VILLAGE OF WILLIAMS BAY

250 Williams Street | PO Box 580 | Williams Bay | WI | 53191 | vi.williamsbay.wi.gov
Phone: 262-245-2700

NOTICE

VILLAGE BOARD OF TRUSTEES MEETING

FRIDAY, MAY 23, 2025 AT 8:45 AM

Village Hall Council Room
250 Williams Street
Williams Bay, WI 53191

AGENDA

The following agenda items may be considered for Discussion, Consideration, or Action

I. Call to Order

II. Roll Call

III. Pledge of Allegiance

IV. Other Items for Discussion, Consideration, or Action

- **A.** Discussion and Possible Action on Liqour License Application for Clear Water Salon Spa LLC
- **B.** Discussion and Possible Action on Liqour License Application for Green Grocer

V. Adjournment

Requests from persons with disabilities, who need assistance to participate in this meeting or hearing, should be made to the Village Clerk's office in advance so the appropriate accommodations can be made.

Posted: 05/21/2025 5:00 PM

MEMORANDUM

DATE: **MAY 23, 2025**
TO: **VILLAGE BOARD OF TRUSTEES**
FROM: **TINA KOLLS, VILLAGE CLERK**
RE: **DISCUSSION AND POSSIBLE ACTION ON LIQOUR LICENSE APPLICATION FOR CLEAR WATER SALON SPA LLC**

Alcohol License approvals are contingent upon no outstanding liabilities with the Village, no delinquent wholesaler invoices, or Department of Revenue holds.

COMBINATION CLASS “B” FERMENTED MALT BEVERAGE AND “CLASS B” INTOXICATING LIQUOR LICENSE RENEWAL APPLICATIONS:
1. Green Grocer, Inc, d/b/a Green Grocer, 24 W. Geneva St, Dawn Marie Mancuso, Agent

COMBINATION "CLASS C (Wine Only) and CLASS "B” FERMENTED MALT BEVERAGE LIQUOR LICENSE RENEWAL APPLICATIONS:
1. Clear Waters Salon and Day Spa, Inc., d/b/a Clear Water Salon Med Spa, 77 North Walworth Ave, Dawn Marie Mancuso, Agent

Village of Williams Bay
Police Department

PO Box 580
250 Williams Street
Williams Bay, WI 53191

Phone: 262.245.2710 Chief Justin P Timm Fax: 262.245.2711

To: Tina Kolls; Village Clerk
From: Justin P Timm; Chief of Police

Reference: Alcohol License for Green Grocer and Clear waters Salon

Ms. Kolls,

On May 8th 2025 I received two separate Alcohol License requests from Clear Water Saloon as well as Green Grocer.

I conducted our investigation including an on-site visit and background investigation. I completed the investigation on May 16th 2025, and have found no information that would negatively affect the applicant.

Please feel free to contact me if you need any additional information.

Justin P Timm
Chief of Police
Village of Williams Bay Police Department

VILLAGE OF WILLIAMS BAY
ALCOHOL LICENSE CHECKLIST

Checklist must be submitted by each applicant seeking an Alcohol License. Incomplete applications will be rejected.

Business Name & Street Address: Clear Waters Salon Med Spa
77 N Walworth Ave

Applicant Name: Jen

Type of Alcohol License(s) Sought: _____

Applicant	Office Use	Item
☑	☐	**Form AB-200** Alcohol Beverage License Application – Thoroughly complete Sections A-D and complete the box in the upper right corner.
☑	☐	**Form AB-101** Alcohol Beverage Appointment of Agent – Thoroughly complete Sections A-E and the top Agent Type section.
☑	☐	**Form AB-100** Alcohol Beverage Individual Questionnaire – Thoroughly complete Sections A-E. All individuals, partners, officers and directors, the agent of the corporation and members or managers and agent of limited liability companies must fill out this form.
☑	☐	**Proof of Completing Responsible Beverage Server Training Course.** Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. Does not apply to individuals who held or were an agent of a corporation or LLC that held a liquor license within the past two years.
☑	☐	**Proof of Residency.** Applicants must have continuously resided in the State of Wisconsin for 90 days prior to the date of application. Proof of residency could include voter registration, motor vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. Officers, directors, members or managers of corporations or LLCs are not required to meet the State residency requirement.
☑	☐	**Proof of Wisconsin Seller's Permit.** Can be a copy of a letter, e-mail or website from the State of Wisconsin proving that the applicant is in good standing for sales tax purposes and holds a valid seller's permit.
☑	☐	**Map of Premises.** Applicant must submit a map of the premises, identifying the building(s), room(s), and/or land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should include a small compass arrow showing which direction is north. Any gates leading outside of the premises must have a lock installed.
☐	☐	**License Fees** are due prior to issuance
☐	☐	**Publication Fees**: a $50.00 publication fee is due upon application.

For Office Use Only

Date Filed with Clerk: 5/7/2025

License Fee Receipt: 20.001384 Amount Paid: $200.00

Date Published in Newspaper: 5

Publication Fee Receipt: 20.001384 Amount Paid: $50.00

Date forwarded to Police Chief: 5/8/2025

Village Board Approval: _____

License Issued Date: _____ License Number: _____

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ 100
- ☐ "Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☒ "Class C" Liquor (wine only) $ 100

Fees	
License Fees	$ 200
Background Check Fee	$
Publication Fee	$ 50
Total Fees	$ 250

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Clear Waters Salon and Day Spa Inc
2. Business Trade Name or DBA: Clear Waters Salon Med Spa
3. FEIN: 20-1928949
4. Wisconsin Seller's Permit Number: 456-0002196959-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 2005
8. Wisconsin DFI Registration Number:
9. Premises Address: 77 North Walworth Ave
10. City: Williams Bay
11. State: WI
12. Zip Code: 53191
13. County: Walworth
14. Governing Municipality: ☐ City ☐ Town ☒ Village of: Williams Bay
15. Aldermanic District:
16. Premises Phone: 262-245-2444
17. Premises Email: info@clearwatersalonanddayspa.com
18. Website: clearwatersalonanddayspa.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Wine and beer will be kept in a cooler near the front desk, Alcohol will be consumed in the salon area
Records are kept in file cabinet behind locked front desk
20. Mailing Address (if different from premises address): P.O. Box 255
21. City: Williams Bay
22. State: WI
23. Zip Code: 53191

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
~~Dawn Marie~~ Mancuso	Dawn Marie	Member	262-215-0616
Veith	Jennifer	Member	262-325-8685

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. 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.

Last Name	First Name	M.I.
~~Jennifer A Veith~~ Veith	Jennifer	A

Title	Email	Phone
Member	jen.veith0829@gmail.com	262-325-8685

Signature	Date
Jennifer Veith Dawn Marie Mancuso	5/7/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 5/7/2025

Agent Type *(check one)*

☑ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Clear Waters Salon and Day Spa Inc.

2. Business Trade Name or DBA
Clear Waters Salon Med Spa

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

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

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Mancuso	Dawn Marie	M

4. Email	5. Phone
dmmancuso@icloud.com	262-215-0616

6. Home Address
W3556 700 Club Dr

7. City	8. State	9. Zip Code	10. Date of Birth
Lake Geneva	WI	53147	9/6/1961

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
M522-1736-1826-00	WI

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* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☑ 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**, 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.
Mancuso	Dawn	M

Title	Email	Phone
Owner	dmmancuso@icloud.com	262-215-0616

Signature	Date
Dawn Marie Mancuso	5/7/2025

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	First Name	M.I.
Mancuso	Dawn	M

Signature	Date
Dawn Marie Mancuso	5/7/2025

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 5/7/2025

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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): Clear Waters Salon and Day Spa Inc
2. Business Trade Name or DBA: Clear Waters Salon Med Spa
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Mancuso	Dawn	M

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	dmmancuso@icloud.com	262-215-0016

7. Home Address: W3556 700 Club Dr

8. City	9. State	10. Zip Code	11. Date of Birth
Lake Geneva	WI	53147	9/6/61

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
M522-1736-1826-00	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 06/1980

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

	City	State	Zip Code
Previous Address 1: 695 Cedar Pt. Dr.	Williams Bay	WI	53191
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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	Walworth						

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	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

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	Date
Dawn Marie Mancuso	5/7/2025

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 5/7/2025

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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): Clear Waters Salon and Day Spa, Inc
2. Business Trade Name or DBA: Clear Waters Salon Med Spa
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Veith	Jennifer	A

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	jen.veith0829@gmail.com	262 325-8685

7. Home Address: 6835 Buckby Rd

8. City	9. State	10. Zip Code	11. Date of Birth
Lake Geneva	WI	53147	11/23/1964

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
V300 4216 4923 04	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

   If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 11/23/1964

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

	City	State	Zip Code
Previous Address 1			N/A
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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	Walworth	WI	Milwaukee				
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	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	

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	Date
[signature]	3/7/2025

VILLAGE OF WILLIAMS BAY

OPERATOR'S LICENSE

LICENSE NO: 845

WHEREAS, the local governing body of the Village of Williams Bay, County of Walworth, State of Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operator's License" to:

DAWN MARIE MANCUSO

AND WHEREAS, the said applicant has paid to the Treasurer the sum of $40.00 as required by the Municipal Ordinances, and has complied with all requirements necessary for obtaining said license;

NOW THEREFORE, An "Operator's License" pursuant to §125.32 (2) and 125.68 (2) of the Wisconsin State Statutes, and local ordinances, Is hereby issued to said applicant,

FOR THE PERIOD OF November 6, 2024- June 30, 2026.

Given Under My hand and the Great Seal of the Village of Williams Bay, County of Walworth, State of Wisconsin, this 6TH day of November, 2024.

OFFICIAL SEAL VILLAGE OF WILLIAMS BAY WISCONSIN WALWORTH COUNTY

Tina Kolls

Tina Kolls, Village Clerk

VILLAGE OF WILLIAMS BAY

OPERATOR'S LICENSE

LICENSE NO: 848

WHEREAS, the local governing body of the Village of Williams Bay, County of Walworth, State of Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operator's License" to:

KATHERINE L HOPE

AND WHEREAS, the said applicant has paid to the Treasurer the sum of $40.00 as required by the Municipal Ordinances, and has complied with all requirements necessary for obtaining said license;

NOW THEREFORE, An "Operator's License" pursuant to §125.32 (2) and 125.68 (2) of the Wisconsin State Statutes, and local ordinances, Is hereby issued to said applicant,

FOR THE PERIOD OF November 19, 2024- June 30, 2026.

Given Under My hand and the Great Seal of the Village of Williams Bay, County of Walworth, State of Wisconsin, this 19TH day of November, 2024.

Tina Kolls

Tina Kolls, Village Clerk

VILLAGE OF WILLIAMS BAY

OPERATOR'S LICENSE

LICENSE NO: 851

WHEREAS, the local governing body of the Village of Williams Bay, County of Walworth, State of Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operator's License" to:

ELIZABETH GRACE GARCIA

AND WHEREAS, the said applicant has paid to the Treasurer the sum of $40.00 as required by the Municipal Ordinances, and has complied with all requirements necessary for obtaining said license;

NOW THEREFORE, An "Operator's License" pursuant to §125.32 (2) and 125.68 (2) of the Wisconsin State Statutes, and local ordinances, Is hereby issued to said applicant,

FOR THE PERIOD OF November 19, 2024- June 30, 2026.

Given Under My hand and the Great Seal of the Village of Williams Bay, County of Walworth, State of Wisconsin, this 19TH day of November, 2024.

OFFICIAL SEAL VILLAGE OF WILLIAMS BAY WISCONSIN WALWORTH COUNTY

Tina Kolls

Tina Kolls, Village Clerk

VILLAGE OF WILLIAMS BAY

OPERATOR'S LICENSE

LICENSE NO: 846

WHEREAS, the local governing body of the Village of Williams Bay, County of Walworth, State of Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operator's License" to:

KATHERINE L CULP

AND WHEREAS, the said applicant has paid to the Treasurer the sum of $40.00 as required by the Municipal Ordinances, and has complied with all requirements necessary for obtaining said license;

NOW THEREFORE, An "Operator's License" pursuant to §125.32 (2) and 125.68 (2) of the Wisconsin State Statutes, and local ordinances, Is hereby issued to said applicant,

FOR THE PERIOD OF November 6, 2024- June 30, 2026.

Given Under My hand and the Great Seal of the Village of Williams Bay, County of Walworth, State of Wisconsin, this 6TH day of November, 2024.

OFFICIAL SEAL VILLAGE OF WILLIAMS BAY WISCONSIN WALWORTH COUNTY

Tina Kolls

Tina Kolls, Village Clerk

VILLAGE OF WILLIAMS BAY

OPERATOR'S LICENSE

LICENSE NO: 770

WHEREAS, the local governing body of the Village of Williams Bay, County of Walworth, State of Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operator's License" to:

JENNIFER ANNIE VEITH

AND WHEREAS, the said applicant has paid to the Treasurer the sum of $40.00 as required by the Municipal Ordinances, and has complied with all requirements necessary for obtaining said license;

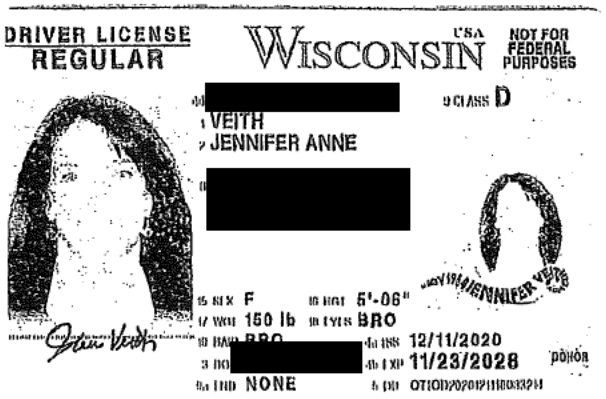
NOW THEREFORE, An "Operator's License" pursuant to §125.32 (2) and 125.68 (2) of the Wisconsin State Statutes, and local ordinances, Is hereby issued to said applicant,

FOR THE PERIOD OF November 7, 2023- June 30, 2025.

Given Under My hand and the Great Seal of the Village of Williams Bay, County of Walworth, State of Wisconsin, This 7th day of November, 2023.

Tina Kolls

Tina Kolls, Village Clerk


DRIVER LICENSE
REGULAR

WISCONSIN

USA

NOT FOR FEDERAL PURPOSES

[redacted]

9 CLASS D

1 VEITH

2 JENNIFER ANNE

[redacted]

15 SEX F

16 HGT 5'-06"

17 WGT 150 lb

18 EYES BRO

19 HAIR BRO

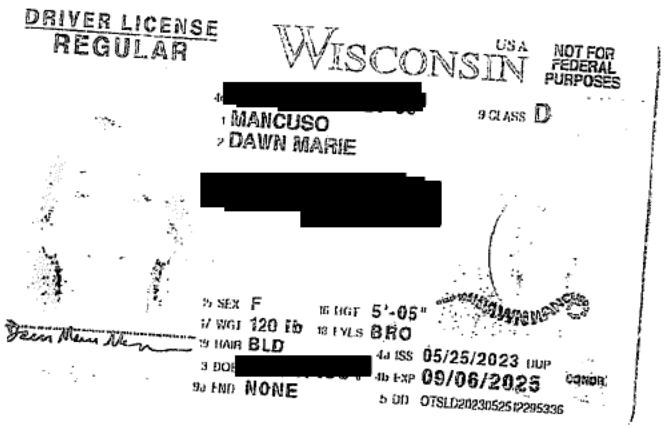
4a DOB 12/11/2020

3 DD [redacted]

4b EXP 11/23/2028

9a END NONE

5 DD OTIOD20201111003324


DRIVER LICENSE
REGULAR

WISCONSIN USA

NOT FOR FEDERAL PURPOSES

[redacted]
1 MANCUSO
2 DAWN MARIE
9 CLASS D
[redacted]
5 SEX F
16 HGT 5'-05"
17 WGT 120 lb
18 EYES BRO
19 HAIR BLD
3 DOB [redacted]
4a ISS 05/25/2023 DUP
4b EXP 09/06/2025
9a END NONE
5 DD OTSLD20230525122953361

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@revenue.wi.gov
website: revenue.wi.gov

Letter ID L0184358240

CLEAR WATERS SALON & DAY SPA LLC
PO BOX 515
WILLIAMS BAY WI 53191-0515

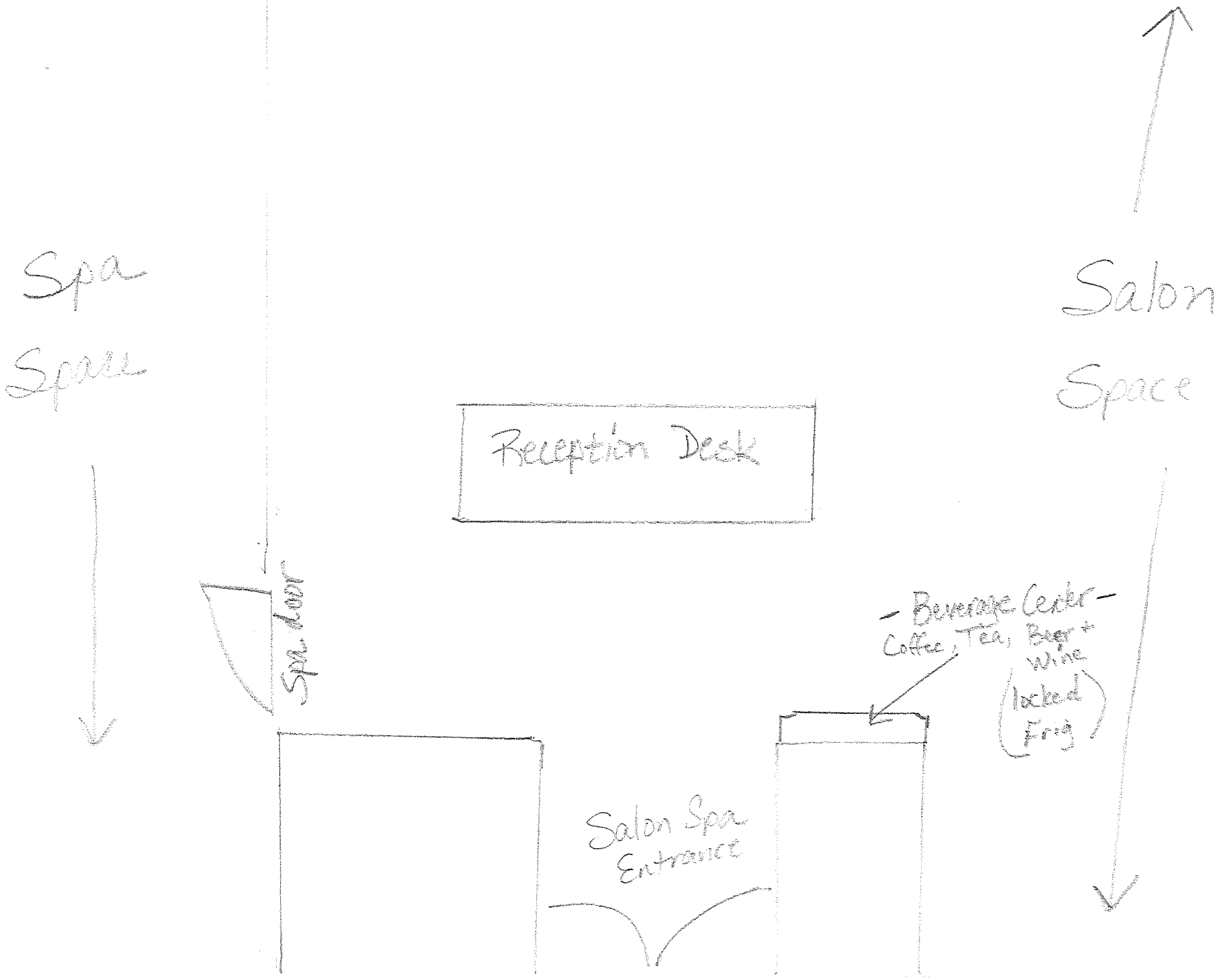
Wisconsin Department of Revenue Seller's Permit

Legal/real name: CLEAR WATERS SALON & DAY SPA LLC

Business name: CLEAR WATERS DAY SPA MD
18 W GENEVA ST
WILLIAMS BAY WI 53191-9518

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0002196959-02


Spa
Spa
Salon
Space
Reception Desk
Spa Door
Beverage Center
Coffee, Tea, Beer + Wine
locked Frig
Salon Spa Entrance

Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191 (262) 245-2700

Receipt No: 20.001384 May 8, 2025

CLEAR WATERS SALON & DAY SPA INC

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B BEER 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS C WINE 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - PUBLICATION FEE 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	250.00
CHECKS Check No: 3841 Payor: CLEAR WATER SALON & DAY SPA INC	250.00
Total Applied:	250.00
Change Tendered:	.00

05/08/2025 11:27 AM

MEMORANDUM

DATE: **MAY 23, 2025**
TO: **VILLAGE BOARD OF TRUSTEES**
FROM: **TINA KOLLS, VILLAGE CLERK**
RE: **DISCUSSION AND POSSIBLE ACTION ON LIQOUR LICENSE APPLICATION FOR GREEN GROCER**

Alcohol License approvals are contingent upon no outstanding liabilities with the Village, no delinquent wholesaler invoices, or Department of Revenue holds.

COMBINATION CLASS “B” FERMENTED MALT BEVERAGE AND “CLASS B” INTOXICATING LIQUOR LICENSE RENEWAL APPLICATIONS:
1. Green Grocer, Inc, d/b/a Green Grocer, 24 W. Geneva St, Dawn Marie Mancuso, Agent

COMBINATION "CLASS C (Wine Only) and CLASS "B” FERMENTED MALT BEVERAGE LIQUOR LICENSE RENEWAL APPLICATIONS:
1. Clear Waters Salon and Day Spa, Inc., d/b/a Clear Water Salon Med Spa, 77 North Walworth Ave, Dawn Marie Mancuso, Agent

Village of Williams Bay
Police Department

PO Box 580
250 Williams Street
Williams Bay, WI 53191

Phone: 262.245.2710 Chief Justin P Timm Fax: 262.245.2711

To: Tina Kolls; Village Clerk
From: Justin P Timm; Chief of Police

Reference: Alcohol License for Green Grocer and Clear waters Salon

Ms. Kolls,

On May 8th 2025 I received two separate Alcohol License requests from Clear Water Saloon as well as Green Grocer.

I conducted our investigation including an on-site visit and background investigation. I completed the investigation on May 16th 2025, and have found no information that would negatively affect the applicant.

Please feel free to contact me if you need any additional information.

Justin P Timm
Chief of Police
Village of Williams Bay Police Department

VILLAGE OF WILLIAMS BAY
ALCOHOL LICENSE CHECKLIST

Checklist must be submitted by each applicant seeking an Alcohol License. Incomplete applications will be rejected.

Business Name & Street Address: GREEN GROCER
77 N WALWORTH LOWER LEVEL

Applicant Name: DAWN MARIE MANCUSO

Type of Alcohol License(s) Sought: CLASS B BEER, CLASS B LIQUOR

Applicant	Office Use	Item
☒	☐	**Form AB-200** Alcohol Beverage License Application – Thoroughly complete Sections A-D and complete the box in the upper right corner.
☒	☐	**Form AB-101** Alcohol Beverage Appointment of Agent – Thoroughly complete Sections A-E and the top Agent Type section.
☒	☐	**Form AB-100** Alcohol Beverage Individual Questionnaire – Thoroughly complete Sections A-E. All individuals, partners, officers and directors, the agent of the corporation and members or managers and agent of limited liability companies must fill out this form.
☒	☐	**Proof of Completing Responsible Beverage Server Training Course**. Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. Does not apply to individuals who held or were an agent of a corporation or LLC that held a liquor license within the past two years.
☒	☐	**Proof of Residency**. Applicants must have continuously resided in the State of Wisconsin for 90 days prior to the date of application. Proof of residency could include voter registration, motor vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. Officers, directors, members or managers of corporations or LLCs are not required to meet the State residency requirement.
☒	☐	**Proof of Wisconsin Seller's Permit**. Can be a copy of a letter, e-mail or website from the State of Wisconsin proving that the applicant is in good standing for sales tax purposes and holds a valid seller's permit.
☒	☐	**Map of Premises**. Applicant must submit a map of the premises, identifying the building(s), room(s), and/or land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should include a small compass arrow showing which direction is north. Any gates leading outside of the premises must have a lock installed.
☒	☐	**License Fees** are due prior to issuance
☒	☐	**Publication Fees**: a $50.00 publication fee is due upon application.

For Office Use Only

Date Filed with Clerk: 5/7/2025

License Fee Receipt: 20.001383 Amount Paid: $600.00

Date Published in Newspaper: _____

Publication Fee Receipt: 20.001383 Amount Paid: $50.00

Date forwarded to Police Chief: 5/8/2025

Village Board Approval: _____

License Issued Date: _____ License Number: _____

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ 100.00
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ 500.00
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 600.00
Background Check Fee	$
Publication Fee	$ 50.00
Total Fees	$ 650.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): GREEN GROCER INC
2. Business Trade Name or DBA: GREEN GROCER
3. FEIN: 27-0932817
4. Wisconsin Seller's Permit Number: 456-1027004518-03
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WISCONSIN
7. Date of Organization: 9/17/2009
8. Wisconsin DFI Registration Number: G043420
9. Premises Address: 77 NORTH WALWORTH AVE
10. City: WILLIAMS BAY
11. State: WI
12. Zip Code: 53191
13. County: WALWORTH
14. Governing Municipality: ☐ City ☐ Town ☒ Village of: WILLIAMS BAY
15. Aldermanic District:
16. Premises Phone: 262-245-9077
17. Premises Email: INFO@GREENGROCERWB.COM
18. Website: WWW.GREENGROCERWB.COM
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Alcohol will be stored at the bar and northeast section of the store. Also served and stored behind the bar on second floor balcony. Alcohol will be consumed in the restaurant are on the first floor and on the balcony on second floor.

20. Mailing Address (if different from premises address): PO BOX 612
21. City: WILLIAMS BAY
22. State: WI
23. Zip Code: 53191

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
LARSON	JANE	MEMBER	262-949-8221
VEITH	JENNIFER	MEMBER	262-325-8685
MANCUSO	DAWN	MEMBER	262-215-0616

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. 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.

Last Name	First Name	M.I.
Veith	Jennifer	A

Title	Email	Phone
Member - CFO	jen.veith0829@gmail.com	262-325-8685

Signature	Date
Jennifer Veith	5/2/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 5/7/2025

Agent Type *(check one)*

☒ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): GREEN GROCER LLC

2. Business Trade Name or DBA: GREEN GROCER

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:

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

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
MANCUSO	DAWN	M

4. Email	5. Phone
DMMANCUSO@ICLOUD.COM	

6. Home Address: W 3556 700 CLUB LN

7. City	8. State	9. Zip Code	10. Date of Birth
LAKE GENEVA	WI	53147	9/6/61

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
M522-1736-1826-00	WI

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* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ 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**, 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.

Title	Email	Phone

Signature	Date

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	First Name	M.I.
MANCUSO	DAWN	M

Signature	Date
Dawn Mancuso	5/7/2025

DRIVER LICENSE
REGULAR
WISCONSIN
USA
NOT FOR FEDERAL PURPOSES
1 MANCUSO
2 DAWN MARIE
9 CLASS D
15 SEX F
16 HGT 5'-05"
17 WGT 120 lb
18 EYES BRO
19 HAIR BLD
4a ISS 05/25/2023 DUP
4b EXP 09/08/2025
5 DD
9a END NONE
SEP 61

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 5/7/25

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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): Green Grocer, Inc
2. Business Trade Name or DBA: Green Grocer
3. Entity Type *(check one)*
   ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Veith	Jennifer	A

4. Relationship to Business (Title)	5. Email	6. Phone
Member	jen.veith0829@gmail.com	262 525-8685

7. Home Address: 6835 Buckby Rd

8. City	9. State	10. Zip Code	11. Date of Birth
Lake Geneva	WI	53147	11/23/1964

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
V300 4216 4923 04	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

   If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 11/23/1964

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

	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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	Walworth	WI	Milwaukee				

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	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

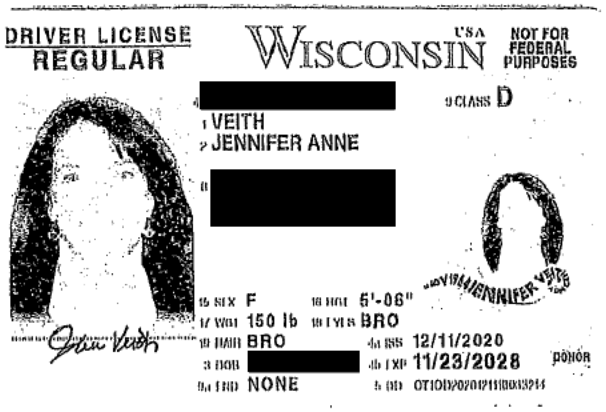
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... ☐ Yes ☒ No

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	Date
[signature]	5/7/2025


DRIVER LICENSE
REGULAR

WISCONSIN USA

NOT FOR FEDERAL PURPOSES

[redacted]

9 CLASS D

1 VEITH

2 JENNIFER ANNE

8 [redacted]

15 SEX F

16 HGT 5'-06"

17 WGT 150 lb

18 EYES BRO

19 HAIR BRO

4a ISS 12/11/2020

3 DOB [redacted]

4b EXP 11/23/2028

DONOR

9a END NONE

5 DD OT1DD20201211B013214

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 5/7/25

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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): GREEN GROCER, LLC
2. Business Trade Name or DBA: GREEN GROCER
3. Entity Type *(check one)*
   ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
LARSON	JANE	E

4. Relationship to Business (Title)	5. Email	6. Phone
OWNER		

7. Home Address: 555 DEVILS LANE

8. City	9. State	10. Zip Code	11. Date of Birth
WALWORTH	WI	53184	11-23-64

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
L625-4456-4923-06 / WI	

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

   If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 11/1964

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

Previous Address	City	State	Zip Code
N1825 TOWN HALL Rd	WALWORTH	WI	53184
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip 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	State	County	State	County	State	County
WI	MILWAUKEE	WI	WALWORTH				
WI	KENOSHA	WI					

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	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	

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	Date

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	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	

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	Date
Jane L Larson	5/7/2025


DRIVER LICENSE
REGULAR
WISCONSIN
USA
NOT FOR FEDERAL PURPOSES
[redacted]
9 CLASS D
1 LARSON
2 JANE ELIZABETH
[redacted]
16 SEX F 16 HGT 5'-06" 17 WGT 130 lb
18 EYES BRO 19 HAIR BRO
3 DO [redacted] 9a END NONE
4a ISS 11/17/2024
5 DD OT1OD2024111709491737 4b EXP 11/23/2032
NOV 04

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0316469216

GREEN GROCER INC
PO BOX 612
WILLIAMS BAY WI 53191-0612

Wisconsin Department of Revenue Seller's Permit

Legal/real name: GREEN GROCER INC

Business name:

24 W GENEVA ST
WILLIAMS BAY WI 53191-9518

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1027004518-03

Lobby

Full Service Bar

Restaurant Seating

Wall of Wine

Wine Rack

Liquor Display Cooler

Beer Cooler

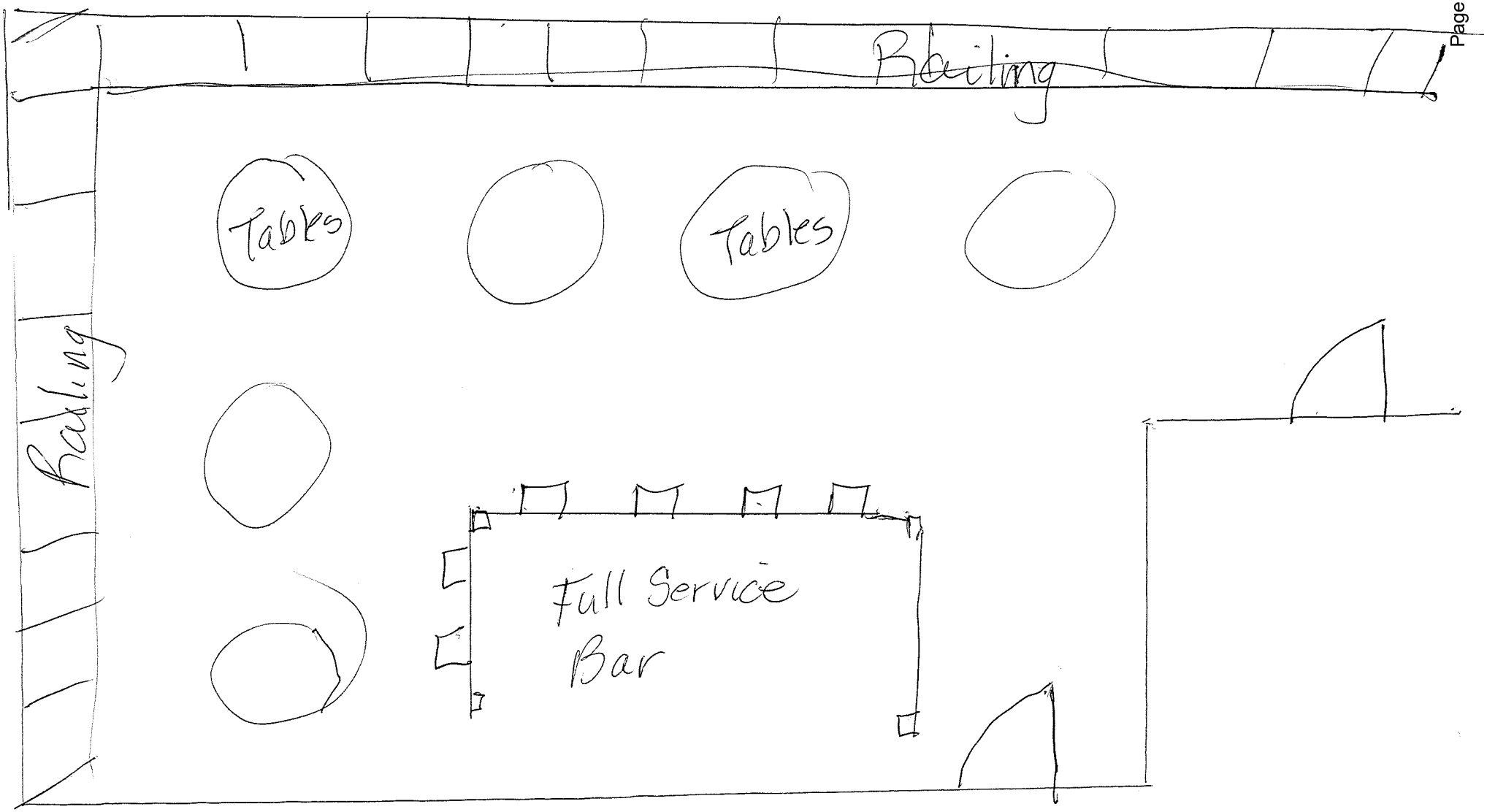
Geneva Street

Green Grocer

Enclosed Outdoor (fenced) Restaurant Side Patio

Walworth Ave

First Floor



Second Floor Balcony

VILLAGE OF WILLIAMS BAY
OPERATOR'S LICENSE
LICENSE NO: 836

WHEREAS, the lc[illegible] governing body of the Village of Williams Bay, County of Walworth, State of Wisconsin, has upon application duly [illegible]ade, granted and authorized the issuance of an "Operator's License" to:

DIANNE L WATSON

AND WHEREAS, t[illegible]e said applicant has paid to the Treasurer the sum of $40.00 as required by the Municipal Ordinances, and has complied with all requirements necessary for obtaining said license;

NOW THEREFORE, an "Operator's License" pursuant to §125.32 (2) and 126.68 (2) of the Wisconsin State Statutes, and local ordinances, is hereby issued to said applicant, FOR THE PERIOD OF July 1, 2024 - June 30, 2026.

Given Under My hand and the Great Seal of the Village of Williams Bay, County of Walworth, State of Wisconsin, this 1st day of July, 2024.

Tina Kolls
Clerk

VILLAGE OF WILLIAMS BAY

OPERATOR'S LICENSE

LICENSE NO: 845

WHEREAS, the local governing body of the Village of Williams Bay, County of Walworth, State of Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operator's License" to:

DAWN MARIE MANCUSO

AND WHEREAS, the said applicant has paid to the Treasurer the sum of $40.00 as required by the Municipal Ordinances, and has complied with all requirements necessary for obtaining said license;

NOW THEREFORE, An "Operator's License" pursuant to §125.32 (2) and 125.68 (2) of the Wisconsin State Statutes, and local ordinances, Is hereby issued to said applicant,

FOR THE PERIOD OF November 6, 2024- June 30, 2026.

Given Under My hand and the Great Seal of the Village of Williams Bay, County of Walworth, State of Wisconsin, this 6TH day of November, 2024.

Tina Kolls

Tina Kolls, Village Clerk

Green Grocer

Jennifer Annie Veith
Spencer Price
Jane Elizabeth Larson

WILL NEED TO RENEW

DIANE WATSON
DAWN MARIE MANCUSO

Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191 (262) 245-2700

Receipt No: 20.001383 May 8, 2025

GREEN GROCER INC

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B BEER 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B LIQUOR 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - PUBLICATION FEE 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00
CHECKS Check No: 6109 Payor: GREEN GROCER INC	650.00
Total Applied:	650.00
Change Tendered:	.00

05/08/2025 11:23 AM