

acct 117

bill 363

20181933-1

Form
AB-101Alcohol Beverage
Appointment of Agent

Date 4-6-24

Agent Type (check one)

- ☐ Original (no fee) ☒ Successor (\$10 fee for municipal licenses only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

GMRI, Inc.

2. Business Trade Name or DBA

The Olive Garden Italian Restaurant #1371

3. Entity Type (check one)

- ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

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6. Describe the reason for appointing a successor agent, if successor is checked above.

Current agent is no longer with the restaurant.

Part B: Agent Information

1. Last Name

Payton

2. First Name

Carol

3. M.I.

J

4. Email

ogusa1371@olivegarden.com
ogusa1371@garden.com

5. Phone

224-304-3770

6. Home Address

1624 Kentucky St.

7. City

Racine

8. State

WI

9. Zip Code

53405

10. Age

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.

☒ Yes ☐ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form.

☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.

☒ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING. I, the **Undersigned**, hereby accept the above named individual to be the manager of named corporation, nonprofit organization, or limited liability company with full authority and control of the management and all alcohol beverage activities on such premises. I certify that I am authorized by the above named entity to authorize this application and on behalf of the entity. If I am appointing a non-owner agent, I take on all of the agent's responsibilities for this period. 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

Lyons

First Name

Colleen

Title

Asst. Secretary

E-mail

LicensingLaw@darden.com

Phone

800-248-9918

Signature



Date

4/10/24

Part 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

Payton

First Name

Carol

Signature



Date

4-10-24

Alcohol Beverage
Individual Questionnaire

Date

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)

GMRI, Inc.

2. Business Trade Name or DBA

The Olive Garden Italian Restaurant #1371

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Payton

2. First Name

Carol

3. M.I.

J

4. Relationship to Business (Title)

Manager

5. Email

OGUSA1371@darden.com

6. Phone

(224) 304-3770

7. Home Address

1624 Kentucky Street

8. City

Racine

9. State

WI

10. Zip Code

53405

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
15Months
8

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
1800 Mead St.	Racine	WI	53405
Previous Address 2	City	State	Zip Code
1423 Thurston Ave	Racine	WI	53405
Previous Address 3	City	State	Zip Code
5603 Byrd Ave	Racine	WI	53406
Previous Address 4	City	State	Zip Code
2336 Gilson St.	Racine	WI	53403
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	State	County	State	County	State	County
WI	Racine						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☒ Yes ☐ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated Disorderly Conduct	Location Bacine, WI	Conviction Date 2/8/2012
Penalty Imposed \$300 + CC Fined	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated Retail Theft	Location Bacine, WI	Conviction Date 8/20/2012
Penalty Imposed Fined. \$300 + CC	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated Fail/Cause Child to Attend Sch.	Location Bacine, WI	Conviction Date 2/26/2019
Penalty Imposed Fined. \$50 + CC	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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 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.

Signature **Carol Payton**

Date **7.12.24**

Serving Alcohol

is proud to present this certificate to

Carol Payton

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
- * 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 RECAPD 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
W84naFmanr

Date Issued
Feb 7th, 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: Carol Payton

Certification Date: Feb 7th, 2023

Certificate Code: W84naFmanr

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>