Submit to municipal clerk.		IL LICENSE APPLICATION		27341617
		_	Federal Employer Identification Number (FEIN): 155-100-100-100-100-100-100-100-100-100-	1162329
For the license period beginner end	ning Sun.	20 <u>_13;</u>	LICENSE REQUESTED	•
end	DUNEgnit	20 13	TYPE	FEE
	☐ Town of •	-	Class A beer	\$
TO THE GOVERNING BODY			Class B beer	\$
TO THE GOVERNING BODY				\$
	☐ City of 】			\$
County of	Aldormania Diet	No. grantati n		\$
	Aldernanic Dist.	. No (if required by ordinance)		
1. The named INDIVIDUA	AI DARTHEROUS			\$.
		LIMITED LIABILITY COMPANY		\$
	ATION/NONPROFIT ORGANIZA		TOTAL FEE	\$
	the alcohol beverage license(s)			
Name (individual/partners give	e last name, first, middle; corpor	ations/limited liability companies give regis	stered name):	
Curmud	acon's Pub & Gr	il IIC.		
An "Auxiliary Questionnaire.	Form AT-103, must be come	nleted and attached to this application i	by each individual applicant by a	
partnership, and by each off	ficer, director and agent of a c	orporation or nonprofit organization, an	by each murriqual applicant, by each	acn member of a
liability company. List the na	ame, title, and place of residence	of each person.	to by each member/manager and a	gent of a limited
Ti	itle	141	Address Post Offic	e & Zip Code
President/Member DW	Iner	Daire D. Lat Ella	Silent Sunday De.	52402
Vice President/Member Co -	owner	Chris Burbes 1412	Silent Sunday DR.	5211.2
Secretary/Member		carried 1113	SITEMI SHARES ON	20400
Treasurer/Member				
Agent 1 14 11 10 12	1000			
Directors/Managers	wibly			· · · · · · · · · · · · · · · · · · ·
Directors/Managers			:	
3. Irade Name 🕨 🖰 😘 W.W.	idaeon's Pub & 1	Grill Business Pt	hone Number <u>262 - 9</u> 02	-5065
. Address of Premises >	5458 Rapids Di	Post Office a	& Zin Code	52404
. Is individual, partners or agent	of corporation/limited liability co	impany subject to completion of the respon	scible beverage conver	30-101
training course for this license	period?	mpany subject to completion of the respon	isible beverage server	Ves D.M.
. Is the applicant an employe or	agent of or acting on behalf of	anyone except the named applicant?		Yes No
. Does any other alcohol beverar	agont of, or dotting on behalf of	anyone except the named applicant?	::·:···	Yes ∑ rNo
. (a) Corporate/limited liability	ge retail ilicensee of wholesale p	permittee have any interest in or control of	this business?	Yes ∑ X No
(a) Corporate/limited liability	/ company applicants only:	nsert state WI. and date	Dec 5, Lorz of registration.	
(b) is applicant corporation/limi	ited liability company a subsidia	ry of any other corporation or limited liabilit	ty company?	Yes 🐼 No
(c) Does the corporation, or an	ny officer, director, stockholder o	r agent or limited liability company, or any	member/manager or	-
agent hold any interest in a	any other alcohol beverage licen:	se or permit in Wisconsin?		Yes 🗷 No
(NOTE: All applicants explain fu	ully on reverse side of this form	every YES answer in sections 5, 6, 7 and 8	8 above)	100 (2) 110
 Premises description: Describe 	huilding or huildings where alco	shal bayaragas are to be gold and stored.	The multi-us word to the last	•
all rooms including living quarte	ers if used for the sales service	e, and/or storage of alcohol beverages and	i ne applicant must include	
	the premises described \1 \CL	, and/of storage of alcohol beverages and	records. (Alcohol beverages	
may be sold and stored only on		and the later the langer Chin	NC77 Z.P X (373)(Y) X Y Y) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	land
may be sold and stoled only off	address is given above):	ord villiania in bock Sta	and to the second	e bar
Legal description (omit if street	address is diver above.	ory building in back sto	•	
Legal description (omit if street and a stored only off the control of the c	for the sale of liquor or beer du	ring the past license year?	<u> </u>	
Legal description (omit if street (a) Was this premises licensed (b) If yes, under what name wa	I for the sale of liquor or beer duras license issued?	ring the past license year?	<u> </u>	
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