Form AB-101

Alcohol Beverage Appointment of Agent

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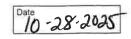
		_				
Agent Type (check one)	anne (C10 for for mur	nicipal licens	sees only)			
Original (no fee)	essor (\$10 fee for mur	ilcipar licens	ees only)			
Part A: Business Information						
1. Legal Business Name (individual name if so					-	
2. Business Trade Name or DBA						
Festival Hall						
3. Entity Type (check one)	ed Liability Company		Corporation		profit Organization	
Alcohol Beverage Business Authorization (c. Municipal Retail License	heck one) 5 State Permit	. If successor	agent, provide St	ate Permit or Mu	ınicipal Retail Licens	e Number
a a was interested as a suppose	sor agent, if successor is	checked abo	ove.			
The original agen	t terminate	od her	position	Within	the compa	ny.
Part B: Agent Information	12	, First Name			3.	M.I.
1. Last Name		Rebec	CA.		1	
4. Email			<i>~~</i>		5, Phone	
rebecca. houghond ec	thy of lacine	org			262.436	-916
O. Hollie Address		J				
2808 James Blud		8, State	9. Zip Code		10. Age	
7. City		WI	53403		10.749	
11. Drivers License/State ID Number			12. Drivers Li	cense/State ID S	State of Issuance	
	,		Wisc	onsin		
,						
Part C: Agent Questions						
Have you satisfied the responsible be Submit proof of completion.	verage server training	requireme	nt?		Yes	s 🗌 No
Have you completed Form AB-100, A Submit a completed Form AB-100 with	lcohol Beverage Indiv h this form.	idual Quest	ionnaire?		······································	s No
Have you been a Wisconsin resident See instructions for exceptions.		ous days?.	* * * * * * * * * * * * * * * *	ere ere ere	Yes	s 🗌 No
Oec manuchona for exceptions.						
					Con	tinued —

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 Flynn 4	Patrick		M.I.			
President	patricize festival par	K.OM	Phone 262.620.2018			
Signature		l Date	3.2025			
Part E: Agent Attestation						
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby 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 Do be a co		M.1.			
Signature & Hood	- O	Date 10.28	3.4025			

Part D: Business Attestation

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.

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	Business Inform							
	Susiness Name (individ							
		ark. L	LC					
	ss Trade Name or DBA							
Fe	stival t	tall						3
3. Entity T	ype (check one)							
☐ Sol	le Proprietor] Partnership	Limited L	iability Compar	ıy	Corporation		Nonprofit Organization
Part B:	Individual Inforn	nation						
1. Last Na				2. First Name				3. M.I.
Ho	aglund			Rebecc	Λ			
4. Relation	nship to Business (Title	2)	5, Email				1	6. Phone
-		Director	reher	ca @ Qu	shile	Jank.co	m	262.672.8016
7. Home A		recioi	1 CDCC	ca Co 14	איןוכ	parities		
00400.0000	8 James	Blue	l .					
8. City	o James) IOIV	1	9, State	10. Z	ip Code		11. Date of Birth
	ane			WI	153	3403		
	s License/State ID Nun	nher		1001		rivers License/State	ID State	of Issuance
12.17/1001	3 Elections (attended to 14th	11001	=		1.1	isconsin		
Lv_						10 WYS(1)		
	Address History							
1. Do yo	u currently reside in	Wisconsin?						Yes No
							0	Years Months
If yes	to 1 above, how long	g have you cor	itinuously lived in	Wisconsin prior	r to the	date of application	10(10(10))	47
			20.5 10			ditional abouts if p	200000	
	chronological order	all of your add	resses within the	Y-same and a second	tach ad	attional sneets ii ne		Zip Code
Previous A	2		_	City			State	0.2000
1620	O W. Pala	rmino	Dr	Racine				53402
Previous A	Address 2		ž.,	City			State	Zip Code
222	6 Kinzi	e Ave		Racine			WI	53405
Previous A	Address 3			City .			State	Zip Code
32t	08 Wrigh	ht Ave	lower	Racine			W	58403
Previous A	Address 4			City	-		State	Zip Code
283	15 Niscol	nsin S	t. 41	Racina	263	turtevant)	WI	53177
Previous Address 5 City State Zip Code					Zip Code			
421	5 Erie S	it Un	+ 419+620	Racin	10		WI	53402
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.								
State	County	State	County	State	County	′	Jiaie	County
WI	Racine	CA	Riverside	64-4-	Cerret		State	County
State	County	State	County	State	County	′	State	County

Continued \longrightarrow

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?						
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.				
Law/Ordinance Violated	Location	C	onviction Date			
Penalty Imposed		Was sentence completed?	Yes No			
Law/Ordinance Violated	Location	С	onviction Date			
Penalty Imposed		Was sentence completed?	Yes No			
Law/Ordinance Violated	Location	C	onviction Date			
Penalty Imposed	1	Was sentence completed?	Yes No			
beverages) for violation of any federal, Wisconsin, or a ordinances?			Yes No			
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 A A A A A A A A A A A A A A A A A A A		Date 10.28.2020	5			