Form AB-101

UPA Z0182337-15 Alcohol Beverage Appointment of Agent

Date 15-29

Agent Type (check one)	1 N.		H 4 5 1 1 1 1 1		5 - ESPHICE		
	10 fee for municipal!	icens	lylnn soos	1	THE PO		
Original (Notice)	To ree for marriespair		oces offig)				
Part A: Business Information				Latin	12/1/14		
1. Legal Business Name (individual name if sole propriet	tor)						
Chartroom Restaurant, LLC							
2. Business Trade Name or DBA							
Chart Room							
3. Entity Type (check one)  Limited Liability	ty Company		Corporation	☐ No	onprofit Orga	anization	
4. Alcohol Beverage Business Authorization (check one)  Municipal Retail License  State Po			agent, provide State	e Permit or M	Aunicipal Reta	ail License N	umber
Part B: Agent Information  1. Last Name	2. First N	ame		4 15 7 1	42.483	3. M.I	
Part B: Agent Information  1. Last Name Mattie	2. First N Jenn			1 14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3, M.I	A
1. Last Name Mattie 4. Email				f. With	5. Phone (262)	3. M.I 496-6	A
1. Last Name Mattie					1 =		A
1. Last Name Mattie 4. Email jenni@riversendracine.com					1 =		A
1. Last Name Mattie 4. Email jenni@riversendracine.com 6. Home Address		i	9. Zip Code	Tierr	1 =		A
1. Last Name Mattie 4. Email jenni@riversendracine.com 6. Home Address 1521 Windsor Way Unit #5	Jenn	i nie	9. Zip Code 53406		(262)		A
1. Last Name Mattie 4. Email jenni@riversendracine.com 6. Home Address 1521 Windsor Way Unit #5 7. City	Jenn	i nie		nse/State ID	(262)	496-6	A
1. Last Name Mattie 4. Email jenni@riversendracine.com 6. Home Address 1521 Windsor Way Unit #5 7. City Mount Pleasant	Jenn	i nie	53406 12. Drivers Lice	nse/State ID	(262)	496-6	A
1. Last Name Mattie 4. Email jenni@riversendracine.com 6. Home Address 1521 Windsor Way Unit #5 7. City Mount Pleasant	Jenn	i nie	53406 12. Drivers Lice	nse/State ID	(262)	496-6	A
1. Last Name Mattie 4. Email jenni@riversendracine.com 6. Home Address 1521 Windsor Way Unit #5 7. City Mount Pleasant 11. Drivers License/State ID Number	Jenn 8. Sta WI	i ii	53406 12. Drivers Licer WI	生がむ日	10. Age State of Issua	496-6	A 432
1. Last Name Mattie 4. Email jenni@riversendracine.com 6. Home Address 1521 Windsor Way Unit #5 7. City Mount Pleasant 11. Drivers License/State ID Number  Part C: Agent Questions 1. Have you satisfied the responsible beverage s	8. Sta WI erver training require	i	53406 12. Drivers Licer WI nt?	418 3	10. Age State of Issua	496-6 ance  Yes	A

Continued  $\rightarrow$ 

Part	D: F	Rusiness	Attestation	n

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Kaiser	Daniel	R
Title	Email	Phone
Owner	Dankaiser123@gmail.com	(847) 830-1799
Signature Daniel Karsh	Date	10/15/24

<b>Part</b>	E:	Agent	Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name		M.1.
Mattie	Jenni		А
Signature		Date 10/15/24	4

## Form **AB-100**

## Alcohol Beverage **Individual Questionnaire**

Date	>					
	10/	15	5/	20	24	

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

- 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.

Logal Business Name (Individual name if sole proprietor)   Chartroom Restaurant LIC	Part A: Business Information			4104				
2. Business Trade Name or DBA Chartroom. Restaurant 3. Entity Type (check one) Sole Proprietor   Partnership   Limited Liability Company   Corporation   Nonprofit Organization  Part B: Individual Information 1. Last Name Mattie   Jenni	1. Legal Business Name (individual name if sole	proprietor)						8
Chartroom Restaurant   3. Entity Type (check one)   Check one)   Corporation   Nonprofit Organization								
3. Entity Type (check one)   Partnership   Dimited Liability Company   Corporation   Nonprofit Organization    Part B: Individual Information  1. Last Name   Denni   Section   Denni   Denni	2, Business Trade Name or DBA							
Scie Proprietor   Partnership   Limited Liability Company   Corporation   Nonprofit Organization	Chartroom Restaurant							
Part B: Individual Information  1. Last Name Mattie  3. M.J. A Relationship to Business (Title) General Manager  7. Home Address 1521 Windsor Way  15. Email Jenni®riversendracine.com  8. City Mount Pleasant  12. Drivers License/State ID Number  13. Drivers License/State ID State of Issuance Wil  Part C: Address History  1. Do you currently reside in Wisconsin?  1. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 3  City State  City Sta	3, Entity Type (check one)							
1. Last Name	Sole Proprietor Partnership	✓ Limited	Liabilit	y Compai	ny 🗌 Corporati	on [] i	Nonprofit Or	ganization
1. Last Name								
Mattie Jenni	Part B: Individual Information	and dalk		12 18				
A. Relationship to Business (Title) General Manager 7. Home Address 1521 Windsor Way Unit 5  8. City Mount Pleasant 12. Drivers License/State ID Number 13. Drivers License/State ID Number 14. 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?  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 2  City State  City State  City State  City State  City State  Zip Code  Previous Address 3  City State  County State  County State  County State County	1. Last Name		2. Fi	rst Name				
General Manager jenni@riversendracine.com 262-496-6432 7, Home Address 1521 Windsor Way Unit 5 8. City Mount Pleasant WI 53406 12. Drivers License/State ID Number WI 53406 12. Drivers License/State ID Number WI 53406 13. Drivers License/State ID State of Issuance Wi  Part C: Address History 1. Do you currently reside in Wisconsin? Vests in Description of Ityes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? WI State ID	Mattie		J	enni				A
7. Home Address 1521 Windsor Way Unit 5  8. City Mount Pleasant  12. Drivers License/State ID Number  13. Drivers License/State ID Number  14. Do you currently reside in Wisconsin?  15. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.  3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.  3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.  3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.  3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.  4. City  5. State  6. City  5. State  7. City  7. State  7. City  8. State  8. County  8. State  8. County  9. State  9.	4. Relationship to Business (Title)					6		
8. City Mount Pleasant 12. Drivers License/State ID Number 13. Drivers License/State ID Number 14. Do you currently reside in Wisconsin? 15. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  15. Drivers License/State ID State of Issuance Wisconsin? 16. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.  17. Drivers License/State ID State of Issuance Wisconsin Prior to the date of application? 18. Drivers License/State ID State of Issuance Wisconsin Prior ID to the date of application?  19. State of Issuance Wisconsin Prior ID to the date of application?  10. Vears of Months 2 in Nonthing 2 in Non	General Manager	jenni@	rive	ersend	racine.com		262-496	5-6432
8. City Mount Pleasant  12. Drivers License/State ID Number  13. Drivers License/State ID State of Issuance Wi  Part C: Address History  1. Do you currently reside in Wisconsin?  1. Do you currently reside in Wisconsin?  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1  City State City State Zip Code  Previous Address 3  City State Zip Code  Previous Address 4  City State Zip Code  City State Zip Code  Previous Address 5  City State Zip Code  City State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  State Zip Code  State City State Zip Code  Previous Address 5  City State Zip Code  Previous Address 5  City State Zip Code  State City State Zip Code  Previous Address 5  City State Zip Code  State City State Zip Code  City State Zip Code  Previous Address 5  City State Zip Code  Previous Address 5  City State Zip Code  City State Zip Code  City State Zip Code  Previous Address 5  City State Zip Code  Previous Address 5  City State Zip Code  City State Zip Code  Previous Address 5  City State Zip Code  City	7. Home Address							
Mount Pleasant  12. Drivers License/State ID Number  13. Drivers License/State ID State of Issuance Wil  14. Drivers License/State ID State of Issuance Wil  15. Drivers License/State ID State of Issuance Wil  16. Drivers License/State ID State of Issuance Wil  17. Drivers License/State ID State of Issuance Wil  18. Drivers License/State ID State of Issuance Wil  19. Dress of No  19. Previous Address of	1521 Windsor Way Unit	5	_					
12. Drivers License/State ID Number					A DESIGNATION OF THE PARTY OF T	1	1. Date of Bir	th
Part C: Address History  1. Do you currently reside in Wisconsin?  1. Do you currently reside in Wisconsin prior to the date of application?  1. Do you currently reside in Wisconsin prior to the date of application?  1. Do you currently reside in Wisconsin prior to the date of application?  1. Do you currently reside in Wonths  2. Do you currently reside in Wont				WI				
Part C: Address History  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?	12. Drivers License/State ID Number					State ID State	of Issuance	×
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 1  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1  1012 State Street #102E					Wi			
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 1  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1  1012 State Street #102E								
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 1  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1  1012 State Street #102E	Part C: Address History			131111				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?	1. Do you currently reside in Wisconsin? .		,				V	es No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?							Vears	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 1012 State Street #102E  Previous Address 2  City  Union Grove  State  Zip Code  Tode  Tode  Tode  Previous Address 3  City  State  Tip Code  County  State  County	If yes to 1 above, how long have you co	ntinuously lived in	) Wisc	onsin prio	ir to the date of applic	ation?	24 347443451	Programma and the second
Previous Address 1 1012 State Street #102E Union Grove WI 53182  Previous Address 2 City State Zip Code  Previous Address 3 City State Zip Code  Previous Address 4 City State Zip Code  State Zip Code  State Zip Code  State Zip Code  City State Zip Code	2. List in shrow placing lastics all of your add	Iraaaaa within tha	loot 5	Wages At	tach additional sheet	e if nacassar	3/	
Total   State   Street   #102E		nesses within the		years. At	tacii additional sileet			
Previous Address 2  City  State  Zip Code  State  Zip Code  City  State  Zip Code  City  State  State  State  Zip Code  City  State  State  State  Zip Code  City  State  State  State  State  State  State  State  State  Code  City  State  Code  State  State  State  State  State  State  State  State  County  State  County  WI Kenosha  WI Racine  State  County  State  County  State  County  State  County  State  County  State  State  County  State  County  State  State  County  State  County  State  State  County  State  State  County  State  State  County  State  State  State  County  State  County  State  State  County			1	i an Car	0110			
Previous Address 3  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  State  State  Zip Code  City  State  State  State  County  State  County  WI Racine  State  County  State  State  County  State  County  State  County  State  State  County				TON GI	<u>ove</u>			
Previous Address 4  City  State  Zip Code  City  State  Zip Code  Zip Code  City  State  Zip Code  State  Zip Code  City  State  Zip Code  City  State  Zip Code  County  State  State  Zip Code  County  State  Zip Code	Previous Address 2		City			State	Zip Code	
Previous Address 4  City  State  Zip Code  City  State  Zip Code  Zip Code  City  State  Zip Code  State  Zip Code  City  State  Zip Code  City  State  Zip Code  County  State  State  Zip Code  County  State  Zip Code	Desirieus Address 2		City			State	Zin 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 necessary.  State  County  WI Kenosha  WI Racine  State  County	Previous Address 3		City			Otate	Zip oddc	
Previous Address 5  City  State  Zip Code  3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.  State  County  WI Kenosha  WI Racine  State  County	Designation Address A		Ciby			State	Zin Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.  State County State County State County State County GA Camden  State County State County State County State County GA Camden	Previous Address 4		City			State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.  State County State County State County State County GA Camden  State County State County State County State County GA Camden	Draviaus Addraga F		City			State	Zin Code	
StateCountyStateCountyStateCountyStateCountyWIKenoshaWIRacineFLDuvalGACamdenStateCountyStateCountyStateCounty	Previous Address 5		City			Oldio	Zip State	
StateCountyStateCountyStateCountyStateCountyWIKenoshaWIRacineFLDuvalGACamdenStateCountyStateCountyStateCounty								
WI     Kenosha     WI     Racine     FL     Duval     GA     Camden       State     County     State     County     State     County	3. List all states and counties you have live	d in as an adult.	Attach	additiona	I sheets if necessary.			
State County State County State County State County	State County State	County		State	County	State	County	
	WI Kenosha WI	Racine		FL	Duval	GA		l .
HI Honolulu	State County State	County		State	County	State	County	
	HI Honolulu							

Continued  $\rightarrow$ 

Have you ever been convicted of any for violation of any federal. Wisconsing	offenses (excluding traffic offense	es unless related to alcohol beverages) county or municipal ordinances? Yes
If yes to question 1, please list details		country of the the transfer of
Law/Ordinance Violated	Location	Conviction Date
Lawy Grantanics Violated	2558.15.11	
Penalty Imposed		Was sentence completed? Yes
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	I	Was a stand a sample to d?
		Was sentence completed? Yes
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	L.	Was sentence completed? Yes
beverages) for violation of any federa ordinances?		ws or any county or municipal
beverages) for violation of any federa ordinances?	, Wisconsin, or another state's la	ws or any county or municipal  Yes
beverages) for violation of any federa ordinances?	, Wisconsin, or another state's la	ws or any county or municipal  Yes
Part E: Attestation  READ CAREFULLY BEFORE SIGNIF truthfully. I certify that I am not prohibit under genality of state law. I further under	G: Under penalty of law, I have defined in this business and that I may be prosecuted on who knowingly provides maternals.	ws or any county or municipal  Yes
Part E: Attestation  READ CAREFULLY BEFORE SIGNII truthfully. I certify that I am not prohibit beverage industry as a restricted invesumed in the supplication, and that any pers	G: Under penalty of law, I have defined in this business and that I may be prosecuted on who knowingly provides maternals.	e answered each of the above questions completely answered to any involvement in another tier of the alcore issued contrary to Wis. Stat. Chapter 125 shall be very for submitting false statements and affidavits in connect



Jenni Mattie

for successful completion of the online course



## Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- \* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- $^{\star}$  OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF
- POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- \* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- \* DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- \* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at servingalcohol.com

Verification Code

q2yP0J81KC

Date Issued

Mar 30th, 2023

**VALID FOR 2 YEARS** 

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working. Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course

Name: Jenni Mattie

Certification Date: Mar 30th, 2023

Certificate Code: q2yP0J81KC

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card