- A. Temporary Class "B" Licenses/Picnic Licenses
 - Campbellsport FFA Alumni & Supporters (Tractor Pull 6/7/2025)
 - Downtown FDL Partnership (Summer Wine Walk 6/13/2025)
 - 111 S Main Street
 - 19 S Main Street
 - 28 N Main Street
 - 57 N Macy Street
 - 15 E 2nd Street
 - 1 N Main Street
 - 104 S Main Street
 - 74 S Main Street
 - 117 S Main Street
 - 130 S Main Street
 - 14 N Main Street
 - 36 N Main Street
 - 17 Forest Avenue Suite 116
 - Big Brother Big Sisters of Fond du Lac Co (Halloweenie Street Party 10/31/2025)
- B. "Class A" Intoxicating Liquor and Class "A" Fermented Malt License

Limited Liability Co: SSV LLC

Agent Name: Chaitanya Reddy Godhala

d/b/a: Eastside Spirits

Business Address: 405 Fond du Lac Avenue

V. ADJOURN

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> April 28, 2025 Minutes

Subject:

Initiator:

Location:

Recommendation:

ATTACHMENTS:

File Name Description

Minutes_2025_4_28_Meeting(1214)_(2).pdf Minutes

ALCOHOL LICENSE COMMITTEE MEETING MINUTES CITY OF FOND DU LAC, WISCONSIN

Meeting Room A 160 S Macy Street

April 28, 2025 4:00 PM

ROLL CALL

Attendance

Present
Scott Gilgenbach
Andrew Hayes
Brandon Hiller
Kathryn Strong Langolf

<u>Absent</u>

Mason Gravelle (Excused)
Melissa Kolstad (Excused)
Thomas Schuessler (Excused)

Administrative Staff
Ali Panagopoulos, Deputy City Attorney
Anthony Hahn, Police Captain

Declaration Quorum Present

Vice-Chairperson Scott Gilgenbach declared a quorum present.

CONSENT AGENDA

March 31, 2025 Minutes

A Motion was made by Brandon Hiller to approve March 31, 2025 Minutes and seconded by Andrew Hayes, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller

Abstain: Strong Langolf

Absent: Gravelle, Kolstad, Schuessler

INPUT

The Presiding Officer Shall Limit Comments To Items Only Noticed On The Agenda

No audience comments were made.

Temporary Class "B" Licenses/Picnic Licenses

- Downtown FDL Partnership (Beer & Bourbon Crawl 5/3/2025)
 - 19 S Main Street
 - 28 N Main Street
 - 23 S Main Street
 - 1 N Main Street
 - 27 S Main Street
 - 117 S Main Street
- Fe, Vida y Esperanza (Micro Wrestling 5/23/2025)
- Fond du Lac Firefighters Local 400 (Walleye Weekend 6/6/2025-6/8/2025)
- Knights of Columbus-Council 664 (Walleye Weekend 6/6/2025-6/8/2025)
- Kiwanis Club of Fabulous FDL (Walleye Weekend 6/6/2025-6/8/2025)
- Fond du Lac Noon Kiwanis (Walleye Weekend 6/6/2025-6/8/2025)
- Oriole Nation Booster Club (Walleye Weekend 6/6/2025-6/8/2025)
- Noon Optimist Club of FDL (Walleye Weekend 6/6/2025-6/8/2025)
- Fond du Lac Morning Rotary (Walleye Weekend 6/6/2025-6/8/2025)
- Kiwanis Club of FDL-Lakeside (Walleye Weekend 6/6/2025-6/8/2025)
- Fond du Lac Evening Optimist (Father's Day Car Show 6/15/2025)
- Fond du Lac Softball Inc (FDL Co. Fair 7/15/2025-7/20/2025)
- Noon Optimist Club of FDL (FDL Co. Fair 7/16/2025-7/20/2025)
- Fond du Lac Evening Optimist (FDL Co. Fair 7/15/2025-7/20/2025)

A Motion was made by Kathryn Strong Langolf to approve Temporary Class "B" Licenses/Picnic Licenses and seconded by Brandon Hiller, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller, Strong Langolf

Absent: Gravelle, Kolstad, Schuessler

ADJOURN

A Motion was made by Kathryn Strong Langolf to adjourn at 4:02 p.m. and seconded by Andrew Hayes, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller, Strong Langolf

Absent: Gravelle, Kolstad, Schuessler

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> Biannual Update On Licensed Establishments With

Demerit Points

<u>Subject:</u> Presented By: Captain, Tony Hahn

Initiator:

Location:

Recommendation:

ATTACHMENTS:

File Name Description

Report_ALC_2025_Demerit_Points_Report_(002).pdf Report

CITY OF FOND DU LAC - Memorandum

City Attorney

Date: May 12, 2025

To: Alcohol Licensing Commission

From: City Attorney's Office

Re: Biannual Update on Licensed Establishments with Demerit

Points

Under Section 400-7(D) of the Code of the City of Fond du Lac, City staff must periodically report issued demerit points to the Alcohol Licensing Committee.

In 2025, the following licensed establishments received demerit points:

Establishment	Date of Incident	Violation	Demerit Points
Los Mezcales 156 Western Av	03/19/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Brick House 161 S Main St	03/19/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Theo's 24 24 N Main St	03/19/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Gino's 584 W Johnson St	04/03/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Ledgeview Lanes 170 Prairie Rd	04/03/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Mancinos 818 S Main St	04/03/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80

Ang and Eddies 7 14 th St	04/03/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Saltys 503 N Park Av	04/03/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Kwik Trip #613 456 S Main St.	04/29/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Backyard Grill 838 E Johnson St	05/01/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Fat Joes 15 W Division St	05/01/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80

Please contact Deputy City Attorney Alexandra Panagopoulos at (920) 322-3428 or apanagopoulos@fdl.wi.gov, or Captain Robb Duveneck at (920)322-3749 or rduveneck@fdl.wi.gov with questions regarding the above-referenced demerit points or incidents.

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u>	Temporary	Class	"B"	Licenses/Picnic	Licenses
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Subject:

- Campbellsport FFA Alumni & Supporters (Tractor Pull 6/7/2025)
- Downtown FDL Partnership (Summer Wine Walk 6/13/2025)
 - 111 S Main Street
 - 19 S Main Street
 - 28 N Main Street
 - 57 N Macy Street
 - 15 E 2nd Street
 - 1 N Main Street
 - 104 S Main Street
 - 74 S Main Street
 - 117 S Main Street
 - 130 S Main Street
 - 14 N Main Street
 - 36 N Main Street
 - 17 Forest Avenue Suite 116
- Big Brother Big Sisters of Fond du Lac Co (Halloweenie Street Party 10/31/2025)

Initiator:

Location:

Recommendation:

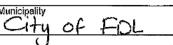
ATTACHMENTS:

	File Name	Description
D	Campbellsport_FFA.pdf	Campbellsport
D	dfp_Redacted.pdf	DFP
D	big_brother_Redacted.pdf	BBBS

rp+ #7548

Form **AB-220**

Temporary Alcohol Beverage License



				e Fees	\$	10
☐ Temporary "Class B" W	vine 🛣 Temporary	y Class "B" Beer	Backgr	ound Che	eck \$	
	71		Total F	ees	\$	10.00
	-				I	
art A: Organization Informat	ion					
Organization Name Cama Hellsport	FFA Alumni	& Supporte.	15			
Organization Permanent Address						
327 North Fond	I de Lac Ave.					
Campbell sport			4.	State.	5. Zip Co	
				W,	10-	3010
Mailing Address (if different from per	manent address)					
FEIN	8. Date of Organizat	tion/Incorporation	9. State	of Organi	zation/Inco	rporation
•	- stall	941		W,		
). Phone	11. Email	/ //				
920-948-9310						
	I					
2. Organization type (check one)	I					
1.2	Church ☐ Fair As:	sociation/Agricultural S	Society	□ Vete	ran's Oro	anization
Bona Fide Club	_	sociation/Agricultural S	•	_	eran's Orga	
Bona Fide Club	Church ☐ Fair As Chamber of Commerce or	-	•	_	_	
Bona Fide Club	Chamber of Commerce or	similar Civic or Trade	Organizatio	n under o	ch. 181, W	lis. Stats.
Bona Fide Club Lodge/Society 3. Is this organization required to h	Chamber of Commerce or old a Wisconsin Seller's pe	similar Civic or Trade	Organizatio	n under o	ch. 181, W	lis. Stats.
Bona Fide Club Lodge/Society 3. Is this organization required to h	Chamber of Commerce or old a Wisconsin Seller's pe	similar Civic or Trade	Organizatio	n under o	ch. 181, W	lis. Stats.
Bona Fide Club Lodge/Society B. Is this organization required to held. Wisconsin Seller's Permit Number (in	Chamber of Commerce or old a Wisconsin Seller's pe	similar Civic or Trade	Organizatio	n under d	ch. 181, W	/is. Stats.
Bona Fide Club Lodge/Society B. Is this organization required to had the companization of Organization of Organization Contact Person Organizati	Chamber of Commerce or old a Wisconsin Seller's pe	similar Civic or Trade rmit?	Organizatio	n under o	ch. 181, W	/is. Stats.
Bona Fide Club Lodge/Society Lodge/Society Is this organization required to had been supported by the control of the control	Chamber of Commerce or old a Wisconsin Seller's pe fapplicable) on in charge of Affair	similar Civic or Trade rmit?	Organizatio	n under o	ch. 181, W	/is. Stats.
Bona Fide Club Lodge/Society I Lodge/So	Chamber of Commerce or old a Wisconsin Seller's pe fapplicable)	similar Civic or Trade rmit?	Organizatio	n under o	ch. 181, W	/is. Stats.
Bona Fide Club Lodge/Society B. Is this organization required to held. Wisconsin Seller's Permit Number (in Section 1997). Agent/Contact Person of Organization (In Section 1997). Agent/Contact Person's Address (In Section 1997). Agent/Contact Person's Address (In Section 1997). Agent/Contact Person's Address (In Section 1997).	Chamber of Commerce or old a Wisconsin Seller's pe fapplicable) on in charge of Affair Sines der	similar Civic or Trade rmit?	Organizatio	n under o	ch. 181, W	/is. Stats.
Bona Fide Club Lodge/Society B. Is this organization required to have the second of	Chamber of Commerce or old a Wisconsin Seller's pe fapplicable) on in charge of Affair one, der G, St. Cloud, W.S.	similar Civic or Trade rmit?	Contact Person	n under o	ch. 181, W	/is. Stats.
Bona Fide Club Lodge/Society Lodge/Socie	Chamber of Commerce or old a Wisconsin Seller's pe fapplicable) on in charge of Affair one, der G, St. Cloud, W.S.	similar Civic or Trade rmit?	Contact Person	n under d	ch. 181, W	/is. Stats.
Bona Fide Club Lodge/Society 3. Is this organization required to he 4. Wisconsin Seller's Permit Number (if 5. Agent/Contact Person of Organization 7. Agent/Contact Person's Address ACLY art B: Individual Information ist the name, title, and phone numest Name	Chamber of Commerce or old a Wisconsin Seller's pe fapplicable) on in charge of Affair One, der G, St. Claud, W.S. Inber for all officers, director	similar Civic or Trade rmit?	Contact Person	n under d	Number or lo	/is. Stats.
Bona Fide Club Lodge/Society 3. Is this organization required to hat the second seller's Permit Number (if the second seller's Permit Number (if the second seller's Person of Organization of Agent/Contact Person's Address (if the second seller's Permit Number (if the seco	Chamber of Commerce or old a Wisconsin Seller's per fapplicable) on in charge of Affair Shep der G, St. Claud, Wisconsin Seller's per der The fapplicable of Affair St. Claud, Wisconsin Seller's per der The fapplicable of Affair St. Claud, Wisconsin Seller's per der The fapplicable of Affair St. Claud, Wisconsin Seller's per der der der der der der der der der d	similar Civic or Trade rmit?	Contact Person	n under d	Number or lo	/is. Stats.
Bona Fide Club Lodge/Society B. Is this organization required to have the second of	Chamber of Commerce or old a Wisconsin Seller's pe fapplicable) on in charge of Affair One, der G, St. Claud, W.S. Inber for all officers, director	similar Civic or Trade rmit? 16. Agent/C 18. Agent/C rs, and agent of the o Title Pres VICE ~	Contact Person Contact Person Contact Person rganization	n under d	Number or lo	/is. Stats.
Bona Fide Club Lodge/Society 3. Is this organization required to have the second of	Chamber of Commerce or old a Wisconsin Seller's per fapplicable) on in charge of Affair One, der G, St.Cloud, Wisconsin Seller's per for all officers, director first Name Scott	similar Civic or Trade rmit? 16. Agent/C 18. Agent/C rs, and agent of the o Title Pres VICE ~	Contact Person Contact Person Contact Person rganization	n under d	Number or lo	/is. Stats.
Lodge/Society 3. Is this organization required to h 4. Wisconsin Seller's Permit Number (h 5. Agent/Contact Person of Organization 7. Agent/Contact Person's Address Cty, Rad Part B: Individual Information List the name, title, and phone num ast Name	Chamber of Commerce or old a Wisconsin Seller's per fapplicable) on in charge of Affair Shep der G, St. Claud, Wisconsin Seller's per der The fapplicable of Affair St. Claud, Wisconsin Seller's per der The fapplicable of Affair St. Claud, Wisconsin Seller's per der The fapplicable of Affair St. Claud, Wisconsin Seller's per der der der der der der der der der d	similar Civic or Trade rmit? 16. Agent/C 18. Agent/C rs, and agent of the o Title Pres VICE ~	Contact Person Contact Person Contact Person reganization I dent presid.	n under d	Number or lo	/is. Stats.

Nick

Continued \rightarrow

-1-

Part C: Event Information	
Name of Event (if applicable)	0 11
Campbellsport FFA Alumni Tracto	or Pull
2. Dates of Operation	3. Hours of Operation
06/07/2025	3:00 pm ~ 1/200 PM
4. Premises Address	
520 Fond dulac Ave FOL	Fairgrounds
5. City	6. State 7. Zip Code
tond du Lec	W, 34933
8. County 9. Governing Municipalit	
Fend du Lac of: Fond du	12. Email and/or Phone Number for Organizer of Event
11. Organizer of Event (if not the named applicant) Brock Veitze	
27001. 7077201	920 ~ 979 ~ 99/7 14. Event Website
13. Organizer Website	14. Event vvebsite
	any outside areas where alcohol beverages and records are sold, all rooms within the building, including living quarters. Authorized
alcohol beverage activities and storage of records may occur	only on the premises described in this application. Attach a map
or diagram and additional sheets if necessary, 5ell been a soda out of a tent	the aroundstand at country
	near the grand sind
Fair grounds (Fond dy lac)	
Pair grounds (rond un luc)	
, , , , ,	
Part D: Attestation	
Who must sign this application?	
one officer or director of the nonprofit organization	
	v, I have answered each of the above questions completely and
	ant organization and not on behalf of any other individual or entity
	ibilities conferred by the license(s), if granted, will not be assigned he law, including but not limited to, purchasing alcohol beverages
from Wisconsin-permitted wholesalers. I understand that lack of	access to any portion of a licensed premises during inspection will
be deemed a refusal to allow inspection. Such refusal is a misc	lemeanor and grounds for revocation of this license. I understand
that any license issued contrary to Wis. Stat. Chapter 125 shall	be void under penalty of state law. I further understand that I may
be prosecuted for submitting false statements and affidavits in c provides materially false information on this application may be	onnection with this application, and that any person who knowingly
provides materially raise information on this application may be	*
	Name M.I.
Schneider	Nickolas J.
Title Email Nicke	Nickolas J. + 79@ gmail-com 920-948-9310
Signature /// //	Date /
Richdan J. Schneider	4/23/25
<i>U</i>	
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
APR 2 3 2025	C-0063
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Memorand	lum .
Date:	·
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
<u>EITY OF</u> Memorano	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be: Granted a license - Cpt. L.D. #121
	Denied a license APR 2 5 2025
	Comments

rp+# 75911

Form

AB-220

Temporary Alcohol Beverage License

Municipality CITY OF FOND DU LAC

License(s) Requested				Fees			
				License Fees	\$	10.00	
✓ Temporary "Class B"	" Wine	☐ Temporary Class	B" Beer	Background Ch	neck \$	0.00	
				Total Fees	\$	10.00	
			If not f	iled 15 days prior	r to ALC Meet	ing, a \$25	
Part A: Organization Inform	otion		rusn ree	will be charged,	for a total	of \$35 due.	
Organization Name	lation						
Downtown Fond du La	ac Parti	nershin					
Organization Permanent Address	10101	icionip					
131 S. Main Street,	Suite	101					
3. City				4. State	5. Zip Code		
Fond du Lac				WI	54935		
6. Mailing Address (if different from p	ermanent ac	ddress)		,007E-4W			
7.550							
7. FEIN		8. Date of Organization/Inco	rporation	9. State of Organ	ization/Incorpora	ation	
46-1169019 10. Phone				Wisconsi	n		
(920) 322-2007		11. Email info@downtownf					
12. Organization type (check one)		IIIIO@downlowni	al.com				
	7 Ob.,,,,,,,			_			
5	Church	☐ Fair Associatio		6	eran's Organiza		
☐ Lodge/Society ☑	_ Chamber	of Commerce or similar	Civic or Trade	Organization under d	ch. 181, Wis. S	stats.	
13. Is this organization required to	hold a Wis	consin Seller's permit?				Voc. ZI Na	
14. Wisconsin Seller's Permit Number						Yes ✓ No	
14. Wisconsin Seller's Permit Number	(if applicable	e)					
		7					
Part B: Individual Informatio							
List the name, title, and phone nu	umber for a	Il officers, directors, and	agent of the org	ganization. Include a	n Individual Q	uestionnaire	
(Form AB-100) for each person lis							
Corporations must also include Al	1		nt (Form AB-10	01).	9		
Last Name	First Nam	ne	Title		Phone		
Raflik	J.J.		President				
Meyer	Sam		Vice Pres	sident			
Gross	Tyler		Secretary	7			
Kittleson	Andy		Treasure				

Continued \rightarrow

Krupp

Treasurer

Executive Director

Andy

Amy

Part C: Event Information					
1. Name of Event (if applicable)					
Downtown Fond du Lac Summer W	ine Walk		0.11		
2. Dates of Operation			3. Hours of Operation 4:00 pm to 8:00 pm		00 mm
Friday, June 13, 2025			4:00 pm	1 10 0:	00 piii
4. Premises Address	111 6 100	CI			
Argentum Et Aurum,	111 5. Mai	1757.	6. State	7 Zin	Code
5. City 0			WI	0/11 11/50	1935
Fond du Lac	verning Municipa	ality 🗸 City 🗌 Town [Village		anic District
o. County	f: FOND DU I	10 10 10 10 10 10 10 10 10 10 10 10 10 1	village	N/A	
1012 20 2110		2. Email and/or Phone Numb	per for Organiz		
11. Organizer of Event (if not the named applicant)	1 2	Megan@downtownfdl.com			.com, 920-322-2006
Megan Sigrist / Amy Krupp	1	4. Event Website			
13. Organizer Website		https://downtov	vnfdl.com	n/wine-	-walk/
www.downtownfdl.com 15. Premises Description - Describe the building of	ar buildings on	nd any outside areas when	e alcohol bev	erages an	d records are sold,
stored, or consumed, and related records are alcohol beverage activities and storage of recordiagram and additional sheets if necessary	cords may occ	ur only on the premises o	lescribea in l	ins applica	alion. Altaon a map
Part D: Attestation					
Who must sign this application?					
one officer or director of the nonprofit organ	nization			8	
READ CAREFULLY BEFORE SIGNING: Under truthfully. I agree that I am acting solely on behave seeking the license. Further, I agree that the rige to another individual or entity. I agree to operate from Wisconsin-permitted wholesalers. I undersoled be deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stat. Cobe prosecuted for submitting false statements a provides materially false information on this approvides.	nalf of the applyints and responding to according to stand that lack refusal is a minapter 125 shand affidavits in	nsibilities conferred by the other law, including but no of access to any portion of isdemeanor and grounds all be void under penalty of acception with this applicants.	e license(s), it on benair of a license(s), it the limited to, properties of a licensed programmer of state law. It ication, and the license of state law. It ication, and the license of state law.	f granted, fourchasing purchasing premises do n of this lide further un nat any pe	will not be assigned g alcohol beverages uring inspection will cense. I understand derstand that I may arson who knowingly
Last Name	F	irst Name			M.I.
Meyer /	s	am			
Title	Email			Pho	7.55
Vice-President	sam@sa	ammeyeragency.com		. (9:	20) 924-4425
Signature am May (Date		
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk		License Number			
APR 2 8 2025		C.	-0067)	
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					

Memorandi	<i>m</i>
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
CITY OF	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
•	I hereby recommend that the application be: Cot LO. #121 Denied a license MAY 0 1 2025
	Comments

AB-220

License(s) Requested

Part B: Individual Information

Temporary Alcohol Beverage License

Fees

4		License Fees	\$ 10.00
✓ Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Chec	ck \$ 0.00
		Total Fees	\$ 10.00
	If not fil rush fee w	ed 15 days prior t	to ALC Meeting, a \$25 or a total of \$35 due.
Part A: Organization Information			
1. Organization Name			
Downtown Fond du Lac Par	ctnership		
2. Organization Permanent Address			
131 S. Main Street, Suit	e 101		
3. City		4. State	5. Zip Code
Fond du Lac		WI	54935
Mailing Address (if different from permanen	t address)		
7. FEIN	10 Duy 10		
	Date of Organization/Incorporation	State of Organiza	ition/Incorporation
46-1169019		Wisconsin	
10. Phone	11. Email		
(920) 322-2007	info@downtownfdl.com		
12. Organization type (check one)			
☐ Bona Fide Club ☐ Churc	h Fair Association/Agricultural Soc	ciety	n's Organization
☐ Lodge/Society	ber of Commerce or similar Civic or Trade Or		
13. Is this organization required to hold a \	Visconsin Seller's permit?		☐ Yes ☑ No
14. Wisconsin Seller's Permit Number (if applic	able)		

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101). Last Name First Name Phone Raflik J.J. President Meyer Sam Vice President Gross Tyler Secretary Kittleson Andy Treasurer Krupp Amy Executive Director

Part C: Event Information			18.0	
1. Name of Event (if applicable)				
Downtown Fond du Lac Summer Win	e Wal	ζ		
2. Dates of Operation			3. Hours of Operation	
Friday, June 13, 2025			4:00 pm to	0 8:00 pm
4. Premises Address		- 0 1		
Bird's Eye View Optical, 19	1 S. r	nam Street		7. Zin Codo
5. City				7. Zip Code 54935
Fond du Lac			WI	Aldermanic District
o. odaniy		pality ✓ City ☐ Town		/A
	OND DU	12. Email and/or Phone Num		
11. Organizer of Event (if not the named applicant)				mfdl.com, 920-322-2006
Megan Sigrist / Amy Krupp 13. Organizer Website		14. Event Website	, , , , , , , , , , , , , , , , , , , ,	
www.downtownfdl.com		https://downto	wnfdl.com/w	ine-walk/
15. Premises Description - Describe the building or b	uildings (
stored, or consumed, and related records are ke alcohol beverage activities and storage of record or diagram and additional sheets if necessary.	nt Descr	ine all rooms within the bu	Hullia, Illulating ilv	ing quarters. Hatherized
Ground Floor				
Part D: Attestation				
Who must sign this application?				
 one officer or director of the nonprofit organizat 		som material works		
READ CAREFULLY BEFORE SIGNING: Under put truthfully. I agree that I am acting solely on behalf seeking the license. Further, I agree that the rights to another individual or entity. I agree to operate a from Wisconsin-permitted wholesalers. I understan be deemed a refusal to allow inspection. Such refuthat any license issued contrary to Wis. Stat. Chap be prosecuted for submitting false statements and a provides materially false information on this application.	of the ap and resp according d that lac usal is a r oter 125 s affidavits	policant organization and no consibilities conferred by the to the law, including but not access to any portion of misdemeanor and grounds thall be void under penalty in connection with this app	e license(s), if gran ot limited to, purch of a licensed premi for revocation of the of state law. I furth lication, and that a	nted, will not be assigned nasing alcohol beverages uses during inspection will this license. I understand her understand that I may ny person who knowingly
Last Name		First Name		M.I.
Meyer /		Sam	,	
Title	Email			Phone
Vice-President	sam@s	sammeyeragency.com		(920) 924-4425
Signature an Mega			Date	
- 0				
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk APR 28 2025		License Number	2-0068	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk			3	

ate:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
Designation of the second seco	FOND DU LAC
Memoran	FOND DU LAC
Designation of the second seco	FOND DU LAC
Memoran Date:	FOND DU LAC
Memoran Date: To:	F FOND DU LAC dum City Clerk
Memoran Date: To: From:	City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:
Memoran Date: To: From:	C FOND DU LAC dum City Clerk Chief of Police Temporary Class B License
Memoran Date: To: From:	City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:

C-00/69

Form

AB-220

License(s) Requested

Temporary Alcohol Beverage License

	r	力十	- 1	201
Municipality	/			
CITY	OF	FOND	DU	LAC

Fees

				License Fees	\$		10.00
▼ Temporary "Class B"	" Wine	☐ Temporary Class	s "B" Beer	Background Che	eck \$		0.00
9				Total Fees	\$		10.00
			If not filed	15 days prior	to ALC	Meeting,	a \$25
Dort A. Ornonination Info	4.		rush fee wil	l be charged, f	or a to	tal of \$	35 due.
Part A: Organization Inform 1. Organization Name	ation						
Downtown Fond du La	a Dawton	and a disc					
Organization Permanent Address	ic Partne.	IShip					
131 S. Main Street,	Suite 1	0.1					
3. City				4. State	E Zin C	odo	
Fond du Lac				WI	5. Zip Co		
6. Mailing Address (if different from p	ermanent addre	ess)] 313	33	
9							
7. FEIN	8. [Date of Organization/Inco	orporation	9. State of Organiz	ration/Inco	orporation	
46-1169019				Wisconsin	1		
10. Phone	1	Email					
(920) 322-2007		info@downtownf	dl.com				
12. Organization type (check one)						1	
14-14-17	Church		n/Agricultural Socie		_	anization	
☐ Lodge/Society ☑	Chamber of	Commerce or similar	Civic or Trade Orga	inization under ch	1. 181, W	/is. Stats.	
13 is this organization required to	hold a Missey	ania Callada: 40					
13. Is this organization required to		isin seller's permit?	C NORTH MORES MORES AND A WORKS		• • • • •	☐ Yes	✓ No
14. Wisconsin Seller's Permit Number	(if applicable)						
Part B: Individual Informatio							
						2	
List the name, title, and phone nu (Form AB-100) for each person list	imber for all o	fficers, directors, and	agent of the organiz	zation. Include an	ı Individu	ıal Questi	onnaire
Corporations must also include Al	T-	ge Appointment of Age	ent (Form AB-101).				
Last Name	First Name		Title		Phone		
Raflik	J.J.		President				
Meyer	Sam		Vice Presid	ent			
_	1000						
Gross	Tyler		Secretary				
Kittleson	7		_				
KILCIESON	Andy		Treasurer				
Krupp	Amy		Executive D	irector			
Section 1				TTECCOL			

Part C: Event Information				
1. Name of Event (if applicable)			74	
Downtown Fond du Lac Summer	Wine Walk			
2. Dates of Operation			3. Hours of Opera	
Friday, June 13, 2025			4:00 pm t	mq 00:8 o
4. Premises Address				
Blue Marble Botanica	15, 28 M	V. Main St	10.011	7 7in Codo
5. City			6. State	7. Zip Code 54935
Fond du Lac			WI	Aldermanic District
o. Godiny	Boverning Municip			N/A
	of: FOND DU	12. Email and/or Phone Num		
11. Organizer of Event (if not the named applicant)				wnfdl.com, 920-322-2006
Megan Sigrist / Amy Krupp		14. Event Website	II / Ally@downee	WIII COM, SEC CEE CO
13. Organizer Website		https://downtor	mfdl com/s	wine-walk/
www.downtownfdl.com 15. Premises Description - Describe the building				
stored, or consumed, and related records an alcohol beverage activities and storage of re or diagram and additional sheets if necessary.	ecords may occ	cur only on the premises o	described in this	application. Attach a map
Part D: Attestation				
Who must sign this application?				
one officer or director of the nonprofit orga	anization			
READ CAREFULLY BEFORE SIGNING: Un truthfully. I agree that I am acting solely on be seeking the license. Further, I agree that the ri to another individual or entity. I agree to oper from Wisconsin-permitted wholesalers. I under be deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stat. On the prosecuted for submitting false statements provides materially false information on this a	ehalf of the appights and responderate according the retand that lack him refusal is a mandaffidavits in and affidavits in applementations.	olicant organization and no onsibilities conferred by the to the law, including but no cof access to any portion on hisdemeanor and grounds hall be void under penalty of n connection with this appl	or on benair or an elicense(s), if gra ot limited to, purd if a licensed pren for revocation or of state law. I fur ication, and that	anted, will not be assigned chasing alcohol beverages nises during inspection will fithis license. I understand ther understand that I may any person who knowingly
Last Name	F	First Name		M.I.
Meyer /	5	Sam		
Title	Email			Phone
Vice-President	sam@sa	ammeyeragency.com		(920) 924-4425
Signature am Meyr			Date	
Part E: For Clerk Use Only	0.000	Lianna Munda		
Date Application Was Filed With Clerk APR 2	8 2025		-0069	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk		20		

Memorana	
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
<u>etty of</u>	FOND DU LAC
<u>CITY OF</u> Memoran	
Memoran	
Memoran Date:	dum
Memoran Date: To:	dum City Clerk
Memoran Date: To: From:	dum City Clerk Chief of Police
Memoran Date: To: From:	City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:
Memoran Date: To: From:	City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:

AB-220

Temporary Alcohol Beverage License

License(s) Requested				Fees	
			License Fees	\$	10.00
✓ Temporary "Class B" V	Wine Temporary Class	s "B" Beer	Background Ch	heck \$	0.00
			Total Fees	\$	10.00
Н		If not filed	15 days prior	r to ALC Me	eeting, a \$25
		rush fee will	l be charged,	for a tota	l of \$35 due.
Part A: Organization Informat	ition				
Organization Name		(Mario provide account)			
Downtown Fond du Lac	Partnership				
Organization Permanent Address					
131 S. Main Street,	Suite 101				
3. City			4. State	5. Zip Code	e
Fond du Lac			WI	54935	5
6. Mailing Address (if different from per	rmanent address)				
7. FEIN	8. Date of Organization/Inco	orporation	9. State of Organ	nization/Incorp	oration
46-1169019			Wisconsi	n	
10. Phone	11. Email				
(920) 322-2007	info@downtownf	Edl.com			
12. Organization type (check one)					
☐ Bona Fide Club	Church Fair Associatio	on/Agricultural Societ	tv 🔲 Vete	eran's Organ	nization
☐ Lodge/Society	Chamber of Commerce or similar		(F2)		
-		Olffic of Trade C.S.	Ilization under	JII. 101, VVIG.	. Stats.
13. Is this organization required to he	nold a Wisconsin Seller's permit? .		E		Yes 🗸 No
14. Wisconsin Seller's Permit Number (if		III III III SHI WI IN SHI	[1] E 100 H 100000	22.012	1 100
THE PRODUCTION OF STREET, WHITE THE PARTY OF	applicable)				
					9 E
Part B: Individual Information					
List the name, title, and phone num (Form AB-100) for each person liste	aber for all officers, directors, and	agent of the organiz	zation. Include a	an Individual	Questionnaire
Corporations must also include Alco	ohol Beverage Appointment of Age	ent (Form AB-101).			
Last Name	First Name	Title		Phone	
Raflik	J.J.	President			
Meyer	Sam	Vice Preside	ent		
Gross	Tyler	Secretary			
Kittleson A	Andy	Treasurer	- 5		
Krupp	Amy	Executive Di	irector		

Continued \rightarrow

Part C: Event Information			•	
Name of Event (if applicable)				
Downtown Fond du Lac Summer Wine	wall	k		
2. Dates of Operation			3. Hours of Operation	
Friday, June 13, 2025			4:00 pm to	0 8:00 pm
4 Premises Address	8			
CC's Chocolates Cafe, 5.	7. N	V. Macy St.		
5. City		0		7. Zip Code
Fond du Lac			WI	54935
l o. county		ipality 🔽 City 🗌 Town	□ village .s	Aldermanic District
FOND DU LAC of: FO	ND DU			/A
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num		
Megan Sigrist / Amy Krupp			m / Amy@downtow	mfdl.com, 920-322-2006
13. Organizer Website		14. Event Website	6.17	!
www.downtownfdl.com 15. Premises Description - Describe the building or bu	-	https://downto		
stored, or consumed, and related records are kep alcohol beverage activities and storage of records or diagram and additional sheets if necessary.	may o	ccur only on the premises	described in this a	pplication. Attach a map
Part D: Attestation				
Who must sign this application?				
one officer or director of the nonprofit organization	on			
READ CAREFULLY BEFORE SIGNING: Under per truthfully. I agree that I am acting solely on behalf of seeking the license. Further, I agree that the rights at to another individual or entity. I agree to operate act from Wisconsin-permitted wholesalers. I understand be deemed a refusal to allow inspection. Such refuse that any license issued contrary to Wis. Stat. Chapte be prosecuted for submitting false statements and a provides materially false information on this application.	of the appand respecting that laces alis a lear 125 seridavits.	oplicant organization and no consibilities conferred by the to the law, including but not obtain a consistency of access to any portion of misdemeanor and grounds shall be void under penalty in connection with this app	e license(s), if gran ot limited to, purch of a licensed premi for revocation of the of state law. I furth lication, and that a	nted, will not be assigned hasing alcohol beverages uses during inspection will this license. I understand her understand that I may ny person who knowingly
Last Name		First Name		M.I.
•		Sam		
Meyer Title	Email			Phone
Vice-President		sammeyeragency.com		(920) 924-4425
Signature		250 SSEC 460	Date	
Jam Megy				
7				
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk APR 28 20	125	License Number	-0070	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

Memorand	lum
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
Memoran	FOND DU LAC
Date:	City Clark
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be: Created a license Cpt. LD, #121
	X Gramed a needse
	Denied a license MAY 0 1 2025
	Comments

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

		The state of the s				
License(s) Requested					Fees	
				License Fees	\$	10.00
✓ Temporary "Class B"	" Wine	☐ Temporary Class	s "B" Beer	Background Che	eck \$	0.00
				Total Fees	\$	10.00
			If not filed	15 days prior	to ALC Mee	ting, a \$25
			rush fee will	be charged, f	or a total	of \$35 due.
Part A: Organization Inform	ation					
Organization Name						
Downtown Fond du La	ac Part	nership				
2. Organization Permanent Address		anero				
131 S. Main Street,	Suite	101				
3. City Fond du Lac				4. State	5. Zip Code	
This company to the second of		and server		WI	54935	
6. Mailing Address (if different from p	ermanent a	address)				
7. FEIN		9 Date of Ossesination/Inc.				
46-1169019		8. Date of Organization/Inco	rporation	9. State of Organiz		ration
10. Phone		11. Email		Wisconsin	1	
(920) 322-2007		info@downtownf	:41			
12. Organization type (check one)		IIIIO@dowiitowiii	ar.com			
A CONTRACTOR OF THE PARTY OF TH		(
] Church		n/Agricultural Society	No. Comments	an's Organiz	
☐ Lodge/Society	Chambe	er of Commerce or similar	Civic or Trade Organ	nization under ch	n. 181, Wis.	Stats.
13. Is this organization required to	hold a Wi	sconsin Seller's permit?	0.000			Yes 🗸 No
14. Wisconsin Seller's Permit Number	(if applicab	le)				
8						
Part B: Individual Informatio	_					
A PROPERTY OF THE PROPERTY OF						
List the name, title, and phone nu	imber for	all officers, directors, and	agent of the organiz	ation. Include an	Individual C	Questionnaire
(Form AB-100) for each person lis						
Corporations must also include Al	cohol Bev	erage Appointment of Age	ent (Form AB-101).			
Last Name	First Na	me	Title		Phone	
Raflik					0.0000000	
Railik	J.J.		President			
Meyer	Sam		77' 7	eraca.		
Meyer	Saill		Vice Preside	ent		
Gross	Tylor		G			
	Tyler		Secretary			
Kittleson	Andy		Treading			
	- IIIdy		Treasurer			
Krupp	Amv		Executive Di	rector		

Continued →

Part C: Event Information				
1. Name of Event (if applicable)				
Downtown Fond du Lac Summer Win	e Walk			
2. Dates of Operation		3	. Hours of Operation	111 1416
Friday, June 13, 2025			4:00 pm to	0 8:00 pm
4. Premises Address		1 1/-	and d	
Knockarts Women's Krckloo	xina St	rudio, 15 E.	7-19 31.	
5. City		*	6. State	7. Zip Code
Fond du Lac			WI	54935
8. County 9. Govern	ning Municipality	🗸 🔽 City 🗌 Town 📗	1 village	Aldermanic District
FOND DU LAC of: FO	OND DU LA			/A
11. Organizer of Event (if not the named applicant)	0.0000-0.00	Email and/or Phone Number		
Megan Sigrist / Amy Krupp			/ Amy@downtow	nfdl.com, 920-322-2006
13. Organizer Website	17 17 17 17 17 17 17 17 17 17 17 17 17 1	Event Website	/	71 /
www.downtownfdl.com 15. Premises Description - Describe the building or b		https://downtow		
stored, or consumed, and related records are ke alcohol beverage activities and storage of record or diagram and additional sheets if necessary.	is may occur	only on the premises de	escribed in this a	pplication. Attach a map
Part D: Attestation Who must sign this application?				
one officer or director of the nonprofit organization.	tion			
READ CAREFULLY BEFORE SIGNING: Under put truthfully. I agree that I am acting solely on behalf seeking the license. Further, I agree that the rights to another individual or entity. I agree to operate a from Wisconsin-permitted wholesalers. I understan be deemed a refusal to allow inspection. Such refuthat any license issued contrary to Wis. Stat. Chap be prosecuted for submitting false statements and provides materially false information on this application.	of the application and responsing to the description of the descriptio	ant organization and not ibilities conferred by the he law, including but not access to any portion of demeanor and grounds fibe void under penalty or onnection with this applicant.	on benair or any license(s), if grar limited to, purch a licensed premisor revocation of the state law. I furth eation, and that a	nted, will not be assigned asing alcohol beverages ses during inspection will this license. I understand her understand that I may ny person who knowingly
Last Name	Firs	t Name		M.I.
Meyer /	Sar			
Title	Email			Phone
Vice-President		meyeragency.com		(920) 924-4425
Signature am Mega			Date ,	
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk		License Number		
APR 2	8 2025		C-009	
Date License Granted	7.5	Date License Issued	,	
Signature of Clerk/Deputy Clerk				

-2-

Date:	
То:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
CITY OI	FOND DU LAC
ETTY OI	•
	•
Memoran	•
Memoran Date:	dum
Memoran Date: To:	dum City Clerk
Memoran Date: To: From:	City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:
Memoran Date: To: From:	City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:

AB-220

Temporary Alcohol Beverage License

Municipality CITY OF FOND DU LAC

License(s) Requested					Fee	s	я.
				License Fees	\$		10.00
✓ Temporary "Class	B" Wine	☐ Temporary Class	B" Beer	Background Ch	neck \$		0.00
				Total Fees	\$		10.00
			If not filed	d 15 days prion	to AL	C Meeting	r. a \$25
			rush fee wil	l be charged,	for a	total of	\$35 due.
Part A: Organization Info	rmation						
Organization Name			.500				
Downtown Fond du		nership					
Organization Permanent Addre							
131 S. Main Stree	t, Suite	101					
3. City				4. State	5. Zip	Code	
Fond du Lac				MI	54	935	
Mailing Address (if different from	n permanent a	address)					
7 FEIN		1		-			
7. FEIN		8. Date of Organization/Inco	rporation	9. State of Organ		corporation	1
46-1169019		Marin — Proposition		Wisconsi	n		
10. Phone (920) 322-2007		11. Email					
1 11 555,554		info@downtownf	dl.com				
12. Organization type (check one)							
■ Bona Fide Club	☐ Church	Fair Associatio	n/Agricultural Socie	ety	ran's O	rganizatio	n
☐ Lodge/Society	☑ Chambe	er of Commerce or similar		1974 St. 1974			
		or or commorted or similar	Offic of Trade Orga	anization under t	an. 101,	vvis. Stats	5,
3. Is this organization required	to hold a Wi	sconsin Seller's nermit?					
			***********			☐ Yes	✓ No
 Wisconsin Seller's Permit Number 	ber (if applicab	ole)					
art B: Individual Informa	tion						
ist the name, title, and phone	number for	all officers, directors, and	agent of the organi	zation Include o	n Individ	dual Oues	4 1 = = = = 1 = =
Form AB-100) for each person	listed below	v. Attach additional sheets	if necessary.	zadon, include a	n maivi	uai Ques	tionnaire
Corporations must also include							
					100		
ast Name	First Na	me	Title		Phone)	
aflik	J.J.		President				
eyer	Sam		Vice Presid	lent			
ross	Tyler		Secretary				
ittleson	Andy		Treasurer				
	-						
rupp	Amy		Executive D	irector			

Continued \rightarrow

Executive Director

Part C: Event Information				
1. Name of Event (if applicable)				
Downtown Fond du Lac Summer Wine	Walk			
2. Dates of Operation		3. Hours of Operation 4:00 pm to 8:00 pm		
Friday, June 13, 2025		4:00 pm t	0 8:00 pm	
4. Premises Address La Relle, FDL, 1 N. N	Mam "	SF		
5. City			6. State	7. Zip Code
Fond du Lac			WI	54935
8. County 9. Governin	g Municipality	✓ City		Aldermanic District
FOND DU LAC of: FON	ID DU LA			1/A
11. Organizer of Event (if not the named applicant)		Email and/or Phone Num		
Megan Sigrist / Amy Krupp			n / Amy@downto	wnfdl.com, 920-322-2006
13. Organizer Website	7.135547 III	Event Website		
www.downtownfdl.com 15. Premises Description - Describe the building or build		nttps://downto		
stored, or consumed, and related records are kept alcohol beverage activities and storage of records or diagram and additional sheets if necessary.	may occur	only on the premises o	described in this	application. Attach a map
Part D: Attestation Who must sign this application?				
one officer or director of the nonprofit organization	n			
READ CAREFULLY BEFORE SIGNING: Under pe truthfully. I agree that I am acting solely on behalf of seeking the license. Further, I agree that the rights at to another individual or entity. I agree to operate act from Wisconsin-permitted wholesalers. I understand be deemed a refusal to allow inspection. Such refus that any license issued contrary to Wis. Stat. Chapte be prosecuted for submitting false statements and aft provides materially false information on this application.	f the applicand responsifications to the that lack of all is a misd of 125 shall fidavits in confidavits in con	ant organization and no bilities conferred by the ne law, including but no access to any portion of emeanor and grounds be void under penalty connection with this appl	or on penair or and a license(s), if graph of the limited to, purcent a licensed premater for revocation of state law. I furtication, and that a licensed that a licensed in the licensed in t	anted, will not be assigned chasing alcohol beverages nises during inspection will this license. I understand ther understand that I may any person who knowingly
Last Name	First	Name		M.I.
Meyer /	Sam	1		
	Email		ri,	Phone
Vice-President	sam@samn	meyeragency.com		(920) 924-4425
Signature am Meyr	_		Date	
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk APR 28	2025	License Number	.0072	4
Date License Granted	Date License Issued			
Signature of Clerk/Deputy Clerk				

Date:		
To:	Chief of Police	Attn: Records Division
From:	City Clerk	
Subject:	Temporary Class	B License
	The application of with this office v	copied on the reverse side was filed within the preceding forty-eight hours.
	It is respectfully on the granting a to this office.	requested that your recommendation and issuance of a license be provided
	FOND DU LAC	4 y % .
Memoran		4 N TO 1.
Memorana Date:	dum	ч .
Memorand Date: To:	dum City Clerk	. y
Memorana Date:	dum City Clerk Chief of Police	· y · ·
Memorand Date: To:	dum City Clerk	s B License
Memorand Date: To: From:	dum City Clerk Chief of Police Temporary Clas	mend that the application be:
Memorand Date: To: From:	City Clerk Chief of Police Temporary Clas I hereby recom	
Memorand Date: To: From:	City Clerk Chief of Police Temporary Clas I hereby recomm	mend that the application be:

AB-220

License(s) Requested

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

Fees

				License Fees	\$	10.00
▼ Temporary "Class B"	" Wine	☐ Temporary Class	s "B" Beer	Background Che	ck \$	0.00
				Total Fees	\$	10.00
			If not filed rush fee wil.	15 days prior 1 be charged, f	to ALC Meet	ing, a \$25 of \$35 due.
Part A: Organization Inform	ation					
Organization Name						
Downtown Fond du La	c Part	nership				1
2. Organization Permanent Address					The state of the s	
131 S. Main Street,	Suite	101				
3. City				4. State	5. Zip Code	
Fond du Lac				WI	54935	
6. Mailing Address (if different from p	ermanent a	ddress)				
7.5544						
7. FEIN		8. Date of Organization/Inco	rporation	9. State of Organization		ation
46-1169019				Wisconsin	8	
10. Phone (920) 322-2007		11. Email				
		info@downtownf	d1.com			
12. Organization type (check one)						
☐ Bona Fide Club ☐	Church		n/Agricultural Societ	(T)	an's Organiza	CONTRACTOR .
☐ Lodge/Society ✓	Chambe	r of Commerce or similar	Civic or Trade Orga	nization under ch	. 181, Wis. S	tats.
13. Is this organization required to	hold a Wis	sconsin Seller's permit?	********	CAST \$1800 A180 60 \$ 60 A	🗆 Y	∕es ✓ No
14. Wisconsin Seller's Permit Number	(if applicab	le)				,
Part B: Individual Informatio	n					
List the name, title, and phone nu (Form AB-100) for each person lis	imber for a	all officers, directors, and a	agent of the organiz	zation. Include an	Individual Q	uestionnaire
Corporations must also include Al	cohol Bev	erage Appointment of Age	ent (Form AB-101).			
Last Name	First Nar	ne	Title		Phone	
Raflik	J.J.		President			
Meyer	Sam		Vice Presid	ent		
Gross	Tyler		Secretary			
Kittleson	Andy		Treasurer			
Krupp	Amy		Executive D	irector		

Part C: Event Information				
1. Name of Event (if applicable)			9	
Downtown Fond du Lac Summer Wine W	alk		W	
2. Dates of Operation		3. Hours of Operation		
Friday, June 13, 2025	4:00 pm to 8:00 pm			
4. Premises Address	0 100	01 10		
Lake Literary Genter, 104	S. 111	ain. Ste 10	0	7. Zip Code
5. City			,	54935
Fond du Lac			WI 10 Al	Idermanic District
8. County 9. Governing M			☐ Village	
FOND DU LAC of: FOND		mail and/or Phone Numb		
11. Organizer of Event (if not the named applicant)				nfdl.com, 920-322-2006
Megan Sigrist / Amy Krupp		vent Website	/ Ally wdowneous	1202100111
13. Organizer Website	SE. SEE SEE	ttps://downtov	mfdl com/wi	ne-walk/
www.downtownfdl.com 15. Premises Description - Describe the building or building				
stored, or consumed, and related records are kept. Do alcohol beverage activities and storage of records may or diagram and additional sheets if necessary. Crowd Floor - Suite 10 C	escribe ai ay occur o	i rooms within the buil	ullia. Illuluullig livi	ng quartors. Mathonizoa
Part D: Attestation				
Who must sign this application?				
• one officer or director of the nonprofit organization				
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I agree that I am acting solely on behalf of the seeking the license. Further, I agree that the rights and to another individual or entity. I agree to operate according to the modern wisconsin-permitted wholesalers. I understand that be deemed a refusal to allow inspection. Such refusal is that any license issued contrary to Wis. Stat. Chapter 1: be prosecuted for submitting false statements and affidal provides materially false information on this application.	e applicar responsib ding to the at lack of a s a misde 25 shall b avits in cor	nt organization and no ilities conferred by the law, including but no ccess to any portion or meanor and grounds to void under penalty connection with this appli	t on benair of any license(s), if gran t limited to, purchast a licensed premissor revocation of the state law. I furthe cation, and that ar	ted, will not be assigned asing alcohol beverages ses during inspection will his license. I understand er understand that I may be person who knowingly
	First N			M.I.
Last Name	Sam	variic		
Meyer Em	Park Park			Phone
Title /		eyeragency.com		(920) 924-4425
Signature			Date	
fam Meyre				
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk APR 2 8 2025	õ	License Number	-0073	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

Memorandum

Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
Memoran	TFOND DU LAC
Date: To:	City Clerk
	Chief of Police
From:	
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	Oranged a needse
	Denied a license MAY 0 1 2025
	Eveliget a months
	Comments

AB-220

Temporary Alcohol Beverage License

Municipality CITY OF FOND DU LAC

License(s) Requested				Fees	
		I	License Fees	\$	10.00
✓ Temporary "Class B" W.	Wine Temporary Class	s "B" Beer F	Background Chec	ck \$	0.00
	45 (500) (5.5)	7	Total Fees	\$	10.00
di		If not filed 1	15 days prior t	to ALC Meeti	ing, a \$25
Dest & Computer than Informati	ev.	rush fee will	be charged, fo	or a total o	of \$35 due.
Part A: Organization Information 1. Organization Name	tion				
Carlo De artistantables	≈ •				
Downtown Fond du Lac 2. Organization Permanent Address	Partnership				
	0-1- 101				
131 S. Main Street, S	Suite 101				
Fond du Lac				5. Zip Code	
6. Mailing Address (if different from pern	rmanant addraga)		MI	54935	
o. Mailing Address in different from point	manent address)				
7. FEIN	8. Date of Organization/Inco	orporation 9). State of Organiza	otion/Incorpora	tion
46-1169019		polation	Wisconsin		lon
10. Phone	11. Email		MIRCOIDIL		
(920) 322-2007	info@downtownf	fdl com			
12. Organization type (check one)	Di Liu P. Borreston				
The same of the sa	Church	Conjohy	- Vatora		THE
	The state of the s	on/Agricultural Society	S	an's Organizat	
☐ Lodge/Society	Chamber of Commerce or similar	Civic or Trade Organi	zation under cn.	. 181, Wis. Str	ats.
13. Is this organization required to ho	ald a Wisconsin Seller's nermit?				
		. 628 500 500 km + 10 cm		∐ Ye	es 🔽 No
14. Wisconsin Seller's Permit Number (if	/applicable)				
		900 60			
Â.					
Part B: Individual Information					-
List the name, title, and phone numb	nber for all officers, directors, and a	agent of the organiza	ition. Include an	Individual Qu	 Jestionnaire
(Form AB-100) for each person listed	ed below. Attach additional sheets	if necessary.			
Corporations must also include Alcol	shol Beverage Appointment of Age	ent (Form AB-101).			
Last Name . F	First Name	Title	1	Phone	
Raflik J	J.J.	President			
Meyer s	Sam	Vice Presider	nt		
Gross . T	Tyler	Secretary			
Kittleson A	Andy	Treasurer			
Krupp	Amy	Executive Dir	rector		

Part C: Event Information							
1. Name of Event (if applicable)							
Downtown Fond du Lac Summe	er Wine Walk						
2. Dates of Operation		3. Hours of Operation					
Friday, June 13, 2025		4:00 pm to 8:00 pm					
4. Premises Address		711 (100 (1				
Lunar & Lake Book	= Market,	14 5. Mains	T.	7. Zin Codo			
5. City			0.0	7. Zip Code 54 9 3 5			
Fond du Lac			WI	Idermanic District			
8. County	9. Governing Municipality ✓ City ☐ Town ☐ Village 10. Aldermanic District N/A						
FOND DU LAC 11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num	ber for Organizer of	Event			
				nfdl.com, 920-322-2006			
Megan Sigrist / Amy Krupp 13. Organizer Website		14. Event Website					
www.downtownfdl.com		https://downtor	wnfdl.com/w:	ine-walk/			
Describe the built	Iding or buildings o	and any outside areas wher	e alcohol beverag	es and records are sold,			
15. Premises Description - Describe the building of buildings and any obtained allocation and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.							
Part D: Attestation							
Who must sign this application?							
 one officer or director of the nonprofit 			*				
READ CAREFULLY BEFORE SIGNING truthfully. I agree that I am acting solely of seeking the license. Further, I agree that to to another individual or entity. I agree to from Wisconsin-permitted wholesalers. I u be deemed a refusal to allow inspection. that any license issued contrary to Wis. S be prosecuted for submitting false statement provides materially false information on the	on behalf of the appoint of the rights and responsive operate according understand that lack Such refusal is a notat. Chapter 125 stents and affidavits is and affidavits in the refusal of the control of the refusal o	olicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion on hisdemeanor and grounds thall be void under penalty of the connection with this appl	of on benair of any e license(s), if grar ot limited to, purch f a licensed premine for revocation of t of state law. I furth ication, and that a	other individual of entity of ted, will not be assigned asing alcohol beverages ses during inspection will his license. I understand er understand that I may ny person who knowingly f convicted.			
Last Name		First Name		M.I.			
Meyer /		Sam					
Title	Email			Phone			
Vice-President	sam@s	ammeyeragency.com	,	(920) 924-4425			
Signature an Cy	21		Date	-			
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk	APR 28 2025		C-0074	-			
Date License Granted		Date License Issued					
Signature of Clerk/Deputy Clerk							

Memorano	dum
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
<u>CITY OI</u> Memoran	FFOND DU LAC
Memoran	dum
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	Granted a license Cpt. L.O. #121
	Denied a license MAY 0 1 2025

C-0075

Not #7599

Municipality

CITY OF FOND DU LAC

Form

AB-220

Temporary Alcohol Beverage License

License(s) Requested						Fees	
				Lic	ense Fees	\$	10.00
	Wine	☐ Temporary Class	"B" Beer	77,000	ckground Chec		
							0.00
					tal Fees	\$	10.00
			rush fee v	led 15 vill be	days prior to charged, fo	to ALC Meet or a total	ing, a \$25 of \$35 due.
Part A: Organization Inform	ation						
Organization Name							
Downtown Fond du La	c Part	nership					
2. Organization Permanent Address		STATE OF THE STATE					
131 S. Main Street,	Suite	: 101					
3. City					4. State	5. Zip Code	
Fond du Lac					WI	54935	
6. Mailing Address (if different from pe	ermanent a	ddress)			(133.00)	31333	
7. FEIN		8. Date of Organization/Inco	rporation	9. 8	tate of Organiza	ation/Incorpora	ation
46-1169019				- 1	/isconsin		
10. Phone		11. Email					
(920) 322-2007 info@downtown			dl.com				
12. Organization type (check one)							
☐ Bona Fide Club] Church	☐ Fair Associatio	n/Agricultural So	ciety	□ Vetera	ın's Organiza	ation
	-	er of Commerce or similar		5			
	1 0 1011100	or or commerce or similar	CIVIC OF Trade O	rganiza	ation under ch.	181, WIS. S	tats.
13. Is this organization required to	hold a Wi	sconsin Seller's permit?					/a- [] N
							′es ✓ No
14. Wisconsin Seller's Permit Number	(if applicab	le)					
		2					
Part B: Individual Informatio	n						
List the name, title, and phone nu (Form AB-100) for each person lis	mber for a ted below	all officers, directors, and a Attach additional sheets	agent of the orga	anizatio	n. Include an	Individual Q	uestionnaire
Corporations must also include Ale	cohol Bev	erage Appointment of Age	nt (Form AB-10	1).			
Last Name	First Na	me	Title			Phone	
Raflik	J.J.		President			, mone	
Meyer	Sam		Vice Pres	ident			
Gross	Tyler		Secretary				
Kittleson	Andy		Treasurer	18114			

 $Continued \rightarrow$

Krupp

Executive Director

Amy

Part C: Event Information				
1. Name of Event (if applicable)				
Downtown Fond du Lac Summer	Wine Walk		0.11	ation
2. Dates of Operation			3. Hours of Oper	and was a second
Friday, June 13, 2025			4:00 pm	to 8:00 pm
4. Premises Address	1170 M	lain d		
Man Street Fashion,	11+2.111	CHA ST.	6. State	7. Zip Code
5. City			WI	54935
Fond du Lac	Governing Municipal	lity 🗸 City 🗌 Town		D. Aldermanic District
0.000,	of: FOND DU L			N/A
FOND DU LAC 11. Organizer of Event (if not the named applicant)		2. Email and/or Phone Num	ber for Organizer	of Event
	'			ownfdl.com, 920-322-2006
Megan Sigrist / Amy Krupp 13. Organizer Website	14	4. Event Website		
www.downtownfdl.com		https://downtor	wnfdl.com/	/wine-walk/
15. Premises Description - Describe the building	a or buildings and			
stored, or consumed, and related records a alcohol beverage activities and storage of ror diagram and additional sheets if necessary.	ecords may occu	ur only on the premises o	described in this	s application. Attach a map
Part D: Attestation				
Who must sign this application?				
one officer or director of the nonprofit orga				
READ CAREFULLY BEFORE SIGNING: Un truthfully. I agree that I am acting solely on be seeking the license. Further, I agree that the to another individual or entity. I agree to ope from Wisconsin-permitted wholesalers. I under be deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stat. be prosecuted for submitting false statements provides materially false information on this a	ehalf of the appli rights and respon rate according to erstand that lack of the refusal is a mis Chapter 125 sha s and affidavits in	cant organization and no esibilities conferred by the the law, including but no of access to any portion of sdemeanor and grounds all be void under penalty connection with this appl	of on benair of a e license(s), if g of limited to, pur of a licensed pre for revocation of of state law. I fu lication, and tha	ranted, will not be assigned rchasing alcohol beverages mises during inspection will of this license. I understand urther understand that I may t any person who knowingly 00 if convicted.
Last Name	Fi	rst Name		M.I.
Meyer /	Sa	am	3	
Title	Email			Phone
Vice-President	sam@san	mmeyeragency.com		(920) 924-4425
Signature am Mega			Date	
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk APR 28	2025	License Number	0	3/
APR 20			(-00	15
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk			3	

Memorano	lum
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
<u>EITY OI</u> Memoran	F FOND DU LAC
Date:	
То:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	Granted a license Cpt. L.D. #/2/
	Denied a license MAY 0 1 2025
	Comments

C-0076

Form

AB-220

Temporary Alcohol Beverage License

rot	+	76	00	>	
Municipalit	V OE	EOND	DII		

License(s) Requested						Fees	
				Lice	ense Fees	\$	10.00
✓ Temporary "Cla	ass B" Wine	☐ Temporary Clas	s "B" Beer	Вас	ckground Che	ck \$	0.00
	ĸ		License Fees \$ Background Check \$ Total Fees \$ If not filed 15 days prior to ALC Meeting rush fee will be charged, for a total of the wil	10.00			
			If not f:	iled 15	days prior	to ALC Meet	ing. a \$25
Part A: Organization In	fa		rush fee	will be	charged, f	or a total	of \$35 due.
Part A: Organization In 1. Organization Name	iormation						
Downtown Fond d	u Lac Parti	nerchin					
Organization Permanent Ad		meranip				- 150 EM	
131 S. Main Str		101					
3. City					4 State	E 7in Code	
Fond du Lac					100-050305050	CONTROL DESCRIPTION	
6. Mailing Address (if different	from permanent ac	ddress)			11.2	34733	
	(80)						
7. FEIN		8. Date of Organization/Inc	orporation	9. S	tate of Organiz	ation/Incorpora	ation
46-1169019							
10. Phone		11. Email					
(920) 322-2007		info@downtown	fdl.com				
Organization type (check o	ne)						
☐ Bona Fide Club	Church	Fair Association	on/Agricultural S	ociety	☐ Vetera	an's Organiza	ation
☐ Lodge/Society	√ Chamber						
		or commerce of chimal	Olvie of Trade	Organiza	dion under ch	. 101, VVIS. 5	tats.
						🗆 Y	′es ☑ No
14. Wisconsin Seller's Permit N	umber (if applicable	e)					
	4						
Part B: Individual Inform							
List the name, title, and pho (Form AB-100) for each pers	ne number for a son listed below.	ll officers, directors, and Attach additional sheets	agent of the org	ganizatio	n. Include an	Individual Qu	uestionnaire
Corporations must also inclu				01).			
Last Name	First Nan		_	-		Phone	
Raflik	J.J.		President	=======================================		, ,,,,,,,,	
leyer	Sam		Vice Pres	sident			
ross	Tyler		Secretary	7			
Littleson	Andy		Treasurer				
amacamanth 393500CES(in 200)			reasurer	-			
rupp	Amy		Executive	e Dire	ctor		

Part C: Event Information						
1. Name of Event (if applicable)			, and the second			
Downtown Fond du Lac Summer	Wine Walk		(0			
2. Dates of Operation		3	3. Hours of Operation			
Friday, June 13, 2025			4:00 pm to	0.00 pm		
4. Premises Address Nanal Exchange Bank 5. City	& Trust,	130 S. Main	6. State 7	7. Zip Code		
Fond du Lac			WI	54935		
	. Governing Municipa	ality 🔽 City 🗌 Town	Village 10. Al	dermanic District		
FOND DU LAC	of: FOND DU I	LAC	N/			
11. Organizer of Event (if not the named applicant)	1	Email and/or Phone Numb				
Megan Sigrist / Amy Krupp		Megan@downtownfdl.com	/ Amy@downtown	nfdl.com, 920-322-2006		
13. Organizer Website		14. Event Website		7.1 /		
www.downtownfdl.com		https://downtownfdl.com/wine-walk/ and any outside areas where alcohol beverages and records are sold,				
stored, or consumed, and related records alcohol beverage activities and storage of or diagram and additional sheets if necess	records may occ	ur only on the premises d	escribed in this ap	oplication. Attach a map		
Part D: Attestation						
Who must sign this application? • one officer or director of the nonprofit org	anization					
READ CAREFULLY BEFORE SIGNING: Le truthfully. I agree that I am acting solely on seeking the license. Further, I agree that the to another individual or entity. I agree to op from Wisconsin-permitted wholesalers. I und be deemed a refusal to allow inspection. Su that any license issued contrary to Wis. Stat be prosecuted for submitting false statement provides materially false information on this	Inder penalty of leading to the apprights and responders according to the	licant organization and not nsibilities conferred by the o the law, including but no of access to any portion of isdemeanor and grounds fall be void under penalty of a connection with this appli	license(s), if grand limited to, purchage a licensed premistor revocation of the f state law. I furthed cation, and that an	ted, will not be assigned asing alcohol beverages sees during inspection will his license. I understand er understand that I may be person who knowingly		
Last Name	F	irst Name		M.I.		
Meyer /	S	Sam				
Title	Email			Phone		
Vice-President	sam@sa	ammeyeragency.com		(920) 924-4425		
Signature am Cep			Date			
Part E: For Clerk Use Only		License Number				
	2 8 2025		-0076			
Date License Granted		Date License Issued	· ·			
Signature of Clerk/Deputy Clerk						

Memorand	WIII
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation
CITY OF	on the granting and issuance of a license be provided to this office. FOND DU LAC
EITY OF	to this office. FOND DU LAC
CTTY OF	FOND DU LAC
	FOND DU LAC
Memoran	FOND DU LAC
Memoran Date:	FOND DU LAC
Memoran Date: To:	FOND DU LAC City Clerk
Memoran Date: To: From:	FOND DU LAC dum City Clerk Chief of Police
Memoran Date: To: From:	FOND DU LAC City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:
Memoran Date: To: From:	FOND DU LAC dum City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:

C-0077

Form

AB-220

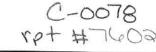
Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

10. Phone (920) 322-2007 11. Email info@downtownfdl.com 12. Organization type (check one) □ Bona Fide Club □ Church □ Lodge/Society □ Chamber of Commerce or similar Civic or Trade Organization under one of the commerce	\$ 10.00 To ALC Meeting, a \$25 for a total of \$35 due. 5. Zip Code 54935 ization/Incorporation n
Total Fees If not filed 15 days prior rush fee will be charged, Part A: Organization Information 1. Organization Name Downtown Fond du Lac Partnership 2. Organization Permanent Address 131 S. Main Street, Suite 101 3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN	\$ 10.00 To ALC Meeting, a \$25 for a total of \$35 due. 5. Zip Code 54935 ization/Incorporation n
Part A: Organization Information 1. Organization Name Downtown Fond du Lac Partnership 2. Organization Permanent Address 131 S. Main Street, Suite 101 3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 46-1169019 10. Phone (920) 322-2007 11. Email 1920) 322-2007 12. Organization type (check one) Bona Fide Club Church Fair Association/Agricultural Society Chamber of Commerce or similar Civic or Trade Organization under control of the commerce of similar Civic or Trade Organization under control of the commerce of similar Civic or Trade Organization under control of the commerce of similar Civic or Trade Organization under control of the commerce of similar Civic or Trade Organization under control of the commerce of similar Civic or Trade Organization under control of the commerce of the commerc	5. Zip Code 54935 ization/Incorporation n
Part A: Organization Information 1. Organization Name Downtown Fond du Lac Partnership 2. Organization Permanent Address 131 S. Main Street, Suite 101 3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 46-1169019 10. Phone (920) 322-2007 11. Email (920) 322-2007 12. Organization type (check one) Bona Fide Club Church Fair Association/Agricultural Society Vete Lodge/Society 13. Is this organization required to hold a Wisconsin Seller's permit?	5. Zip Code 54935 ization/Incorporation n
Part A: Organization Information 1. Organization Name Downtown Fond du Lac Partnership 2. Organization Permanent Address 131 S. Main Street, Suite 101 3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 46-1169019 8. Date of Organization/Incorporation 46-1169019 10. Phone (920) 322-2007 11. Email (920) 322-2007 12. Organization type (check one) Bona Fide Club	5. Zip Code 54935 ization/Incorporation n
1. Organization Name Downtown Fond du Lac Partnership 2. Organization Permanent Address 131 S. Main Street, Suite 101 3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 46-1169019 10. Phone (920) 322-2007 11. Email (920) 322-2007 12. Organization type (check one) Bona Fide Club Church Fair Association/Agricultural Society Chamber of Commerce or similar Civic or Trade Organization under or similar Civic or Trade Organization	ization/Incorporation n
Downtown Fond du Lac Partnership 2. Organization Permanent Address 131 S. Main Street, Suite 101 3. City Fond du Lac 6. Mailling Address (if different from permanent address) 7. FEIN 46-1169019 10. Phone (920) 322-2007 11. Email (920) 322-2007 12. Organization type (check one) Bona Fide Club Church Fair Association/Agricultural Society Vete Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under or	ization/Incorporation n
2. Organization Permanent Address 131 S. Main Street, Suite 101 3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 46-1169019 8. Date of Organization/Incorporation 9. State of Organ Wisconsi 10. Phone (920) 322-2007 11. Email info@downtownfdl.com 12. Organization type (check one) Bona Fide Club Church Fair Association/Agricultural Society Vete Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under or	ization/Incorporation n
3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 46-1169019 8. Date of Organization/Incorporation 46-1169019 11. Email (920) 322-2007 12. Organization type (check one) Bona Fide Club Church Fair Association/Agricultural Society Vete Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under one of the companization of the companization of the companization under one of the companization of the companizatio	ization/Incorporation n
3. City Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 46-1169019 8. Date of Organization/Incorporation 46-1169019 11. Email (920) 322-2007 12. Organization type (check one) Bona Fide Club Church Fair Association/Agricultural Society Vete Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under one of the companization of the companization of the companization under one of the companization of the companizatio	ization/Incorporation n
Fond du Lac 6. Mailing Address (if different from permanent address) 7. FEIN 46-1169019 10. Phone (920) 322-2007 11. Email info@downtownfdl.com 12. Organization type (check one) Bona Fide Club Church Fair Association/Agricultural Society Vete Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under of the companient	ization/Incorporation n
6. Mailing Address (if different from permanent address) 7. FEIN 46-1169019 10. Phone (920) 322-2007 11. Email info@downtownfdl.com 12. Organization type (check one) Bona Fide Club Church Fair Association/Agricultural Society Vete Lodge/Society 7. Chamber of Commerce or similar Civic or Trade Organization under of Commerce of Seller's permit?	ization/Incorporation n
46-1169019 10. Phone (920) 322-2007 11. Email info@downtownfdl.com 12. Organization type (check one) □ Bona Fide Club □ Lodge/Society □ Chamber of Commerce or similar Civic or Trade Organization under one of the company of the	n eran's Organization
46-1169019 10. Phone (920) 322-2007 11. Email info@downtownfdl.com 12. Organization type (check one) □ Bona Fide Club □ Lodge/Society □ Chamber of Commerce or similar Civic or Trade Organization under one of the company of the	n eran's Organization
10. Phone (920) 322-2007 11. Email info@downtownfdl.com 12. Organization type (check one) □ Bona Fide Club □ Church □ Fair Association/Agricultural Society □ Vete □ Lodge/Society ☑ Chamber of Commerce or similar Civic or Trade Organization under of Commerce or similar Civic or Trade Organization under of Commerce or Similar Civic or Trade Organization under of Commerce or Similar Civic or Trade Organization under of Commerce or Similar Civic or Trade Organization under of Commerce or Similar Civic or Trade Organization under of Commerce or Similar Civic or Trade Organization under of Commerce or Similar Civic or Trade Organization under of Commerce or Similar Civic or Trade Organization under of Commerce or Similar Civic or Trade Organization under of Commerce or Similar Civic or Trade Organization under of Commerce or Similar Civic or Trade Organization under or Commerce or Similar Civic or Trade Organization under or Commerce or Similar Civic or Trade Organization under or Commerce or Similar Civic or Trade Organization under or Commerce or Similar Civic or Trade Organization under Organization under or Commerce or Similar Civic or Trade Organization under or Commerce or Similar Civic or Trade Organization under Organizatio	n eran's Organization
(920) 322-2007 info@downtownfdl.com 12. Organization type (check one) □ Bona Fide Club □ Church □ Fair Association/Agricultural Society □ Vete □ Lodge/Society ☑ Chamber of Commerce or similar Civic or Trade Organization under of this organization required to hold a Wisconsin Seller's permit?	
12. Organization type (check one) ☐ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under one of the commerce o	
□ Bona Fide Club □ Church □ Fair Association/Agricultural Society □ Vete □ Lodge/Society □ Chamber of Commerce or similar Civic or Trade Organization under on the commerce of the commerce o	
Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under of this organization required to hold a Wisconsin Seller's permit?	
Lodge/Society	
13. Is this organization required to hold a Wisconsin Seller's permit?	n. 181, vvis. Stats.
	☐ Yes ☑ No
The second of th	
Part B: Individual Information	
List the name, title, and phone number for all officers, directors, and agent of the organization. Include a (Form AB-100) for each person listed below. Attach additional sheets if necessary.	n Individual Questionnaire
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).	
Last Name First Name Title	Phone
	THERE
Raflik J.J. President	
Meyer Sam Vice President	
	-
Gross Tyler Secretary	
Kittleson Andy Treasurer	
Krupp Amy Executive Director	

Part C: Event Information	The second secon			
1. Name of Event (if applicable)	20 20000 80000			
Downtown Fond du Lac Summe:	r Wine Walk			
2. Dates of Operation			Hours of Operat	
Friday, June 13, 2025			4:00 pm t	o 8:00 pm
4. Premises Address Victorias Pet Nutrit	non, 14 1	V. Main St.		
5. City			6. State	7. Zip Code
Fond du Lac			WI	54935
8. County	9. Governing Municipali	ity 🔽 City 🗌 Town 📗	· mage	Aldermanic District
FOND DU LAC	of: FOND DU L	AC		1/A
11. Organizer of Event (if not the named applicant) 12	2. Email and/or Phone Number		
Megan Sigrist / Amy Krupp			/ Amy@downto	wnfdl.com, 920-322-2006
13. Organizer Website	14	1. Event Website	5.33	
www.downtownfdl.com 15. Premises Description - Describe the build		https://downtown		
stored, or consumed, and related records alcohol beverage activities and storage or diagram and additional sheets if neces	s are kept. Describe of records may occu			
Part D: Attestation				
Who must sign this application?				
 one officer or director of the nonprofit o 				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. So that any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	n behalf of the appli e rights and respon perate according to derstand that lack of uch refusal is a mis at. Chapter 125 sha ats and affidavits in	cant organization and not on sibilities conferred by the lithe law, including but not of access to any portion of a demeanor and grounds found the void under penalty of connection with this application.	cense(s), if grainited to, purch licensed prem revocation of state law. I furth ation, and that a	anted, will not be assigned hasing alcohol beverages hises during inspection will this license. I understand her understand that I may any person who knowingly if convicted.
Last Name	Fir	st Name		M.I.
Meyer /	Sa	am		
Title	Email		50	Phone
Vice-President	sam@sar	mmeyeragency.com	T	(920) 924-4425
Signature am Reyn	-(Date	
Part E: For Clerk Use Only Date Application Was Filed With Clerk	PR 28 2025	License Number	-0077	}
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

Memorand	um
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
CITY OF	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License



Form

AB-220

License(s) Requested

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

Fees

				License Fees	\$	10	0.00
✓ Temporary "Class B"	' Wine	☐ Temporary Class	s "B" Beer	Background Che	eck \$	C	0.00
				Total Fees	\$	10	0.00
			If not filed	15 days prior	to ALC	Meeting, a	\$25
Book A. Owner look on L. C.			rush fee wil.	l be charged, i	or a to	tal of \$35	due.
Part A: Organization Inform 1. Organization Name	ation						
	- 7-	1-1					
Downtown Fond du La 2. Organization Permanent Address	c Part	nership					
131 S. Main Street,	Suite	101					
3. City	Burce	101		1.22			
Fond du Lac				4. State	5. Zip Co		
6. Mailing Address (if different from p	ermanent a	ddress)		WI	549	35	
The state of the s	annan a	441000)					
7. FEIN		8. Date of Organization/Inco	rporation	9. State of Organiz	ration/Inco	rnoration	
46-1169019		-		Wisconsin		Aporation	
10. Phone		11. Email		WEDGOIDII.			
(920) 322-2007		info@downtownf	dl.com				
12. Organization type (check one)							
☐ Bona Fide Club	Church	☐ Fair Associatio	n/Agricultural Societ	tv	an's Ora	anization	
No. of the last of		r of Commerce or similar					
		e of commerce of cimilar	Olvic of Trade Olga	mization under cr	I. 101, VV	is. Stats.	
13. Is this organization required to	hold a Wis	sconsin Seller's permit?	* *** *** *** *** ***			☐ Yes 🔽] No
14. Wisconsin Seller's Permit Number				11 10 100 19 told 40 92	3 N. WELLE B		1.10
	(ii applicable						241
Part B: Individual Informatio	n						
		all officers directors and	agent of the service				
List the name, title, and phone nu (Form AB-100) for each person lis	sted below	. Attach additional sheets	agent of the organiz if necessary	ation. Include an	Individu	al Questionn	aire
Corporations must also include Al							
Last Name	First Nar		1				
provide ACD exit (Accesses 2)	Fistival	ile	Title		Phone		
Raflik	J.J.		President				
Meyer	Sam		Vice Preside	ent			
Gross	Tyler		C				
	TATEL		Secretary				
Kittleson	Andy		Treasurer				
			-20000101				
(rupp	Amy		Executive D:	irector			
				0			

Continued →

Part C: Event Information				
1. Name of Event (if applicable)				
Downtown Fond du Lac Summer	Wine Walk		· · · · · · · · · · · · · · · · · · ·	
2. Dates of Operation		88690.733	3. Hours of Operation 4:00 pm to 8:00 pm	
Friday, June 13, 2025 4:00 pm t			:00 pm to	8:00 pili
4. Premises Address Woods Floral 3 Giffs,	36 N.	main Street		
5. City	04	THOM SET OF	6. State	7. Zip Code
Fond du Lac			WI.	54935
	Governing Municipa	ality 🔽 City 🗌 Town 🔲	Village 10. Al	dermanic District
	of: FOND DU I	JAC	N/	
11. Organizer of Event (if not the named applicant)	1	2. Email and/or Phone Number		
Megan Sigrist / Amy Krupp		Megan@downtownfdl.com /	Amy@downtown	nfdl.com, 920-322-2006
13. Organizer Website	1	4. Event Website	59	
www.downtownfdl.com		https://downtownf		
15. Premises Description - Describe the building stored, or consumed, and related records a alcohol beverage activities and storage of ror diagram and additional sheets if necessary	re kept. Describ ecords may occ			
Part D: Attestation				
Who must sign this application?	i ti - n			
one officer or director of the nonprofit orga			5 II	restions completely and
READ CAREFULLY BEFORE SIGNING: Un truthfully. I agree that I am acting solely on b seeking the license. Further, I agree that the r to another individual or entity. I agree to ope from Wisconsin-permitted wholesalers. I under the deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stat. be prosecuted for submitting false statements provides materially false information on this a	ehalf of the applights and responsate according to estand that lack the refusal is a michapter 125 shadants in and affidavits in a policy and affidavits in the sand affidavits in the	incant organization and not or nsibilities conferred by the lice to the law, including but not lire of access to any portion of a lisdemeanor and grounds for all be void under penalty of so a connection with this applicat	ense(s), if gran mited to, purcha licensed premis revocation of that tate law. I furthation, and that ar	ted, will not be assigned asing alcohol beverages ses during inspection will his license. I understand er understand that I may be person who knowingly f convicted.
Last Name	F	irst Name	*	M.1.
Meyer	S	am		
Title	Email			Phone
Vice-President	sam@sa	ammeyeragency.com		(920) 924-4425
Signature am Regr	(Date	
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk	2 8 2025	License Number	-0078	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided
	to this office.
CITY OI Memoran	FFOND DU LAC
	FFOND DU LAC
Memoran	FFOND DU LAC
Memoran Date:	FFOND DU LAC
Memoran Date: To:	FFOND DU LAC dum City Clerk
Memoran Date: To: From:	F FOND DU LAC dum City Clerk Chief of Police
Memoran Date: To: From:	City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:
Memoran Date: To: From:	City Clerk Chief of Police Temporary Class B License I hereby recommend that the application be:

Form

AB-220

Temporary Alcohol Beverage License

C 70083

Municipality

CITY OF FOND DU LAC

10+# 7698

License(s) Requested					Fees	
			Lice	nse Fees	\$	10.00
Temporary "Class B" W	fine	ss "B" Beer	Bac	kground Chec	k \$	0.00
•.			Tota	l Fees	\$	10.00
				days prior t charged, fo		the state of the s
Part A: Organization Informati	ion					
Organization Name	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	da er er er ger er er er er gemenen er	duanis est el maistra i un ti	<u> </u>	<u> </u>	
Downtown Fond du Lac	Partnership					
2: Organization Permanent Address		g er hir seining niese verreie niere ja a gr			10.174	
131 S. Main Street, S	Suite 101					
3. City	and the second s			4 State	5. Zip Code	
Fond du Lac				WI	54935	
6. Mailing Address (if different from pern	nanent address)	ini arist nezo, anter alteramento enterno enterno enterna de enterna de constituen		<u>a i angan kandan mangan at anga kallap pali alba</u>		**************************************
			15.5		. 97	- 11
7. FEIN	8. Date of Organization/In	corporation		tate of Organiza	,	ration
46-1169019		<u>. e.a. e taga yan abbili eka a yan</u>	W	isconsin		
10. Phone	11. Email					* ***
(920) 322-2007	info@downtow	urat.com				
12, Organization type (check one)						•
☐ Bona Fide Club ☐ 🤇	Church 🔲 Fair Associa	ition/Agricultural S	ociety	Vetera	ın's Organi	zation
☐ Lodge/Society	Chamber of Commerce or simil	ar Civic or Trade (Organiza	ition under ch	. 181, Wis.	Stats.
13. Is this organization required to ho	old a Wisconsin Seller's permit?	· · · · · · · · · · · · · · · · · · ·				Yes ☑ No
14. Wisconsin Seller's Permit Number (if	applicable)					
And the second s		-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		·				talia area de la constitución de
Part B: Individual Information						
List the name, title, and phone num (Form AB-100) for each person liste			ganizatio	n. Include an	Individual	Questionnaire
Corporations must also include Alco	hol Beverage Appointment of	Agent (Form AB-10	01).			
Last Name	First Name	Title			Phone) w wax uu malod u callin
Raflik	J.J.	President	t			
Meyer	Sam	Vice Pre	siden			
Pross :	ryler	Secretar	Ý			
Kittleson	Andy	Treasure	ŗ			
Krupp	Amy	Executive	e Dir	ector		

		AND THE RESERVE OF THE PARTY OF	
Part C: Event Information		em, com and an emanded and a	
Name of Event (if applicable)	•		,
Downtown Fond du Lac Summer Wine Wall	K .		
2. Dates of Operation	CONTRACTOR OF THE CONTRACTOR O	3. Hours of Ope	
Friday, June 13, 2025		4:00 pm	to 8:00 pm
4. Premises Address	The will come		
17 Forest Are Suite	<u> Thrivent</u>		
5. City		6. State	7. Zip Code
Fond du Lac		WI	54935
8. County 9. Governing Munici	ipality 🔽 City 🗌 Town [☐ Village 1	0. Aldermanic District
FOND DU LAC of: FOND DU	LAC	announce a state of the state o	N/A
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Num	ber for Organize	r of Event
Megan Sigrist / Amy Krupp	Megan@downtownfdl.com	n / Amy@down	townfdl.com, 920-322-2006
13. Organizer Website	14. Event Website	Ţ.	1
www.downtownfdl.com	https://downtov	wnfdl.com	/wine-walk/
15. Premises Description - Describe the building or buildings a	and any outside areas where	e alcohol beve	rages and records are sold.
stored, or consumed, and related records are kept. Descri	ibe all rooms within the buil	lding, including	living quarters. Authorized
alcohol beverage activities and storage of records may or or diagram and additional sheets if necessary.	ccur only on the premises of	lescribed in thi	s application. Attach a map
or diagram and additional sheets if necessary.			
Suite 116			
30000			
Part D: Attestation			
Part D: Attestation			
Who must sign this application?			
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of			
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the applications.	plicant organization and not	t on behalf of a	iny other individual or entity
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the appropriate the license. Further, I agree that the rights and response.	plicant organization and not onsibilities conferred by the	t on behalf of a license(s), if g	iny other individual or entity ranted, will not be assigned
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the appropriate seeking the license. Further, I agree that the rights and response to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of	t on behalf of a license(s), if g t limited to, pu f a licensed pre	iny other individual or entity ranted, will not be assigned rchasing alcohol beverages mises during inspection will
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the appropriate seeking the license. Further, I agree that the rights and response to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a month of the appropriate to the second	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of nisdemeanor and grounds t	t on behalf of a license(s), if g t limited to, pu f a licensed pre for revocation	iny other individual or entity ranted, will not be assigned rchasing alcohol beverages mises during inspection will of this license. I understand
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the appropriate seeking the license. Further, I agree that the rights and respect to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a mathat any license issued contrary to Wis. Stat. Chapter 125 st	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of nisdemeanor and grounds that hall be void under penalty of	t on behalf of a license(s), if g t limited to, pu f a licensed pre for revocation of state law. I fu	iny other individual or entity ranted, will not be assigned rchasing alcohol beverages imises during inspection will of this license. I understand inther understand that I may
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the appropriate seeking the license. Further, I agree that the rights and response to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a month of the appropriate to the second	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of nisdemeanor and grounds that hall be void under penalty of in connection with this appli	t on behalf of a license(s), if g t limited to, pu f a licensed pre- for revocation of state law. I fu- cation, and tha	iny other individual or entity ranted, will not be assigned rchasing alcohol beverages mises during inspection will of this license. I understand in ther understand that I may tany person who knowingly
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the application seeking the license. Further, I agree that the rights and response to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a material to the prosecuted for submitting false statements and affidavits in provides materially false information on this application may	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of nisdemeanor and grounds thall be void under penalty of in connection with this applies be required to forfeit not means to the connection of the connection with the connection of the connection with the connection with the connection of the connection with the connection with the connection of the connection with the connection with the connection of the connection with the connection of the connection with the connection of the c	t on behalf of a license(s), if g t limited to, pu f a licensed pre- for revocation of state law. I fu- cation, and tha	iny other individual or entity ranted, will not be assigned rchasing alcohol beverages mises during inspection will of this license. I understand orther understand that I may tany person who knowingly 00 if convicted.
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the application seeking the license. Further, I agree that the rights and response to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a match that any license issued contrary to Wis. Stat. Chapter 125 state provides materially false information on this application may last Name	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of nisdemeanor and grounds thall be void under penalty of the connection with this applicable required to forfeit not me.	t on behalf of a license(s), if g t limited to, pu f a licensed pre- for revocation of state law. I fu- cation, and tha	iny other individual or entity ranted, will not be assigned rchasing alcohol beverages mises during inspection will of this license. I understand in ther understand that I may tany person who knowingly
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the appropriate seeking the license. Further, I agree that the rights and respect to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a material to the prosecuted for submitting false statements and affidavits in provides materially false information on this application may be seen that the rights and affidavits in provides materially false information on this application may be seen that the rights and respectively.	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of nisdemeanor and grounds thall be void under penalty of in connection with this applies be required to forfeit not means to the connection of the connection with the connection of the connection with the connection with the connection of the connection with the connection with the connection of the connection with the connection with the connection of the connection with the connection of the connection with the connection of the c	t on behalf of a license(s), if g t limited to, pu f a licensed pre- for revocation of state law. I fu- cation, and tha	iny other individual or entity ranted, will not be assigned rchasing alcohol beverages mises during inspection will of this license. I understand or ther understand that I may tany person who knowingly 00 if convicted.
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Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the appropriate seeking the license. Further, I agree that the rights and respect to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a mathematical transplication on the supplication may be prosecuted for submitting false statements and affidavits it provides materially false information on this application may be considered. Last Name Meyer Title Vice-President Sam@sa	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of nisdemeanor and grounds thall be void under penalty of the connection with this applicable required to forfeit not me.	t on behalf of a license(s), if g t limited to, pu f a licensed pre- for revocation of state law. I fu cation, and that ore than \$1,00	iny other individual or entity ranted, will not be assigned rchasing alcohol beverages mises during inspection will of this license. I understand or ther understand that I may tany person who knowingly 00 if convicted.
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the application seeking the license. Further, I agree that the rights and response to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a match that any license issued contrary to Wis. Stat. Chapter 125 state provides materially false information on this application may be prosecuted for submitting false statements and affidavits in provides materially false information on this application may be supplied to the provide of the provided provid	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of nisdemeanor and grounds thall be void under penalty of in connection with this applied be required to forfeit not make the same same.	t on behalf of a license(s), if g t limited to, pu f a licensed pre- for revocation of state law. I fu- cation, and tha	ranted, will not be assigned rechasing alcohol beverages emises during inspection will of this license. I understand wither understand that I may transperson who knowingly to if convicted. M.I.
Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the appropriate seeking the license. Further, I agree that the rights and respect to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a mathematical transplication on the supplication may be prosecuted for submitting false statements and affidavits it provides materially false information on this application may be considered. Last Name Meyer Title Vice-President Sam@sa	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of nisdemeanor and grounds thall be void under penalty of in connection with this applied be required to forfeit not make the same same.	t on behalf of a license(s), if g t limited to, pu f a licensed pre- for revocation of state law. I fu cation, and that ore than \$1,00	ranted, will not be assigned rechasing alcohol beverages emises during inspection will of this license. I understand wither understand that I may transperson who knowingly to if convicted. M.I.
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Who must sign this application? • one officer or director of the nonprofit organization READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the appropriate seeking the license. Further, I agree that the rights and respect to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a mathematical transplication on the supplication may be prosecuted for submitting false statements and affidavits it provides materially false information on this application may be considered. Last Name Meyer Title Vice-President Sam@sa	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of nisdemeanor and grounds thall be void under penalty of in connection with this applied be required to forfeit not make the same same.	t on behalf of a license(s), if g t limited to, pu f a licensed pre- for revocation of state law. I fu cation, and that ore than \$1,00	ranted, will not be assigned rechasing alcohol beverages emises during inspection will of this license. I understand wither understand that I may transperson who knowingly to if convicted. M.I.
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метоган	aum .
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
<u>CITY OF</u> Memoran	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be: Granted a license CR RD #181 05/07/25 Denied a license
	Comments
	•

rp+#7573

C-0065

Form

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested		Fe	es
		License Fees	\$ 10.00
☐ Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$ 0.00
		Total Fees	\$ 10.00

IF NOT FILED 15 DAYS PRIOR TO ALC MEETING, A \$25.00 RUSH FEE WILL BE CHARGED, FOR A TOTAL OF \$35.00 DUE.

Part A: Organization Inform	nation				
1. Organization Name		l do 1 == 0=====			
Big Brothers Big Sistes		du Lac County			
Organization Permanent Address987 S. Main Street	3				
				4.0:1	15 7 0 1
3. City Fond du Lac				4. State WI	5. Zip Code 54935
6. Mailing Address (if different from	nermanent s	address)		771	34933
o. mannig riddrobb (ii dinbiolit iioni	pomanoni	Mail oddy			
7. FEIN	:	8, Date of Organization/Inco	rporation	9. State of Organ	ization/Incorporation
39-1330971		1967		Wisconsin	·
10. Phone		11. Email		-L	
920-922-8200		amy.docter@bbt	osfdl.org		
12. Organization type (check one)					
☐ Bona Fide Club [Church	☐ Fair Associatio	n/Agricultural Socie	ety 🔲 Vete	eran's Organization
☐ Lodge/Society	Chambe	er of Commerce or similar	Civic or Trade Org	anization under	ch. 181, Wis. Stats.
· · · · · · · · · · · · · · · · · · ·		***************************************			, a soner
13. Is this organization required t	to hold a Wi	isconsin Seller's permit?	************		☐ Yes 🛛 No
14. Wisconsin Seller's Permit Number	er (if applicat	ole)			
15. Agent/Contact Person of Organiz	zation in cha	rge of Affair	16. Agent/Conta	ct Person's Phone	Number or Email
Tammy Young			920-922-820	00	
17. Agent/Contact Person's Address 987 S. Main Street	i		18. Agent/Conta	<u>ct Person's D</u> ate of	f Birth
307 G. Maill Gueet					
Part B: Individual Informati	ion				
List the name, title, and phone r	number for	all officers, directors, and			
Last Name	First Na	ame	Title		Phone
Young	Tamm	w	Executive Dire	actor	
Tourig	Tallill	У	Executive Dire	30(0)	
Rosenau	Michae	el	Board Preside	ont	
1100011014			- Board Frooide		
Roberts	Dan		Board Treas	urer	
THE RESERVE TO SERVE					
Oelke	Karri		Board Secreta	ary	

Continued \rightarrow

Part C: Event Information				
1. Name of Event (if applicable)				· · · · · · · · · · · · · · · · · · ·
Halloweenie Street Party				
2. Dates of Operation	<u></u>		3. Hours of	Operation
October 31, 2025			5:00pm	- 8:00pm
4. Premises Address			1	
Main Street between Forest Avenu	ue & 2nd Street			
5. City			6. State	
FOND DU LAC			MI	54935
8. County	9. Governing Municipality		☐ Village	10. Aldermanic District
FOND DU LAC	of:_FOND_DU	LAC		N/A
11. Organizer of Event (if not the named applicant)		12. Email and/or Phon	e Number for	Organizer of Event
13. Organizer Website		14. Event Website https://bbbsfdl.c	org/hallowe	eenie-street-party/
Stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if necessary. The event will take place on Main St	ds are kept. Describe a of records may occur obsary.	all rooms within the bu only on the premises	illding, includ described in	ding living quarters. Authorized this application. Attach a map
Part D: Attestation Who must sign this application?				
 one officer or director of the nonprofit of 	organization			
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that I to another individual or entity. I agree to o from Wisconsin-permitted wholesalers. I up be deemed a refusal to allow inspection. So that any license issued contrary to Wis. St be prosecuted for submitting false stateme provides materially false information on this	n behalf of the applicance rights and responsible perate according to the nderstand that lack of a Such refusal is a misdetat. Chapter 125 shall bents and affidavits in cor	nt organization and no pilities conferred by the e law, including but ne access to any portion of meanor and grounds be void under penalty nnection with this appl	ot on behalf and the license(s), ot limited to, of a licensed for revocation state law.	of any other individual or entity if granted, will not be assigned purchasing alcohol beverages premises during inspection will on of this license. I understand I further understand that I may that any person who knowingly
Last Name	First N	Name		M.I.
Young	Tar	nmy		į.
Title Executive Director	Email tammy.you	ung@bbbsfdl.org		Phone 920-922-8200
Signature Many Many Many Many Many Many Many Many	,		Date 4/2	94/25
Part E: For Clerk Use Only			1, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Data Application Mag Filed Mith Clark	2 5 2025	License Number	00/05	
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				The district of the state of th

Memorandi	um
Date:	
To:	Chief of Police Attn: Records Division
From:	City Clerk
Subject:	Temporary Class B License
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.
EITY OF	FOND DU LAC
Date:	
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	Granted a license Cpt. L.D. #121
	Denied a license MAY 0 1 2025
	Comments

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> "Class A" Intoxicating Liquor and Class "A" Fermented

Malt License

<u>Subject:</u> Limited Liability Co: SSV LLC

Agent Name: Chaitanya Reddy Godhala

d/b/a: Eastside Spirits

Business Address: 405 Fond du Lac Avenue

Initiator:

Location:

Recommendation:

ATTACHMENTS:

File Name Description

Date Eastside_Spirits.pdf Application

Date Business Plan Eastside Spirits.pdf Business Plan

Fond du Lac Police Department MEMO



To: City Manager Joe Moore

From: Captain Robb Duveneck

Reference: Class A Liquor and Fermented Malt Beverage license

Eastside Spirits, 405 Fond du Lac Av

Fond du Lac, WI

Date: 05/01/25

On April 30th, 2025, Deputy City Attorney Panagopoulos, Deputy City Clerk Arlene Mand, Fire Department Division Chief of Community Risk Reduction & Life Safety Keith Wendt, Director of Community Development Dyann Benson, and Police Captain Robb Duveneck met with applicant Mr. Chaitanya Godhala and his business partner (wife) Varsha Herella regarding his proposal for a Class A liquor and Fermented Malt beverage license for the business that he purchased (Eastside Spirits) at 405 Fond du Lac Ave which was formerly owned by Mr.Mohammad Mohebali.

The legal business name is SSV LLC, DBA Eastside Spirits Fond du Lac, WI. Mr. Chaitanya Godhala explained he purchased this business as a turn-key operation and intends to conduct business in the same manner as the previous owner Mr.Mohammad Mohebali.

This convenience store will sell liquor, beer, cigarettes, tobacco and vaping products. He currently holds a WI responsible beverage server certification and intends on having all his employees certified also.

Alcohol will not be stored or sold on the 2nd floor residential portion of the building.

Criminal background checks were conducted with no concerns from the Police Department.

The background check was conducted on Mr. Chaitanya Godhala and his wife Varsha Herella both inhouse and NCIC/CIB, indicate no prior criminal history that would preclude the issuance of the license request (from a background check perspective). Mr. Chaitanya Godhala explained he understood the City's expectations and the demerit point system.

(pf#

C-0060/C-0061

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only

Municipality
CITY OF FOND DU LAC

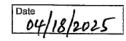
License Period
7/1/2025 - 6/30/2026

License(s) Requested: (up to two boxes may be checked)			Fees		
☑ Class "A" Beer \$200 □	Class "B" Beer\$_	100	License Fee	es	\$ 700
☑ "Class A" Liquor \$500 ☐	☐ "Class B" Liquor \$_	500	Background	I Check Fee	\$
Class A" Liquor (cider only) \$0	Reserve "Class B" Liquor \$_		Publication	Fee	\$ 60
☐ "Class C" Liquor (wine only) \$100			Total Fees		\$ 760
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole pro SSV LLC 2. Business Trade Name or DBA EAST SIDE SPIRIT 3. FEIN 33-4589944	prietorship) 4. Wiscons		ermit Number	0-02	
5. Entity Type (check one)			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Sole Proprietor Partnership	Limited Liability Company	☐ C	orporation		fit Organization
6. State of Organization	7. Date of Organization		l .	DFI Registration	on Number
9. Premises Address	04/15/2025		31	60184	
10. City FOND DU LAC 13. County	14. Governing Municipality: 📝 C	ity 🖂 Town	11. State WI	12. Zip Code 54935 15. Aldermani	ic District
Fond du Lac	of: FOND DU LAC	ity [_] towi	ı ∐ vıllaye		Journal of the state of the sta
16. Premises Phone 920 – 921 – 5401	17. Premises Email Saveway 321 @ gr	nail-com	18. Web	l site	
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	buildings where alcohol beverages including living quarters. Authorized	are produce	ed, sold, stored verage activities	s and storage	of records may occur
only on the premises described in this application TWD-Story Building locate is licensed ligor Store, inclu- for beer Storage, & a back 20. Mailing Address (if different from premises address	room for inventory.	The 2"	d floor is	Private	quarters.
20. Mailing Address (if different from premises address and the GoS2 87th AVE			ol is s lo onsit		Sold on the
21. City PENDALIA The	2nd floor will not be include the premise description.		00 01-1-	23. Zip Code 5314	
Part B: Questions			1 7-	1	
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes					
If yes, list the details of violation below. Attach additional sheets if necessary.					
Law/Ordinance Violated	Location		Tr	rial Date	
Penalty Imposed		Was se	entence comp	oleted?	Yes No
Law/Ordinance Violated	Location		Ti	rial Date	
Penalty Imposed		Was se	entence comp	oleted?	☐ Yes ☐ No
AB-200 (N. 03-24)	-1-			Wis	sconsin Department of Revenue

beverages.	0	ciude tranic o	ffenses unless	related to alcoh	nol 🔲 Yes 🏹 No	
It upo doporiho the nature and atcture	beverages.					
If yes, describe the nature and status of	of pending charges using	the space be	low. Attach add	ditional sheets a	as needed.	
Is the applicant business or any of its individuals or entities a restricted invelies, provide the name of the restrict.	stor with any interest in	an alcohol be	verage produc	ners, or other re er or distributo	elated r? Yes No	
,						
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity?	owners below.	Attach additio	nal sheets as n	···· Yes No eeded.	
4a. Name of Business Entity	10 10 10 10 10 10 10 10 10 10 10 10 10 1	4b. Business	Entity FEIN			
				*		
Have the partners, agent, or sole properties license period? Submit proof of co	rietor satisfied the respormoletion	nsible beveraç	ge server traini	ng requirement	Yes No	
6. Is the applicant business indebted to a	ny wholesaler beyond 1	5 days for bee	er or 30 days fo	r liquor/wine?.	Yes No	
7. Does the applicant business owe past	due municipal property t	axes, assessi	ments, or other	fees?	Yes No	
Part C: Individual Information						
List the name, title, and phone number for eac Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	rs, and agent of a corporation	on or nonprofit of	sitions in the app organization, all	licant business or cartners of a part	businesses listed in Part B, nership, and all members,	
Include Form AB-100 for each person listed be	The state of the s			uding Form AB-1		
Last Name		ntary a		- ^	Phone	
NERELLA	VARSHA +	presim	PARTNE	ER		
BANDI	SHRUTHİ		PARTN	ER		
GIODHALA haynwa	CHAITANYA	REDDY	AGEN	T		
GODHALA hurnwa						
OLONHALL WAS JAM						
Part D: Attestation						
Part D: Attestation One of the following must sign and attest		Was I Sal				
Part D: Attestation One of the following must sign and attest • sole proprietor • one general	al partner of a partnershi	•	corporate offi		member of an LLC	
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Unlamacting solely on behalf of the applicant be	al partner of a partnershi der penalty of law, I have a pusiness and not on behalf	nswered each of any other inc	of the above que dividual or entity	estions complete seeking the lice	ly and truthfully. I agree that nse. Further, I agree that the	
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Unit of the applicant be rights and responsibilities conferred by the lical according to the law, including but not limited.	al partner of a partnershi der penalty of law, I have a pusiness and not on behalf tense(s), if granted, will not I to, purchasing alcohol be	nswered each of any other ind be assigned to verages from s	of the above que dividual or entity o another individ tate authorized v	estions complete seeking the licer ual or entity. I ag wholesalers. I un	ly and truthfully. I agree that nse. Further, I agree that the gree to operate this business derstand that lack of access	
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Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Unit of the applicant or the sole of the applicant or the sole of the applicant or the sole of t	al partner of a partnershider penalty of law, I have a pusiness and not on behalf cense(s), if granted, will not to, purchasing alcohol be aspection will be deemed any license issued contrary nitting false statements and this application may be received.	onswered each of any other inc. be assigned to verages from sa refusal to allow to Wis. Stat. Of affidavits in coquired to forfeit	of the above quedividual or entity of another individual or entity of another individuate authorized with a spection. Such a properties of the properties of	estions complete seeking the licer ual or entity. I ag wholesalers. I un ich refusal is a m Il be void under s application, an	ly and truthfully. I agree that the nse. Further, I agree that the gree to operate this business derstand that lack of access isdemeanor and grounds for penalty of state law. I further d that any person who know- d.	
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Unit of the applicant or significant or signi	al partner of a partnershi der penalty of law, I have a pusiness and not on behalf cense(s), if granted, will not it to, purchasing alcohol be nspection will be deemed a any license issued contrary nitting false statements and this application may be rec	nswered each of any other inc be assigned to verages from s a refusal to allow to Wis. Stat. Of affidavits in co- quired to forfeit at Name	of the above quedividual or entity of another individual or entity of another individual entity of another individual entity of another 125 shapper 125 shapper 125 shapper than \$	estions complete seeking the licer ual or entity. I ag wholesalers. I un ich refusal is a m Il be void under is application, an 1,000 if convicte	ly and truthfully. I agree that the see. Further, I agree that the gree to operate this business derstand that lack of access isdemeanor and grounds for penalty of state law. I further d that any person who knowd. M.I. Phone	
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Unit of the applicant by the light of the applicant by the light of the law, including but not limited to any portion of a licensed premises during it revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on Last Name **NERELLA** Title **PARTNER**	al partner of a partnershi der penalty of law, I have a pusiness and not on behalf cense(s), if granted, will not it to, purchasing alcohol be nspection will be deemed a any license issued contrary nitting false statements and this application may be rec	of any other income of any other income of any other income of a refusal to allow to Wis. Stat. Of affidavits in conquired to forfeit at Name	of the above quedividual or entity of another individual or entity of another individual entity of another individual entity of another 125 shapper 125 shapper 125 shapper than \$	estions complete seeking the licer ual or entity. I ag wholesalers. I un ich refusal is a m Il be void under s application, an	ly and truthfully. I agree that the see. Further, I agree that the gree to operate this business derstand that lack of access isdemeanor and grounds for penalty of state law. I further d that any person who knowd. M.I. Phone	
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Unit of the applicant or significant or signi	al partner of a partnershi der penalty of law, I have a pusiness and not on behalf cense(s), if granted, will not it to, purchasing alcohol be nspection will be deemed a any license issued contrary nitting false statements and this application may be rec	nswered each of any other inc be assigned to verages from s a refusal to allow to Wis. Stat. Of affidavits in co- quired to forfeit at Name	of the above quedividual or entity of another individual or entity of another individual entity of another individual entity of another 125 shapper 12	estions complete seeking the licer ual or entity. I ag wholesalers. I un ich refusal is a m Il be void under is application, an 1,000 if convicte	ly and truthfully. I agree that the see. Further, I agree that the gree to operate this business derstand that lack of access isdemeanor and grounds for penalty of state law. I further d that any person who knowd. M.I.	
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Unit of lam acting solely on behalf of the applicant or the sign and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submit ingly provides materially false information on the last Name **NERELLA** Title** **PARTNER** Signature** **Part E: For Clerk Use Only**	al partner of a partnershi der penalty of law, I have a jusiness and not on behalf bense(s), if granted, will not it to, purchasing alcohol be- inspection will be deemed a any license issued contrary nitting false statements and this application may be rec First Email	nswered each of any other inc be assigned to verages from s a refusal to allow to Wis. Stat. Of affidavits in co- quired to forfeit at Name	of the above quedividual or entity of another individual authorized with the authorized with a section. Such a pter 125 shannection with the not more than \$ A 2309 \text{ Date}	estions complete seeking the licer used or entity. I agwholesalers. I unch refusal is a mill be void under is application, an 1,000 if convicte	ly and truthfully. I agree that the nse. Further, I agree that the gree to operate this business derstand that lack of access isdemeanor and grounds for penalty of state law. I further d that any person who knowed. M.I. Phone 214 - 697 - 9645	
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Unit of lam acting solely on behalf of the applicant or the sign and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during it revocation of this license. I understand that a understand that I may be prosecuted for submit ingly provides materially false information on the last Name **NERELLA** Title** **PARTNER** Signature* **Part E: For Clerk Use Only**	al partner of a partnershi der penalty of law, I have a pusiness and not on behalf cense(s), if granted, will not it to, purchasing alcohol be nspection will be deemed a any license issued contrary nitting false statements and this application may be rec	nswered each of any other inc be assigned to verages from s a refusal to allow to Wis. Stat. Of affidavits in co- quired to forfeit at Name //ARSH-	of the above que dividual or entity of another individual tate authorized with inspection. Suchapter 125 shannection with the not more than \$\frac{A}{2309}\$	estions complete seeking the licer used or entity. I agwholesalers. I unch refusal is a mill be void under is application, an 1,000 if convicte	ly and truthfully. I agree that the see. Further, I agree that the gree to operate this business derstand that lack of access isdemeanor and grounds for penalty of state law. I further d that any person who knowd. M.I. Phone	

Form **AB-100**

Alcohol Beverage Individual Questionnaire



All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information		
Legal Business Name (individual name if sole proprie	or)	
SS V LLC	o.i,	
2. Business Trade Name or DBA		
EASTSIDE SPIRI	75	
3. Entity Type (check one)		
☐ Sole Proprietor ☐ Partnership ☑	Limited Liability Company Corpora	ation Nonprofit Organization
Part B: Individual Information		
1. Last Name	2. First Name	3. M.I.
BANDI	SHRUTHI	
	Fmail	6 Phone
PARTNER		
7. Home Address		
6052 87th ave		
8. City Keyosha	9. State 10. Zip Code	11. Date of Birth
	WI 33142	
12. Privosa Licenses/State ID Number		e/State ID State or issuance
	WISC	Misno
Part C: Address History		
Do you currently reside in Wisconsin?		Yes ☐ No
Maria to 4 alegae have learn have a series	ata Banda Marana da a tanta da a tanta	lication? Years Months
If yes to 1 above, how long have you continuou	sly lived in vvisconsin prior to the date of app	lication? 10 2
2. List in chronological order all of your addresses	within the last 5 years. Attach additional she	
Previous Address 1	City	State Zip Code
6052 87th Ave	Kenosha	WI 53142
Previous Address 2	City	State Zip Code
Previous Address 2 8026 S 85th Street	City FRANKLIN	WI 53132
Previous Address 3	City	State Zip Code
Previous Address 4	City	State Zip Code
Previous Address 5	City	State Zip Code
3. List all states and counties you have lived in as	an adult. Attach additional sheets if necessa	ry.
State County State County		State County
WI Kenosha WI MI	LWAUKEE	
State County State County	State County	State County

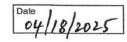
Continued →

Part D: Criminal History			
 Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state 	ing traffic offenses unle s's laws or of any coun	ess related to alcohol beverages) ty or municipal ordinances?	Yes No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?	another state's laws or	any county or municipal	Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pentruthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understaunder penalty of state law. I further understand that I movith this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	pating in this business nd that any license is: ay be prosecuted for s	due to any involvement in anot sued contrary to Wis. Stat. Chap ubmitting false statements and a	oter 125 shall be void
Signature Shruthi Bandi		Date 04 19	12025

Form

AB-100

Alcohol Beverage Individual Questionnaire



All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- · all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information					
1. Legal Business Name (individual name if sole proprietor	r)	***************************************			
SSV LLC					
2. Business Trade Name or DBA					
EASTSIDE SPIRITS					
3. Entity Type (check one)	/				
☐ Sole Proprietor ☐ Partnership ☑	Limited Liab	oility Company	☐ Corporation	☐ No	nprofit Organization
Part B: Individual Information					
1. Last Name	2	. First Name	TO THE SECRET OF THE COST AND	A CONTRACTOR OF STREET	3. M.I.
NERELLA		VARSH	1A		
	Email	4,1,1		6. F	Phone
PARTNER					
7. Home Address			٧		
The state of the s	trkway	, UNIT	- 1		
8. City	/	9. State	10. Zip Code	11	Date of Birth
CHICAGO		IL	60612		
12. Drivers License/State ID Number			13. Drivers License/State	ID State of	Issuance
			TLLINOI.	5	
B 7 A 10 Upday				**************************************	2.17
Part C: Address History	NO. 179 CO. O. S.			ALES TERRITORISTERS	Yes No
Do you currently reside in Wisconsin?					Tes NO
If yes to 1 above, how long have you continuous	ly lived in W	isconsin prior	to the date of application	n?	Years Months
in year to 1 above, non-long mate year commission	.,		•••••••••••••••••••••••••••••••••••••••		
2. List in chronological order all of your addresses	within the la	st 5 years. Atta	ach additional sheets if r	necessary.	
Previous Address 1		City		State	Zip Code
	NHI	CHIC	AGD	IL	60612
2431 W CONGRESS PKWY V Previous Address 2	14 13)	City	, , ,	State	Zip Code
852 N RICHMOND ST. V			A610	21_	60622
Description Address 2				State	Zip Code
2901 S KING DR APT	#118	CHIC	A60	IL	60616
Previous Address 4	VI III	City		State	Zip Code
Previous Address 4		Oity		Otato	
Previous Address 5		City		State	Zip Code
Pievious Address 3		0.1,			
3. List all states and counties you have lived in as	an adult. At	tach additional	sheets if necessary.		
State County State County		State	County	State	County
IL COOK IL CO	OK	WI	MILWAUKEE	TX	HARRIS
State County State County	4	State	County	State	County
PA CUMBERLAND					

Continued →

Part D: Criminal History			
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	ling traffic offenses unle e's laws or of any count	ess related to alcohol beverages) y or municipal ordinances?	. Yes No
If yes to question 1, please list details of each conviction	on below. Attach additio	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or ordinances?	another state's laws or	any county or municipal	Yes No
Dest E. Attactation			
READ CAREFULLY BEFORE SIGNING: Under penetruthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understate under penalty of state law. I further understand that I moves that it is application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	pating in this business and that any license iss ay be prosecuted for su	due to any involvement in anoth ued contrary to Wis. Stat. Chap ubmitting false statements and af	ions completely and er tier of the alcohol er 125 shall be void idavits in connection
Varsha Nevella		1 04/18/2	0U

Form **AB-100**

Alcohol Beverage Individual Questionnaire

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18	1025
	18

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Informat						
1. Legal Business Name (individua		oprietor)			-5/42	
SSV	LLC					
2. Business Trade Name or DBA	n - 10	12.51				
	DE SP	IKIJS.				
3. Entity Type (check one)						
Sole Proprietor	Partnership	Limited L	iability Compa	ny Corporation	on 🔲 I	Nonprofit Organization
Part B: Individual Informa	ition					
1. Last Name			2. First Name			3. M.I.
GODHALA			CHAIT	ANYA		
4. Relationship to Business (Title)		5. Email		1	Te	6. Phone
AGENT						
7. Home Address						
4400 S 27th	st					
8. City			9. State	10. Zip Code	11	11. Date of Birth
MILWAUKEE			MI	53221		
12. Drivers License/State ID Number	er			13. Drivers License/S	State ID State	of Issuance
				WI		01100441100
				- Lui		
	anaira?					
						Yes No
Do you currently live in Wisconstance If yes, provide the month and	d year when yo	u permanently i	moved to Wisc	consin		(MM/YYYY) 05 2018
1. Do you currently live in Wisconstance If yes, provide the month and 2. List in chronological order all Previous Address 1	d year when yo	u permanently i	moved to Wisc	consin		(MM/YYYY) 05 2018
1. Do you currently live in Wisconstance If yes, provide the month and 2. List in chronological order all Previous Address 1	d year when yo	u permanently i	moved to Wisc	consintach additional sheets	if necessar	(MM/YYYY) 0.5 2018 y. Zip Code
1. Do you currently live in Wisconstance If yes, provide the month and 2. List in chronological order all Previous Address 1	d year when yo	u permanently i	moved to Wisc	consin	State	(MM/YYYY) 05 2018 y. Zip Code \$322-1
1. Do you currently live in Wisconstance If yes, provide the month and 2. List in chronological order all Previous Address 1 4400 \$ 27th Previous Address 2 8026 \$ 67th	d year when your address	u permanently i	moved to Wisconstant 5 years. At City City City City	ach additional sheets	State State State	(MM/YYYY) 05 2018 y. Zip Code 33 22-1 Zip Code
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1. Do you currently live in Wisconstance If yes, provide the month and 2. List in chronological order all Previous Address 1 4400 C 27th Previous Address 2 8026 S 85th Previous Address 3 2431 When he	d year when your address	sses within the I	moved to Wisconstant 5 years. At City City City City	tach additional sheets	State WI State WI State WI State WI State L	(MM/YYYY) 05 2018 y. Zip Code \$322 Zip Code \$2132 Zip Code \$606 2
If yes, provide the month and If yes	d year when your address	sses within the I	moved to Wisconstant 5 years. At City MILW. City FRAM	ach additional sheets	State WI State WI State WI State WI State	(MM/YYYY) 05 20 8 y. Zip Code \$3,22- Zip Code \$3,13,2- Zip Code
If yes, provide the month and If yes, provide Address 1 If yes, provide the month and If yes, provide Address 1 If yes, provide the month and If yes, provide Address 2 If yes, provide the month and If yes, provide Address 2 If yes, provide the month and If yes, provide Address 3 If yes, provide the month and If yes, provide Address 3 If yes, provide the month and If yes, provide the mont	d year when your address	sses within the I	moved to Wisconstant 5 years. At City MILW. City FRAM	ach additional sheets	State WI State WI State WI State WI State L	(MM/YYYY) 05 20 8 y. Zip Code \$322 Zip Code \$2 32 Zip Code \$606 2 Zip Code
If yes, provide the month and If yes, provide the month and It yes, provide Address 1 If yes, provide the month and It yes, provide Address 1 If yes, provide the month and It yes, provide Address 2 If yes, provide the month and It yes, provide Address 2 If yes, provide the month and It yes, provide Address 3 If yes, provide the month and It yes, provide Address 3 If yes, provide the month and It yes, provide the mont	d year when your address	sses within the I	moved to Wisconstant 5 years. At City City FRANCity City City City	ach additional sheets	State WI State WI State WI State UI State UI State State	(MM/YYYY) 05 2018 y. Zip Code \$322 Zip Code \$2132 Zip Code \$606 2
1. Do you currently live in Wisconstance If yes, provide the month and 2. List in chronological order all Previous Address 1 4400	of year when your address Street St St K K K K K K K K K K K K K	sses within the I	moved to Wisconstant Spears. At City MILW. City FRANCity City City CH	tach additional sheets AVKEE NKLIN LICAGO	State WI State WI State WI State UI State UI State State	(MM/YYYY) 05 20 8 y. Zip Code \$322 Zip Code \$2 32 Zip Code \$606 2 Zip Code
If yes, provide the month and If yes	ou have lived in	sses within the I	moved to Wisconstant Spears. At City MILW. City FRANCity City City CH	tach additional sheets AVKEE NKLIN ICAGO I sheets if necessary.	State WI State WI State WI State UI State UI State State	(MM/YYYY) 05 20 8 y. Zip Code \$322 Zip Code \$2 32 Zip Code \$2 32 Zip Code Zip Code Zip Code
2. List in chronological order all Previous Address 1 4400 S 27 Previous Address 2 8026 S 85 Previous Address 3 2431 W W W W Previous Address 4 Previous Address 5 3. List all states and counties you state County	ou have lived in	sses within the I	moved to Wisconstant State	tach additional sheets AVKEE NKLIN LCAGO I sheets if necessary. County LOOK	State WL State WL State WL State State State State State	(MM/YYYY) 05 20 8 y. Zip Code \$322 Zip Code \$2 32 Zip Code \$606 2 Zip Code
1. Do you currently live in Wisconstance If yes, provide the month and 2. List in chronological order all Previous Address 1 4400 \$ 2744 Previous Address 2 8026 \$ 8546 Previous Address 3 2431 W W M M Previous Address 4 Previous Address 5 3. List all states and counties you	ou have lived in	sses within the I	moved to Wisconstant State	tach additional sheets AVKEE NKLIN ICAGO I sheets if necessary.	State WL State WL State WL State State State State State	(MM/YYYY) 05 20 8 y. Zip Code \$322 Zip Code \$2 32 Zip Code \$2 32 Zip Code Zip Code Zip Code

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state).	ing traffic offenses unle s's laws or of any count	ess related to alcohol beverages) y or municipal ordinances?	. Yes No
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	ALLA COMPANIA	Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pe sheets as needed.	another state's laws or	any county or municipal	Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understar under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business id that any license iss iv be prosecuted for su	due to any involvement in anoth ued contrary to Wis. Stat. Chapt bmitting false statements and aff	er tier of the alcoholer 125 shall be void idavits in connection
Signature		Date 04 18 /20	H

Form AB-101

Alcohol Beverage Appointment of Agent

8/2025

Agent Type (check one)	10 Apr. 18 18 18 18		A STATE OF S		
✓ Original (no fee) Successor (\$10 fee for m	nunicinal license	aes anly)			
Original (no lee)	iuriicipai licerise	ocs offiy)			
Part A: Business Information					
1. Legal Business Name (individual name if sole proprietor) SSV LLC					
2. Business Trade Name or DBA EASTS IPE SPIRITS				He i	
3. Entity Type (check one) Limited Liability Compan	у 🗆	Corporation	☐ Nonp	orofit Organiz	ation
4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit	5. If successor	agent, provide State	e Permit or Mur	nicipal Retail Li	icense Number
6. Describe the reason for appointing a successor agent, if successor	or is checked above	ve.			
N/A					
			38 11		i i
v. 15					
					* E 100
Part B: Agent Information	2. First Name				3. M.L
Part B: Agent Information 1. Last Name GODHALA		11TANYA	REDDY	,	3. M.I.
1. Last Name		91TANYA	REDDY	5. Phone	3. M.I.
1. Last Name GODHALA 4. Email		AITANYA	REDDY		3. M.I.
1. Last Name GODHALA		AITANYA	REDDY		3. M.I.
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 th Street	CHr 8. State	9. Zio Code	REDDY		3. M.I.
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 th Street 7. City MILWAUKEE	CH	9. Zip Code 5322		5. Phone	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 th Street	CHr 8. State	9. Zip Code 5322 12. Drivers Lice	ense/State ID S	5. Phone 10 Age tate of Issuance	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 th Street 7. City MILWAUKEE	CHr 8. State	9. Zip Code 5322 12. Drivers Lice		5. Phone 10 Age tate of Issuance	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 th Street 7. City MILWAUKEE	CHr 8. State	9. Zip Code 5322 12. Drivers Lice	ense/State ID S	5. Phone 10 Age tate of Issuance	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 th Street 7. City MILWAUKEE	8. State WI	9. Zip Code 5322 12. Drivers Lice	ense/State ID S	5. Phone 10 Age tate of Issuance	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 th Street 7. City MILWAUKEE 11. Drivers License/State ID Number	8. State WI	9. Zip Code 5322 12. Drivers Lice	ense/State ID S	5. Phone 10. Age. tate of Issuand	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 th Street 7. City MILWAUKEE 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage server train	8. State WIL	9. Zip Code \$322 12. Drivers Lice W1.	ense/State ID S	5. Phone 10. Age tate of Issuand	ce
1. Last Name GODHALA 4. Email 6. Home Address HHOO S 27 th Street 7. City MILWAUKEE 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage server train Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage In	8. State WIL	9. Zip Code \$322] 12. Drivers Lice W1.	ense/State ID S	5. Phone 10. Age tate of Issuand	Yes No

READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certify on behalf of the entity. If I am appointing a sur I understand that I may be prosecuted for subany person who knowingly provides materially if convicted.	liability comp that I am au ccessor agen omitting false	pany with full authority and con uthorized by the above-named ε it, I rescind all previous agent ap statements and affidavits in col	trol of the premises entity to authorize thi opointments for this p nnection with this ap	and of all alcohol is individual to act premises. Further, plication, and that more than \$1,000
Last Name		First Name		M.I.
Nevella		Vareha		
Title PARTNER	Email		Phone	
Marshanetella 2309(20) gm	Varsha	resella 2309 (a) 9m	1214 214	6979649
Signature Varilya nevelle			Date 04/18/20	125
•			'	
Part E: Agent Attestation				in an in security and an investment of the
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability components on the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more	oany and ass ess. I further on, and that a	ume full responsibility for the co understand that I may be pros any person who knowingly provi	induct of all alcohol lecuted for submitting	peverage activities grades gra
Last Name GODHA LA		First Name CHAITANYA	REDUY	M.I.
Signature			Date 04/18/20	2.

Part D: Business Attestation

To: Chief of Police Attn: Records Division From: City Clerk Subject: Appointment of Agent Application The application copied on the reverse side was filed with this office within the preceding forty-eight how It is respectfully requested that your recommendation the granting and issuance of a license be provide to this office. CITY OF FOND DU LAC Memorandum Date: To: City Clerk From: Chief of Police Subject: Appointment of Agent Application I hereby recommend that the application be:	To: From:	Chief of Police Appointment of Agent Application I hereby recommend that the application Granted a license	Cpt. L.D. #121
From: City Clerk Subject: Appointment of Agent Application The application copied on the reverse side was filed with this office within the preceding forty-eight how It is respectfully requested that your recommendati on the granting and issuance of a license be provided to this office. CITY OF FOND DU LAC Memorandum Date: To: City Clerk From: Chief of Police Subject: Appointment of Agent Application I hereby recommend that the application be:	To: From:	Chief of Police Appointment of Agent Application I hereby recommend that the application	
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To: Chief of Police Attn: Records Division	From:	City Clerk	
	To:	Chief of Police Attn: Records D	ivision
Date:			

Liquor Store Business Plan

1. Business Overview

- Business Name: Moe's Eastside Spirits
- Location: 405 Fond du Lac Ave, Fond du Lac, WI 54935.
- Ownership: I am purchasing an existing, fully operational liquor store.
- Transition Plan: No major changes will be made to the business name, layout, inventory, or hours. The transition will be smooth, with existing staff retained where applicable.

2. Purpose of Business Plan

- To demonstrate commitment to legal compliance, public safety, and responsible alcohol sales.
- To reassure local authorities that the business will continue to operate responsibly under new ownership.

3. Operations Plan

- **Hours of Operation**: Open Every Day 9AM-9PM.
- **Staffing:** Retaining current staff with plans to provide additional training on responsible service.
- **Inventory Management**: No significant changes; maintaining existing vendor relationships and product selection.
- Customer Base: Primarily adult locals and regulars. No marketing to minors or intoxicated individuals.

4. Legal and Regulatory Compliance

- **Licensing**: I am in the process of transferring the current liquor license in accordance with Wisconsin Department of Revenue and local municipality regulations.
- Training:
 - All staff (including myself) will be certified in Responsible Beverage Server Training, as required by Wisconsin law.
 - o Regular refresher courses will be scheduled to maintain compliance.
- **ID Verification**: Ensure all customer IDs are valid and not expired to prevent underage alcohol and cigarette sales.

• Security Measures:

- o Surveillance cameras inside and outside the store.
- o Secure cash handling procedures.
- Regular review of footage to ensure compliance and safety.

5. Community Responsibility

- I intend to maintain a positive relationship with local law enforcement.
- No loitering or public consumption of alcohol will be allowed on the premises.
- I will participate in community safety initiatives and neighborhood business associations where applicable.
- Clear signage about ID requirements and refusal of sale to intoxicated individuals will be posted.

6. Financial Plan

- Purchase funded through Loan, personal Funds and Partnership.
- Profitability expected to remain stable due to ongoing operations and consistent customer base.
- Business will continue to pay all taxes and fees in compliance with state and federal law.

7. Summary Statement

As a responsible business owner, I understand the importance of running a liquor store that serves the community safely and legally. My goal is to uphold the store's existing reputation, follow all Wisconsin and local alcohol laws, and ensure this transition supports both public safety and business integrity.