Form AB-101

Alcohol Beverage Appointment of Agent

Date			
10	-	28	-2025

Agent Type (check one)		
Original (no fee) Successor (\$10 fe	e for municipal licensees only)	
Part A: Business Information		
Legal Business Name (individual name if sole proprietor)		
Festival Park, LLC		
2. Business Trade Name or DBA		
Memorral Hall		
3. Entity Type (check one) Limited Liability Co	ompany Corporation	☐ Nonprofit Organization
	J	mit or Municipal Retail License Number
4. Alcond Beverage Business Authorization (check one)	1 9 November 1918	rmit or Municipal Retail License Number
✓ Municipal Retail License		
6. Describe the reason for appointing a successor agent, if su	erminated her position	with the compani
The original agent to	erminated her position	COLINATION COMPANY
•		
		15
Dark Dr. Arout Information		
	2. First Name	3, M.I.
1. Last Name		3. M.I.
1. Last Name Hoaglund	2. First Name Rebecca	3. M.I.
1. Last Name Hoaglund	Rebecca	5. Phone
1. Last Name Hoaglund 4. Email rebecca . hoaglund @city &	Rebecca	L
1. Last Name Hoaglund 4. Ernail rebecca . hoaglund @city & 6. Home Address	Rebecca	5. Phone
1. Last Name Hoaglund 4. Email Yebecca . hoaglund @city & 6. Home Address 2808 James Blvd	Rebecca	5. Phone
1. Last Name Hogglund 4. Email Yebecca . hoaglund @city & 3. Home Address 2808 James Blud 7. City	Rebecca Fracine org 8. State 9. Zip Code W1 53403	5. Phone 262.636.9167
1. Last Name Hoaglund 4. Email Pebecca . hoaglund @city & 6. Home Address 2808 James Blvd 7. City Racine	Rebecca Fracine org 8. State 9. Zip Code W1 53403	5. Phone 262.636.9167
1. Last Name Hoaglund 4. Email Pebecca . hoaglund @city & 6. Home Address 2808 James Blvd 7. City Racine	Rebecca Fracine org 8. State 9. Zip Code W1 53403 12. Drivers License	5. Phone 262.636.9167 10. Age /State ID State of Issuance
1. Last Name Hoaglund 4. Email Pebecca . hoaglund @city & 6. Home Address 2808 James Blvd 7. City Racine	Rebecca Fracine org 8. State 9. Zip Code W1 53403	5. Phone 262.636.9167 10. Age /State ID State of Issuance
1. Last Name Hoaglund 4. Email Pebecca . hoaglund @city & 6. Home Address 2808 James Blvd 7. City Racine	Rebecca Fracine org 8. State 9. Zip Code W1 53403 12. Drivers License	5. Phone 262.636.9167 10. Age /State ID State of Issuance
1. Last Name Hogglund 4. Email <u>rebecca</u> . hoaglund @city & 6. Home Address <u>2868</u> James Blud 7. City <u>Racine</u> 11. Drivers License/State ID Number	Rebecca Fracine org 8. State 9. Zip Code W1 53403 12. Drivers License	5. Phone 262.636.9167 10. Age /State ID State of Issuance
1. Last Name Hoagland 4. Ernail Yebecca . hoagland @City & 6. Home Address 2868 James Blvd 7. City Racine 11. Drivers License/State ID Number	Rebecca Fracine org 8. State 9. Zip Code W1 53403 12. Drivers License/ W1SCON	5. Phone 262.636.9167 10. Age /State ID State of Issuance
1. Last Name Hoagland 4. Email Yebecca . hoagland @City & 6. Home Address 2808 James Blvd 7. City Racine 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage serve	Rebecca Fracine org 8. State 9. Zip Code W1 53403 12. Drivers License/ W1SCON	5. Phone 262.636.9167 10. Age /State ID State of Issuance
1. Last Name Hoagland 4. Ernail Yebecca . hoagland @City & 6. Home Address 2868 James Blvd 7. City Racine 11. Drivers License/State ID Number	Rebecca Fracine org 8. State 9. Zip Code W1 53403 12. Drivers License/ W1SCON	5. Phone 262.636.9167 10. Age /State ID State of Issuance
1. Last Name Hoagland 4. Ernail Yelecca hoagland Gily & 6. Home Address 2868 James Blud 7. City Racine 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage serve Submit proof of completion.	Rebecca Fracine org 8. State 9. Zip Code W1 53403 12. Drivers License, W1SCON	5. Phone 262.636.9167 10. Age /State ID State of Issuance
4. Email Yebecca . hoaglund @City & 6. Home Address 2868 James Blvd 7. City Racine 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage serves	Rebecca Fracine org 8. State 9. Zip Code W1 53403 12. Drivers License, W1SCON	5. Phone 262.636.9167 10. Age /State ID State of Issuance
1. Last Name Hoagland 4. Email Yelpecca hoagland @City & 6. Home Address 2868 James Blvd 7. City Racine 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage serve Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Bevera Submit a completed Form AB-100 with this form.	Rebecca 8. State 9. Zip Code W1 53403 12. Drivers Licensed WISCON er training requirement?	5. Phone 262.636.9167 10. Age /State ID State of Issuance ISIN Yes No
Last Name HOQGIUND Email Cebecca hoaglund City & S. Home Address Bob James Blvd City Racine 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage serve Submit proof of completion.	Rebecca 8. State 9. Zip Code W1 53403 12. Drivers Licensed WISCON er training requirement?	5. Phone 262.636.9167 10. Age /State ID State of Issuance ISIN Yes N

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING corporation, nonprofit organization, or I beverage activities on such premises. I on behalf of the entity. If I am appointing I understand that I may be prosecuted any person who knowingly provides mat if convicted.	imited liability company with full author certify that I am authorized by the ab g a successor agent, I rescind all prev for submitting false statements and af	ority and control of the prove-named entity to auth lious agent appointments fidavits in connection with	orize this individual to act for this premises. Further, this application, and that refeit not more than \$1,000
ast Name	First Name		M.I.
Flynn	Patrick		J
Title PRESIDENTI	Datricka Restival Da	(K. com	Phone 242,620.70
Signature		Date 1 0	.28.25
Part E: Agent Aftestation			
READ CAREFULLY BEFORE SIGNING nonprofit organization, or limited liability on the premises for the above-named and affidavits in connection with this ap application may be required to forfeit no	y company and assume full responsible business. I further understand that I in plication, and that any person who kno	may be prosecuted for si	ubmitting false statements by false information on this
ast Name	First Name		M.I.
Hoadlund	Rebecca		السار
Signature A Hoo	2	Date Date	18.2025

Form

AB-100

Alcohol Beverage Individual Questionnaire

Date 10-28-202

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					
1. Legal Business Name (Individual name if sole proprietor) FE STIVAL PARK, LLC					
2. Business Trade Name or DBA					
Memorial Hall	X				
3. Entity Type (check one)		_	_		
☐ Sole Proprietor ☐ Partnership ☐ Lir	mited Liability Compa	ny Corporation	∐ Non	profit Organization	
Part B: Individual Information					
1. Last Name	2. First Name			3. M.I.	
Hoaglund	Rebec	ca			
4. Relationship to Business (Title) 5. Ema			6. Ph	one	
Executive Director ret	secco Cok	stral park.com	24	2.672.8016	
7. Home Address 2808 James Blud					
8. City 0	9. State	10. Zip Code	11. D	ate of Birth	
Racine	WI	53403	1.0		
12. Drivers License/State ID Number		13. Drivers License/Stat		suance	
2.20		Wisconsi	n		
		, , , , , , , , , , , , , , , , , , , ,			
D 40 AU III-4					
Part C: Address History				□-¥or □ No	
1. Do you currently reside in Wisconsin?					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years Months					
2. List in chronological order all of your addresses with	nin the last 5 years. A	ttach additional sheets if	necessary.		
Previous Address 1	City		State Z	ip Code	
1620 W. Palamino Dr	Racine		WIS	53402	
Previous Address 2	City			ip Code	
2226 Kinzie Auc	Racin	0	WIL	53405	
Previous Address 3	City		State Z	ip Code	
3208 Wright Ave lower	Racin	10	WI	<i>534</i> 03	
Provious Address 4	City		State 2	ip Code	
2835 Wisconsin St #1	Stuc	tevant	WI S	53177	
Previous Address 5	City		10140 1-	Zip Code	
4215 Eric St Unit 61911	620 Raci	ne	WI	53402	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State County State 24 County	State	County	State C	ounty	
WI Racine and Ro					
State County State County	State	County	State C	ounty	
CA Riverside					

Continued →

Part D: Criminal History			
1 Have you ever been convicted of any offenses (exclu	iding traffic offenses unl	ess related to alcohol beverages)	
for violation of any federal, Wisconsin, or another sta	te's laws or of any coun	ty or municipal ordinances?".	Yes No
If yes to question 1, please list details of each convict	tion 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
ordinances? If yes to question 2, describe nature and status of posheets as needed.			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under per truthfully. I certify that I am not prohibited from partici beverage industry as a restricted investor. I understa under penalty of state law. I further understand that I m with this application, and that any person who knowin to forfeit not more than \$1,000 if convicted.	ipating in this business and that any license iss	ued contrary to Wis. Stat. Chap ubmitting false statements and af	ter 125 shall be void fidavits in connection
Signature Sublecca Hoafus (\mathcal{L}	10-28-20	25
U			