VILLAGE OF WILLIAMS BAY

250 Williams Street | PO Box 580 | Williams Bay | WI | 53191 | vi.williamsbay.wi.gov

Phone: 262-245-2700

NOTICE

PROTECTIVE SERVICES COMMITTEE MEETING

MONDAY, JUNE 16, 2025 AT 6:10 PM

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

There may be a quorum of Village Trustees present, no board business will be conducted.

AGENDA

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

- **I.** Call to Order
- **II.** Roll Call
- **III.** Consideration and Possible Recommendation on 2025 Alcohol and Tobacco License Renewals
- **IV.** Adjourn

George Vlach
Protective Services Chair

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: 06/13/2025 5:00 PM

MEMORANDUM

DATE: **JUNE 16, 2025**
TO: **PROTECTIVE SERVICES COMMITTEE**
FROM: **TINA KOLLS, VILLAGE CLERK**
RE: **CONSIDERATION AND POSSIBLE RECOMMENDATION ON 2025 ALCOHOL AND TOBACCO LICENSE RENEWALS**

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. Big Bay, LLC, d/b/a Cafe Calamari/Harpoon Willies, 8 East Geneva St., Joshua LaCroix, Agent
2. Lucke Enterprises, Inc., d/b/a Lucke's Cantina, 220 Elkhorn Rd, Laine Lucke, Agent
3. Inn Crowd of Como, Inc, d/b/a Bay Party Center, 2 West Geneva St., Sara LaCroix, Agent

COMBINATION CLASS "B" FERMENTED MALT BEVERAGE AND "CLASS B' INTOXICATING LIQUOR LICENSE RESERVE LICENSE RENEWAL APPLICATIONS:
1. Gage Marine Corporation, d/b/a Pier 290, 1 Liechty Dr, William Gage, Agent
2. Bay Cooks, LLC, d/b/a Bay Cooks, 99 N. Walworth Ave, Jonathon Basurto, Agent

COMBINATION CLASS "A" FERMENTED MALT BEVERAGE AND "CLASS A" INTOXICATING LIQUOR LICENSE RENEWAL APPLICATIONS:
1. Ganesh Food, Inc., d/b/a Bayside Mart, 156 Elkhorn Rd, Arpita Patel, Agent
2. GLM Liquor & Grocery Inc., d/b/a Bell's Store, 659 East Geneva St, Gurpreet Kaur, Agent
3. Williams Bay Mobil Mart, Inc., d/b/a Williams Bay Mobil, 66 West Geneva St., Singh Gurdarshan, 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: Williams Bay Alcohol License Renewal for 2025

Ms. Kolls,

I received the Liquor License applications from the below mentioned businesses. Our department has conducted background investigations as well as on site visits for all businesses with the exception of the "Inn Crowd of Como". I spoke with the owner who stated there is no alcohol on premise at the current time and the map is a concept of what it may look like once it is rented to another business.

Based on the findings of these evaluations, I can confirm that there are no known issues or concerns that would preclude the applicants from obtaining the requested liquor license. All aspects of the review process, including compliance with applicable regulations and background requirements, have been satisfactorily addressed.

- Inn Crowd of Como, Inc.
- Bay Cooks
- Lucke's Cantina
- Gage Marine "Pier 290"
- Big Bay LLC "Harpoon Willies and Café Calamari"
- GLM Liquor "Bell's Store"
- Williams Bay Mobil Mart
- Ganesh Food "Citgo"

Sincerely,

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: Big Bay LLC
8 East Geneva St.

Applicant Name: Joshua LaCroix

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: 6-2-2025

License Fee Receipt: 20.001454 Amount Paid: $600.00

Date Published in Newspaper: _____

Publication Fee Receipt: 20.001454 Amount Paid: $52.00

Date forwarded to Police Chief: 6-3-2025

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 . . . . . $ 500
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
BIG BAY LLC

2. Business Trade Name or DBA
CAFE CALAMARI / HARPOON WILLIES

3. FEIN [redacted]

4. Wisconsin Seller's Permit Number [redacted]

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization: WI

7. Date of Organization: 4-1-95

8. Wisconsin DFI Registration Number:

9. Premises Address: 8 EAST GENEVA ST.

10. City: WILLIAMS BAY

11. State: WI

12. Zip Code: 53191

13. County: WALWORTH

14. Governing Municipality: ☐ City ☐ Town ☒ Village of: _____

15. Aldermanic District:

16. Premises Phone: 262-245-9665

17. Premises Email: INFO@CAFECALAMARI.com

18. Website: CAFECALAMARI.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.
ENTIRE BUILDING, INCLUDING BOTH PATIOS

20. Mailing Address (if different from premises address)
PO BOX 723

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
LACROIX	JOSHUA	OWNER	262-607-0093

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.
LACROIX	JOSHUA	L

Title	Email	Phone
OWNER	INFO@CAFECALAMARI.COM	262 607-0093

Signature	Date

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

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)
BIG BAY LLC

2. Business Trade Name or DBA
CAFE CALAMARI / HARPOON WILLIES

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.
LACROIX	JOSHUA	G

4. Email	5. Phone
INFO@CAFECALAMARI.COM	262 607-0093

6. Home Address
N 2378 VALLEY VIEW DR.

7. City	8. State	9. Zip Code	10. Date of Birth
LAKE GENEVA	WI	53147	5/27/75

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	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.
LACROIX	JOSHUA	G

Title	Email	Phone
OWNER	JOSHAKI52@YAHOO.COM	262-607-0093

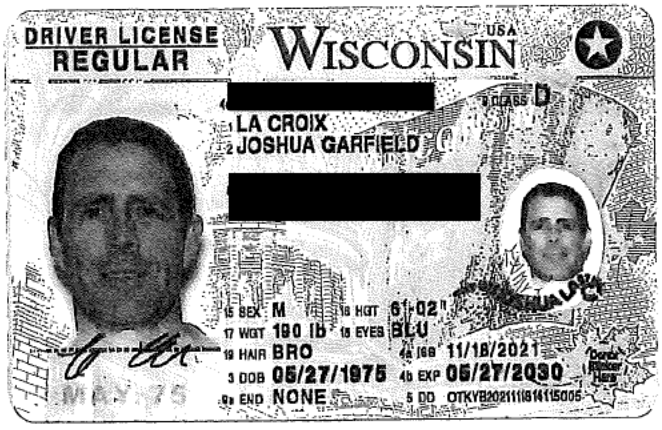
Signature	Date
	5/28/25

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.
LA CROIX	JOSHUA	G

Signature	Date
	5/28/25


DRIVER LICENSE
REGULAR
WISCONSIN
USA
[redacted]
9 CLASS D
1 LA CROIX
2 JOSHUA GARFIELD
[redacted]
15 SEX M
16 HGT 6'-02"
17 WGT 190 lb
18 EYES BLU
19 HAIR BRO
4a ISS 11/18/2021
3 DOB 05/27/1975
4b EXP 05/27/2030
9a END NONE
5 DD OTKYB202111181411500S

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date

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)
BIG BAY LLC

2. Business Trade Name or DBA
CAFE CALAMARI / HARBOR WILLIES

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.
LACROIX	JOSHUA	G

4. Relationship to Business (Title)	5. Email	6. Phone
OWNER	INFO@CAFECALAMARI.COM	262 245-9665

7. Home Address
N 2378 VALLEY VIEW DR.

8. City	9. State	10. Zip Code	11. Date of Birth
LAKE GENEVA	WI.	53147	5/27/75

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	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) 5/27/75

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
N 2378 VALLEY VIEW DR.	LAKE GENEVA	WI	53147
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	WALWORTH	WI.					
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

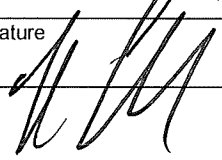
Penalty Imposed	Was sentence completed?. . . . . ☐ Yes ☐ No

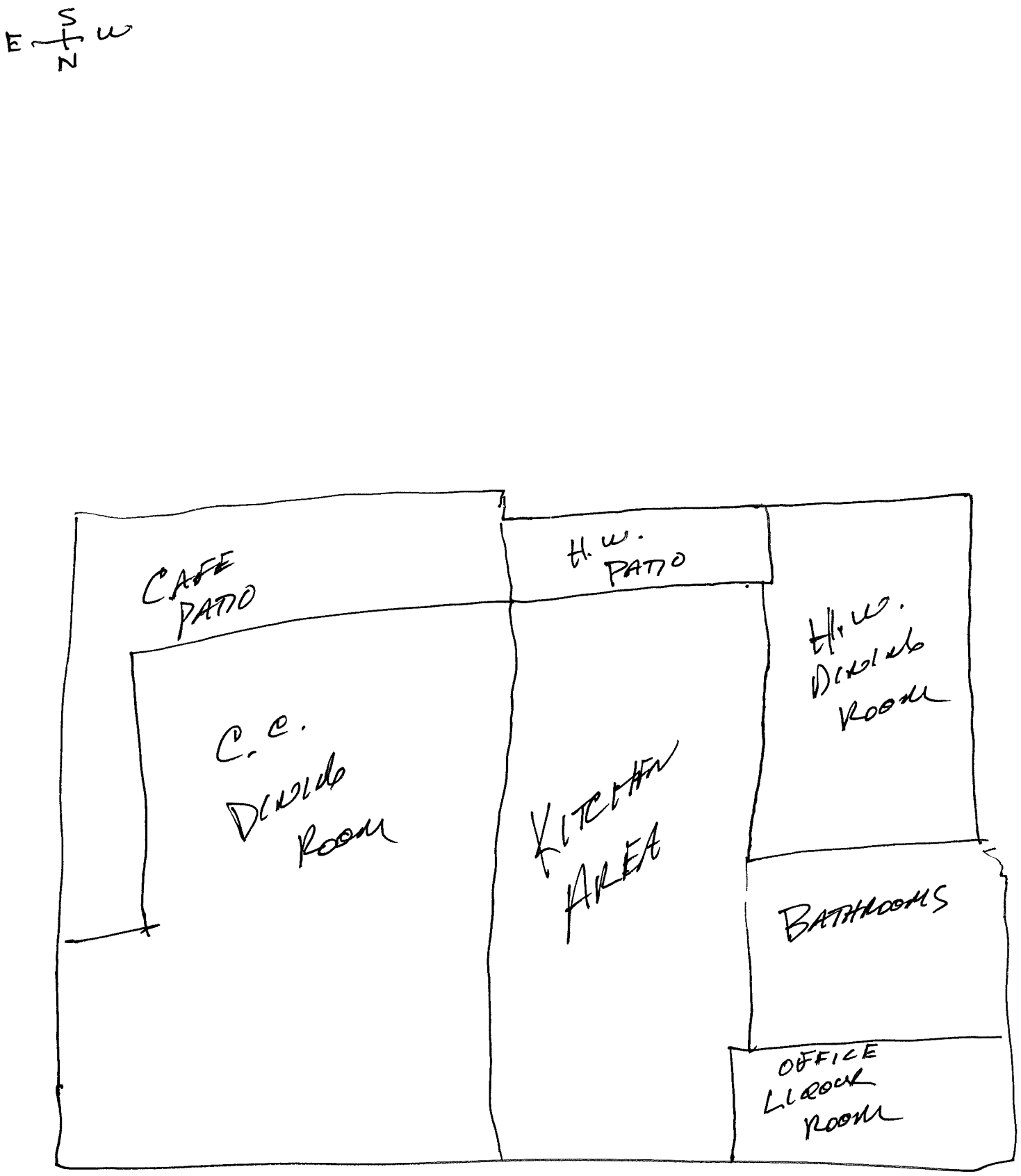
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?. . . . . ☐ Yes ☒ No

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
	5/28/25


E
S
N
W
CAFE PATIO
H.W. PATIO
C.C. DINING ROOM
KITCHEN AREA
H.W. DINING ROOM
BATHROOMS
OFFICE
LIQUOR ROOM

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 L0939243024

BIG BAY LLC
PO BOX 723
WILLIAMS BAY WI 53191-0723

Wisconsin Department of Revenue Seller's Permit

Legal/real name: BIG BAY LLC

Business name: HARPOON WILLIES & CAFE CALAMARI
10 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	[redacted]

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

Receipt No: 20.001454 Jun 2, 2025

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B LIQUOR 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B BEER 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - PUBLICATION 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00
CHECKS Check No: 71470 Payor: BIG BAY LLC	650.00
Total Applied:	650.00
Change Tendered:	.00

06/02/2025 11:58 AM

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: Lucke's Cantina
220 Elkhorn Rd Williams Bay, WI. 53191

Applicant Name: Laina Luckes

Type of Alcohol License(s) Sought: Class "B" Liquor & Beer

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: 4-29-2025

License Fee Receipt: 20.001379 Amount Paid: 600.00

Date Published in Newspaper: _____

Publication Fee Receipt: 20.001379 Amount Paid: 50.00

Date forwarded to Police Chief: 6-3-2025

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 . . . . . $ 500
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 600
Background Check Fee	$
Publication Fee	$ 50
Total Fees	$ 650

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Lucke Enterprises, INC.

2. Business Trade Name or DBA
Lucke's Cantina

3. FEIN
[redacted]

4. Wisconsin Seller's Permit Number

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
08/01/2006

8. Wisconsin DFI Registration Number

9. Premises Address
220 Elkhorn Rd.

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) 245-6666

17. Premises Email
lainelucke@gmail.com

18. Website

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.
All floors, All rooms To include paito\deck

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

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
Lucke	Laine	Owner/President	(262) 903-3391

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.
Lucke	Laine	F

Title	Email	Phone
Owner/President	lainelucke@gmail.com	(262) 903-3391

Signature	Date
	4/16/2025

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 4/16/2025

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)
Lucke Enterprises, INC.

2. Business Trade Name or DBA
Lucke's Cantina

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.
Lucke	Laine	F

4. Email	5. Phone
lainelucke@gmail.com	(262) 903-3391

6. Home Address
321 South Jackson Street

7. City	8. State	9. Zip Code	10. Age
Elkhorn	WI	53121	59

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☐ No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire?* ☑ Yes ☐ No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? ☑ Yes ☐ No
See instructions for exceptions.

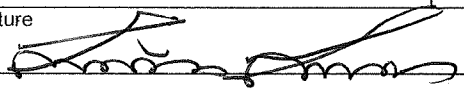
Continued →

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.
Lucke	Laine	F

Title	Email	Phone
Owner/President	lainelucke@gmail.com	(262) 903-3391

Signature	Date
	4/16/2025

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.

Signature	Date

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 4/16/2025

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): Lucke Enterprises, INC.

2. Business Trade Name or DBA: Lucke's Cantina

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.
Lucke	Laine	F

4. Relationship to Business (Title)	5. Email	6. Phone
Owner/President	lainelucke@gmail.com	(262) 903-3391

7. Home Address: 321 South Jackson Street

8. City	9. State	10. Zip Code	11. Date of Birth
Elkhorn	WI	53121	06/22/65

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	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): 06/1989

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: 321 South Jackson Street	Elkhorn	WI	53121
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

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

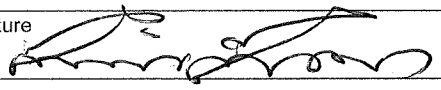
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

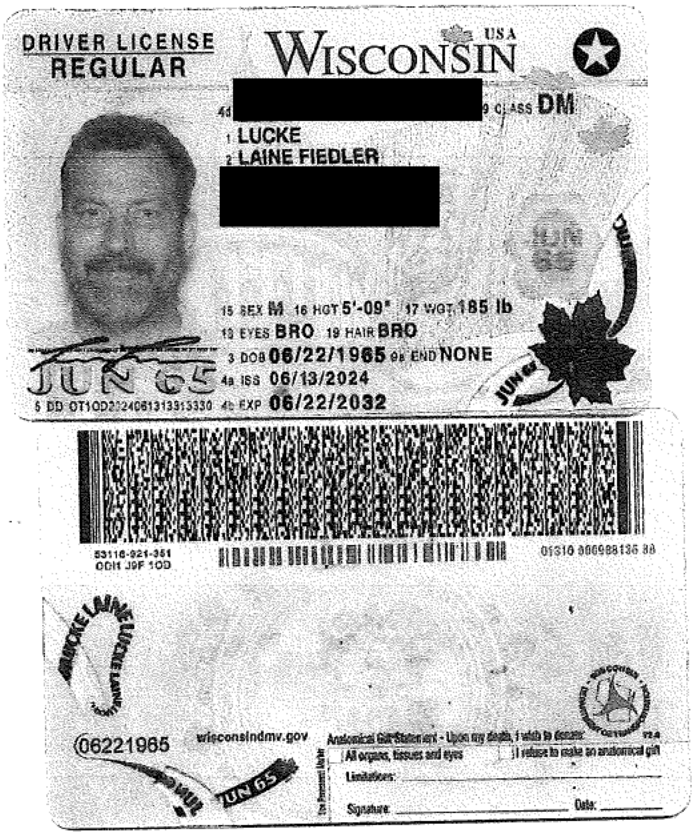
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☑ No

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
	4/16/2025


DRIVER LICENSE
REGULAR

WISCONSIN
USA

4d [redacted] 9 CLASS DM

1 LUCKE
2 LAINE FIEDLER
[redacted]

15 SEX M 16 HGT 5'-09" 17 WGT 185 lb
18 EYES BRO 19 HAIR BRO
3 DOB 06/22/1965 9a END NONE
4a ISS 06/13/2024
5 DD OT1OD20240613133133330 4b EXP 06/22/2032

JUN 65

53116-021-351
ODH JPF 1OD

01310 866988136 88

LAINE LUCKE

06221965

wisconsindmv.gov

Anatomical Gift Statement - Upon my death, I wish to donate:
All organs, tissues and eyes
I refuse to make an anatomical gift
Limitations:
Signature: _____ Date: _____

JUN 65

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 L0601523344

LUCKE ENTERPRISES INC.
220 ELKHORN RD
WILLIAMS BAY WI 53191-9514

Wisconsin Department of Revenue Seller's Permit

Legal/real name: LUCKE ENTERPRISES INC.

Business name: LUCKE ENTERPRISES
220 ELKHORN RD
WILLIAMS BAY WI 53191-9514

- 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	[redacted]

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: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000909

Letter ID L1132369456

LUCKE ENTERPRISES INC.
321 S JACKSON ST
ELKHORN WI 53121-1959

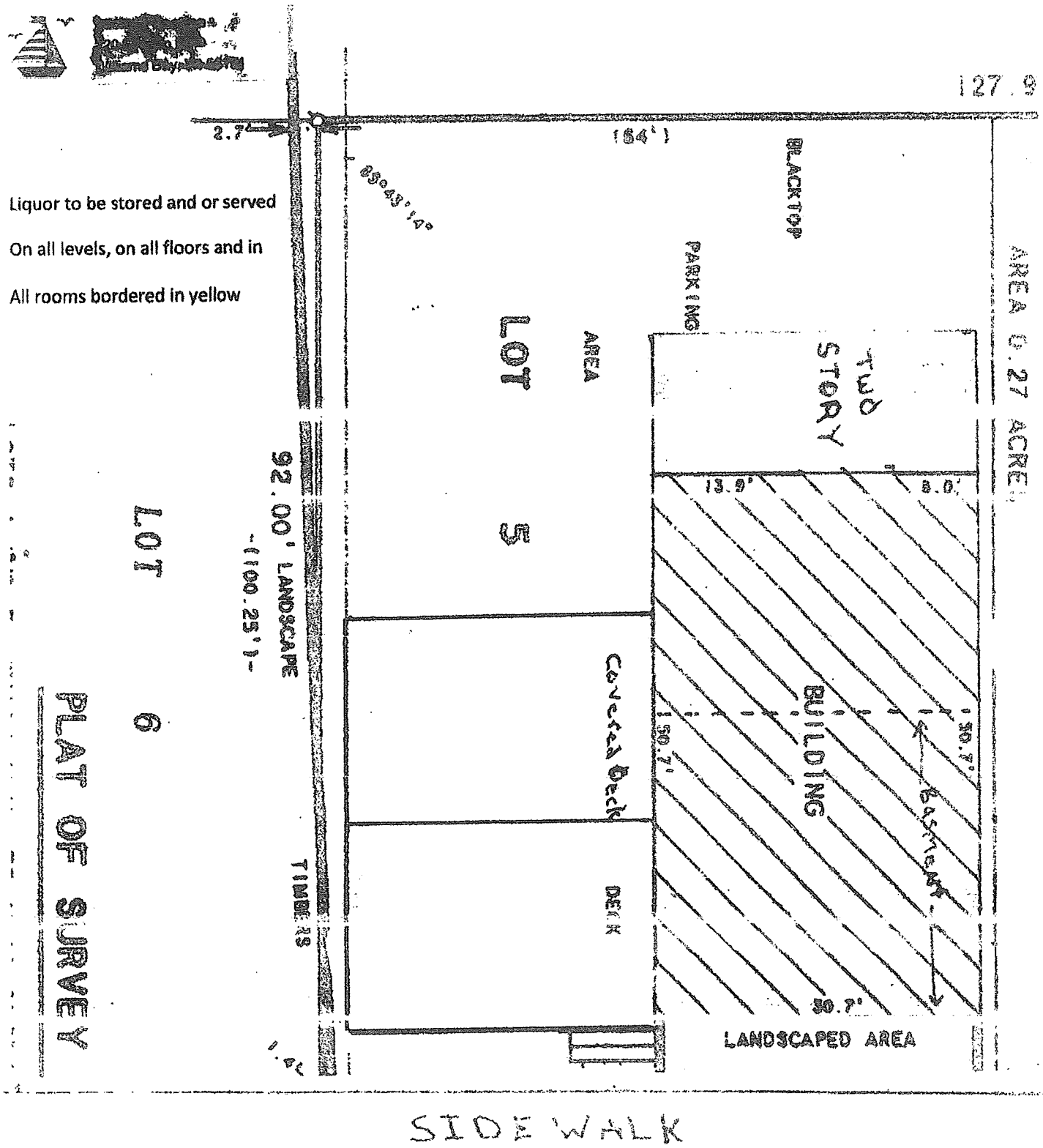
Wisconsin Business Tax Registration Certificate

Expiration date: **May 31, 2026**

Legal/real name: **LUCKE ENTERPRISES INC.**

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	[redacted]
Withholding Tax	Withholding Tax	


Liquor to be stored and or served
On all levels, on all floors and in
All rooms bordered in yellow
127.9
2.7'
(64')
S89°43'14"E
BLACKTOP
PARKING
AREA
LOT 5
TWO STORY
AREA 0.27 ACRE
13.9'
8.0'
92.00' LANDSCAPE
N00°25'11"W
LOT 6
PLAT OF SURVEY
Covered Deck
DECK
TIMBERS
BUILDING
50.7'
50.7'
50.7'
LANDSCAPED AREA
SIDEWALK
HWY 67
NORTH

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

Receipt No: 20.001379 Apr 29, 2025

Lucke's Cantina

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: 38870 Payor: Lucke Enterprises, Inc	650.00
Total Applied:	650.00
Change Tendered:	.00

04/29/2025 11:00 AM

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: Inn Crowd of Como, Inc
2 West Geneva Street, Williams Bay, WI

Applicant Name: Sara LaCroix / Anthony Navilio

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: 6-3-2025

License Fee Receipt: 20.001464 Amount Paid: 600.00

Date Published in Newspaper: _____

Publication Fee Receipt: 20.001464 Amount Paid: 50.00

Date forwarded to Police Chief: 6-3-2025

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

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
BAY INN CROWD OF COMO, INC

2. Business Trade Name or DBA
GENEVA BAY PARTY CENTER

3. FEIN [redacted] 4. Wisconsin Seller's Permit Number

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

6. State of Organization: WISCONSIN
7. Date of Organization: 1986
8. Wisconsin DFI Registration Number:

9. Premises Address: 2 WEST GENEVA STREET

10. City: WILLIAMS BAY
11. State: WI
12. Zip Code: 53191

13. County: WALWORTH
14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____
15. Aldermanic District:

16. Premises Phone: 708-217-4774
17. Premises Email: NAVILIO747@gmail.com
18. Website: None

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.
ENTIRE BUILDING INCLUDING PATIO

20. Mailing Address (if different from premises address)
P.O. BOX 577

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
ANTHONY C NAVILIO	ANTHONY	PRESIDENT	708-217-4774

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.
NAVILIO	ANTHONY C	C

Title	Email	Phone
PRESIDENT	NAVILIO747@gmail.com	708-217-4774

Signature	Date
Cathy C Nelson	June 1, 2024

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 6-1-25

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)
INN CROWD OF COMO INC.

2. Business Trade Name or DBA
BAY PARTY CENTER

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.
LACROIX	SARA	J

4. Email	5. Phone
SARAJLACROIX@GMAIL.COM	262-949-9634

6. Home Address
N 2378 VALLEY VIEW DR.

7. City	8. State	9. Zip Code	10. Date of Birth
LAKE GENEVA	WI	53147	5/30/75

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	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.
LACROIX	SARA	J

Title	Email	Phone
AGENT	SARAJLACROIX@GMAIL.COM	262-607-0093

Signature	Date
Sara J LaCroix	6/1/25

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.
LACROIX	SARA	J

Signature	Date
Sara J LaCroix	6/1/25


DRIVER LICENSE
REGULAR
WISCONSIN
USA
[redacted]
9 CLASS D
1 LACROIX
2 SARA JEAN
[redacted]
15 SEX F
16 HGT 5'07"
17 WGT 150 lb
18 EYES BRO
19 HAIR BRO
4a ISS 11/18/2021
3 DOB 05/30/1975
4b EXP 05/30/2020
9a END NONE
5 DD OTABD20211115141501420
DONOR
MAY 75

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date

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)
IVAN CROWD'S of COMO, INC
2. Business Trade Name or DBA
BAY PARTY CENTER
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.
NAVILIO	ANTHONY	C

4. Relationship to Business (Title)	5. Email	6. Phone
PRESIDENT / OWNER	NAVILIO747@gmail.com	708-217-477[illegible]

7. Home Address
747 CLINTON PL

8. City	9. State	10. Zip Code	11. Date of Birth
RIVER FOREST	IL	60305	6.20.47

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	ILLINOIS

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)

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

Previous Address 1 N/A	City	State	Zip Code
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
IL	COOK	IL					
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

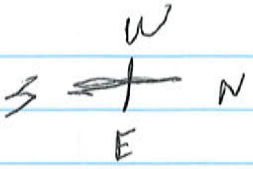
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... ☐ Yes ☑ No

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

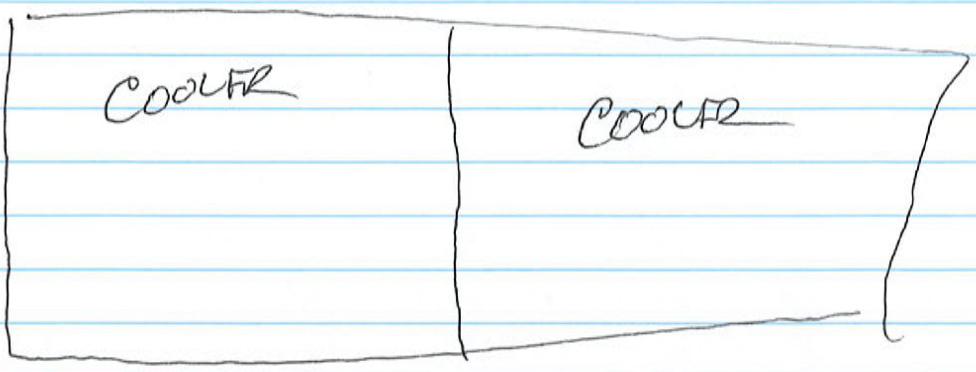
Part E: Attestation

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.

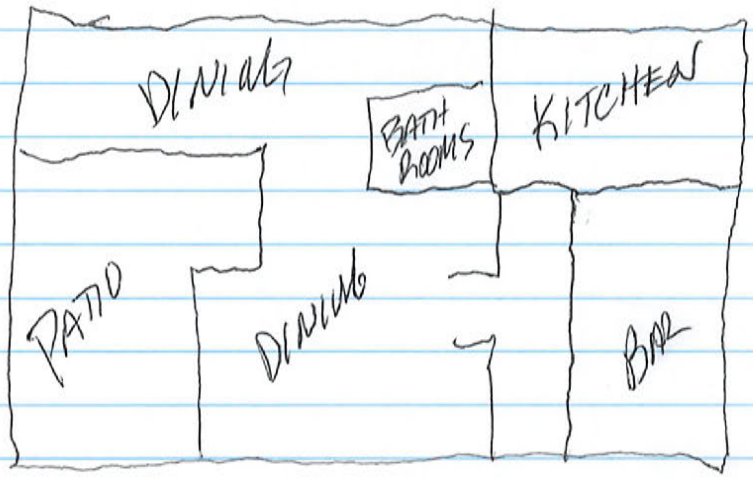
Signature	Date
[signature]	June 1, 2025



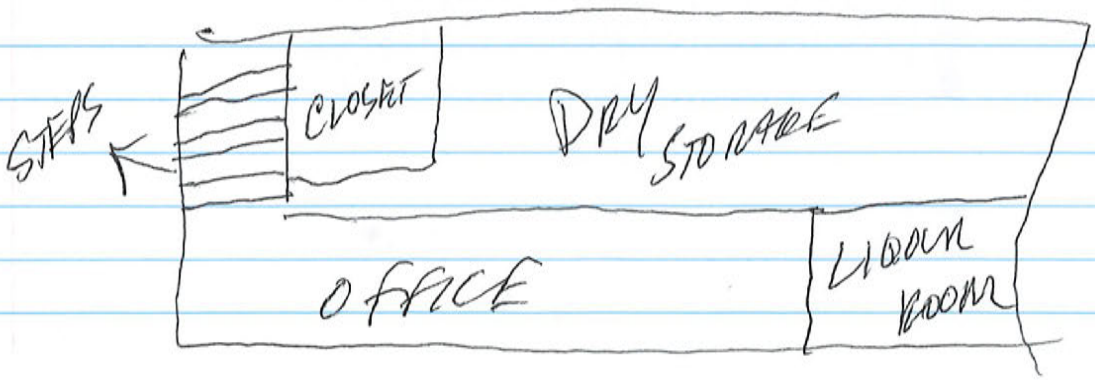
BASEMENT



MAIN LEVEL



UPSTAIRS



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

Receipt No: 20.001464 Jun 3, 2025

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - class B liquor 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - class b beer 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - publication 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00
CHECKS Check No: 1050 Payor: anthony navilio	650.00
Total Applied:	650.00
Change Tendered:	.00

06/03/2025 11:24 AM

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: Gage Marine dba Pier290
1 Lechty Dr., Williams Bay WI 53191

Applicant Name: William Gage

Type of Alcohol License(s) Sought: Class B

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.
☐ NA	☐	**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.
☐ NA	☐	**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: 4-29-2025

License Fee Receipt: 20.001378 Amount Paid: 600.00

Date Published in Newspaper: _____

Publication Fee Receipt: 20.001378 Amount Paid: 30.00

Date forwarded to Police Chief: 6-3-2025

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): Gage Marine Corp
2. Business Trade Name or DBA: dba Pier 290
3. FEIN: [redacted]
4. Wisconsin Seller's Permit Number: [redacted]
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 02/04/1958
8. Wisconsin DFI Registration Number: [redacted]
9. Premises Address: 1 Liechty Dr.
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: 262-245-2100
17. Premises Email: pier290@gagemarine.com
18. Website: gagemarine.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.

See attached

20. Mailing Address (if different from premises address): PO Box 220
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. NA ☐ 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
Gage	William	owner/president	262-215-9663

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.
Gage	William	B

Title	Email	Phone
owner/President	tanya.rote@gagemarine.com	262-215-9663

Signature	Date
WBG	4/17/25

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

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)
Gage Marine Corp

2. Business Trade Name or DBA
Pier290

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.
Gage	William	B

4. Email	5. Phone
bill.gage@gagemarine.com	262-215-9663

6. Home Address
747 Cedar Point Dr.

7. City	8. State	9. Zip Code	10. Date of Birth
Williams Bay	WI	53191	06/04/1965

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☐ No
Submit proof of completion. NA

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? ☑ Yes ☐ No
See instructions for exceptions.

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.
Gage	William	B

Title	Email	Phone
Owner/President	tanya.rote@gagemarine.com	262-215-9663

Signature	Date
William B. Gage	4/17/25

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.
Gage	William	B.

Signature	Date
William B. Gage	4/17/25

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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)
Gage Marine Corp

2. Business Trade Name or DBA
Pier 290

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.
Gage	William	B

4. Relationship to Business (Title)	5. Email	6. Phone
Owner/President	bill.gage@gagemarine.com	262 215 9663

7. Home Address
747 Cedar Point Dr.

8. City	9. State	10. Zip Code	11. Date of Birth
Williams Bay	WI	53191	06/04/1965

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	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) 06/1965

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
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
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]	4/17/25

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 L1390582944

GAGE MARINE CORPORATION
PO BOX 220
WILLIAMS BAY WI 53191-0220

Wisconsin Department of Revenue Seller's Permit

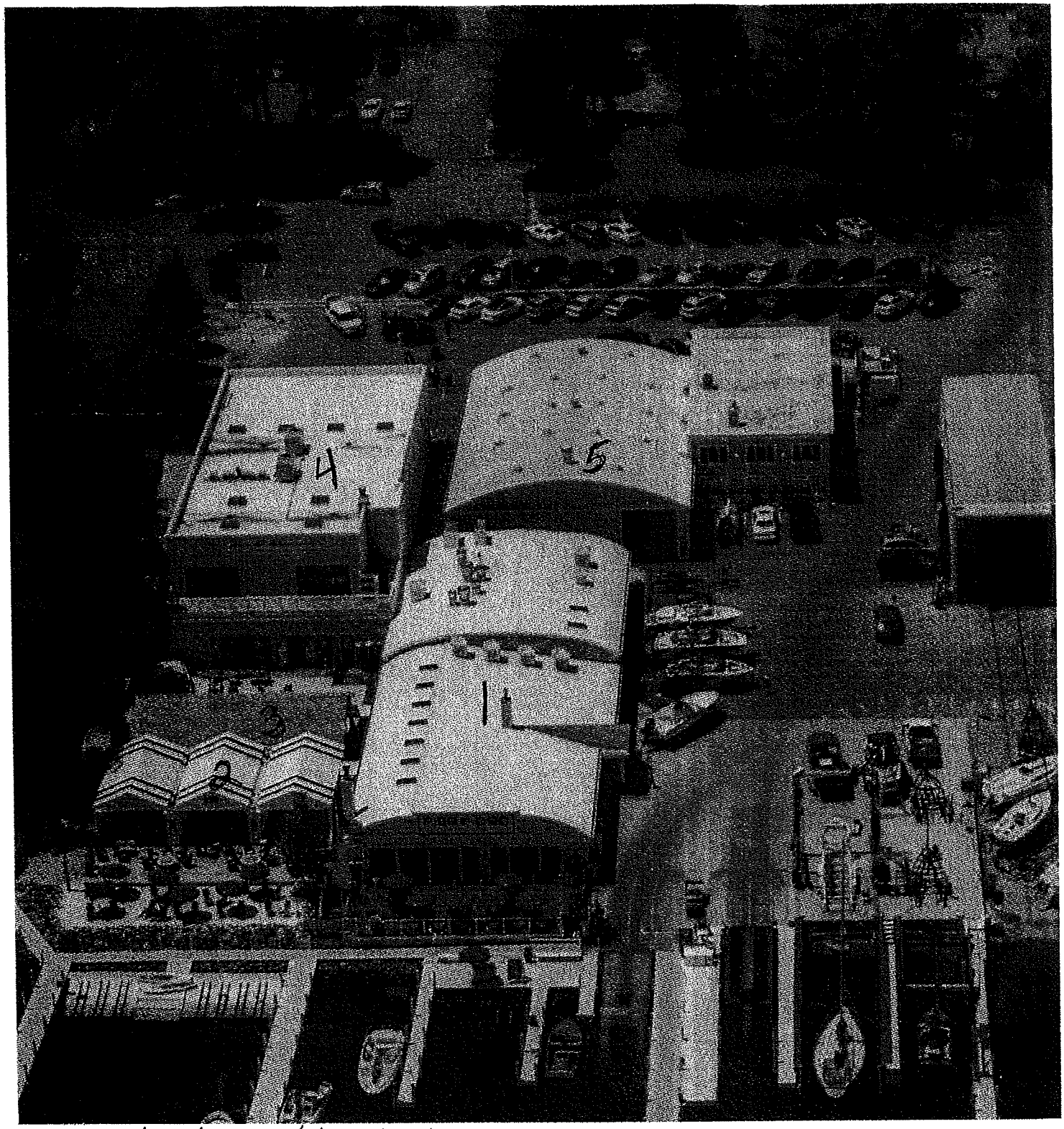
Legal/real name: GAGE MARINE CORPORATION

Business name:

4 LIECHTY DR
WILLIAMS BAY WI 53191-9740

- 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	[redacted]



1- inside dining / bar / kitchen
2- outside dining / bar (canopies)
3- outside dining / bar
4- party room (292) upstairs / storage down stairs
6- party room / Samba Cause

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

Receipt No: 20.001378 Apr 29, 2025

Gage Marine

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class B Beer Reserve 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class B Liquor Reserve 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: 99080 Payor: Gage Marine Corporation	650.00
Total Applied:	650.00
Change Tendered:	.00

04/29/2025 10:56 AM

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: Bay Cooks
99 N. Walworth Ave. Williams Bay, WI 53191

Applicant Name: Jonathon Basurto

Type of Alcohol License(s) Sought: 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: 6-3-2025

License Fee Receipt: 233160867 Amount Paid: 400.00

Date Published in Newspaper: _____

Publication Fee Receipt: 233160867 Amount Paid: 50.00

Date forwarded to Police Chief: 6-3-2025

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 . . . . . $ 500
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 600
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): Bay Cooks
2. Business Trade Name or DBA: Bay cooks LLC
3. FEI[redacted]
4. Wisconsin Seller's Permit Number [redacted]
5. Enti[redacted]

☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization: Wisconsin
7. Date of Organization: 12/07/2021
8. Wisconsin DFI Registration Number [redacted]
9. Premises Address: 99 N. 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: 262-607-6024
17. Premises Email: williamsbayrestaurant@baycooksllc.com
18. Website: baycooksrestaurant.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.

Bay cooks is a restaurant where alcohol beverages are produced sold, and consumed on the inside of our facility and outside patio. It is stored by the bar, prep room fridge, and locked in a cabinet in basement.

20. Mailing Address (if different from premises address): P.O. Box 3
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
Bay cooks	87-3865131

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
Basurto	Juan	Owner	262-348-7962
Tijon	Antonia	Owner	262-348-8217
Basurto	Jonathon	Co-owner	262-403-1802

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.
Basurto	Juan	F

Title	Email	Phone
Owner	juanbasurto228@gmail.com	262-348-7962

Signature	Date
Juan F Basurto	6/3/2025

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 6/3/2025

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)
Bay cooks

2. Business Trade Name or DBA
Bay Cooks LLC

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
456-1030855599-04

6. Describe the reason for appointing a successor agent, if successor is checked above.
Co-owner of the restaurant.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Basurto	Jonathon	

4. Email	5. Phone
Basurtojonathan23@gmail.com	262-903-1802

6. Home Address
530 Sage st.

7. City	8. State	9. Zip Code	10. Date of Birth
Lake Geneva	WI	53147	02/19/2000

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	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* (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.
Basurto	Juan	F

Title	Email	Phone
owner	juanbasurto228@gmail.com	262-348-7962

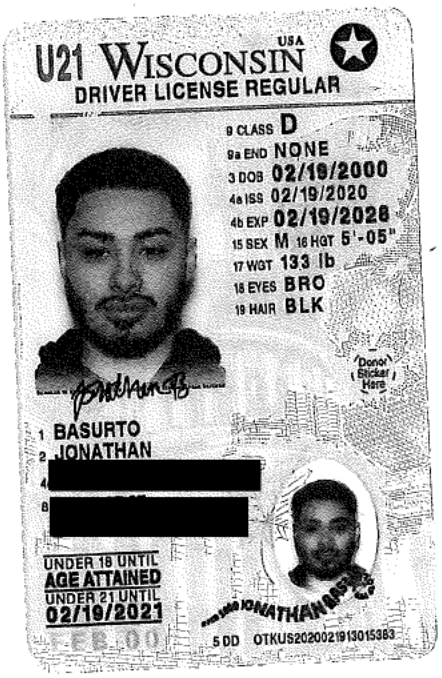
Signature	Date
juan F Basurto	6/3/2025

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.
Basurto	Jonathon	

Signature	Date
	6/3/2025


U21 WISCONSIN
USA
DRIVER LICENSE REGULAR
9 CLASS D
9a END NONE
3 DOB 02/19/2000
4a ISS 02/19/2020
4b EXP 02/19/2028
15 SEX M 16 HGT 5'-05"
17 WGT 133 lb
18 EYES BRO
19 HAIR BLK
Donor Sticker Here
1 BASURTO
2 JONATHAN
[redacted]
8 [redacted]
UNDER 18 UNTIL
AGE ATTAINED
UNDER 21 UNTIL
02/19/2021
5 DD OTKUS20200219013015383

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 6/3/25

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): Bay Cooks

2. Business Trade Name or DBA: Bay Cooks LLC

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.
Basurto	Juan	F.

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	juanbasurto228@gmail.com	262-348-7962

7. Home Address: 530 Sage St.

8. City	9. State	10. Zip Code	11. Date of Birth
Lake Geneva	WI	53147	10/04/1971

12. Drivers License/State ID Number: [redacted]

13. Drivers License/State ID State of Issuance: Wisconsin

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): 26

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
530 Sage St.	Lake Geneva	WI	53147
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	Walworth						
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
Juan F Basurto	6/3/2025

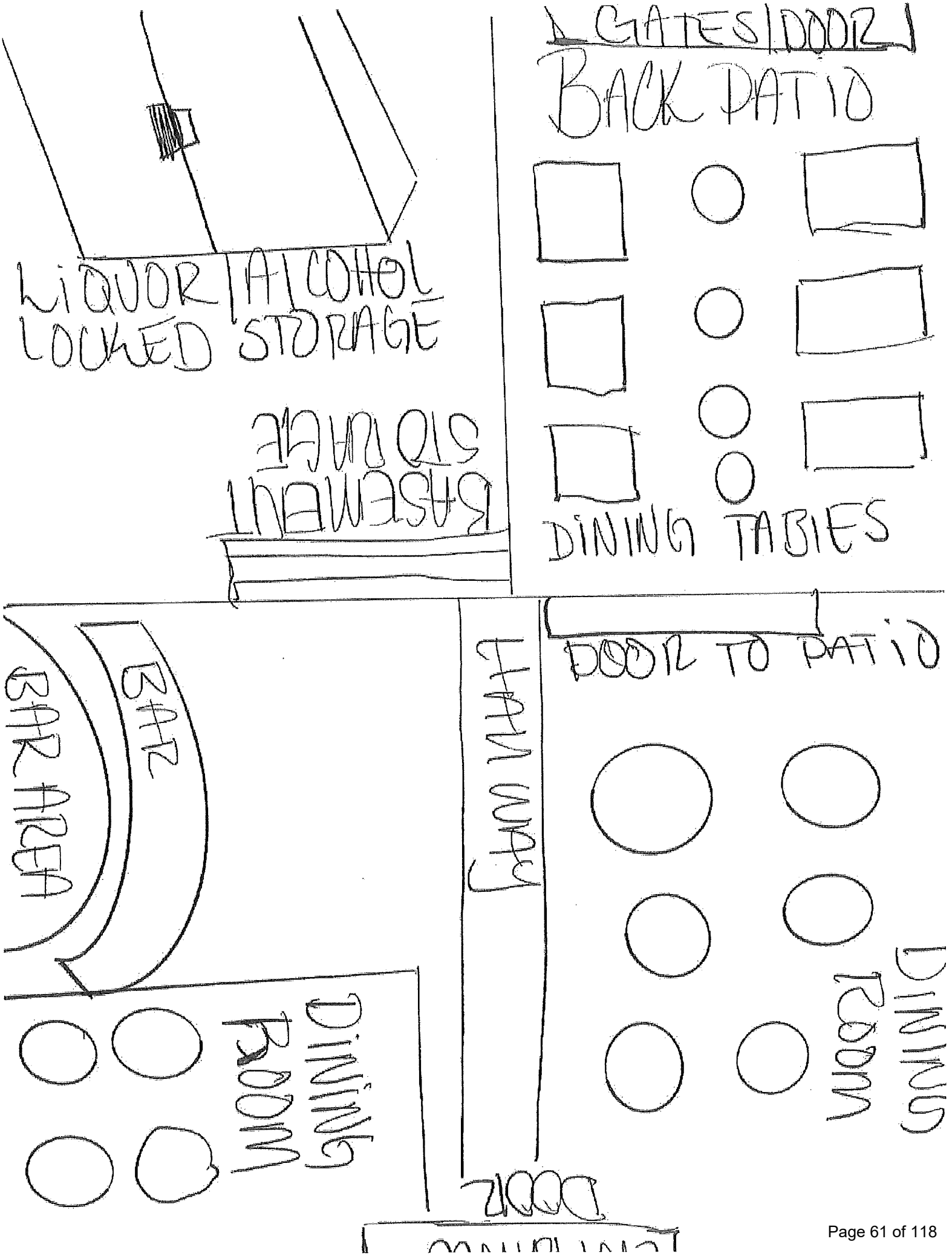
State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: [redacted]

Legal/Real Name: BAY COOKS

Signature _____


GATES | DOOR
BACK PATIO
LIQUOR | ALCOHOL
LOCKED STORAGE
BASEMENT
STAIRS
DINING TABLES
DOOR TO PATIO
HALLWAY
BAR
BAR AREA
DINING
ROOM
DINING
ROOM
DOOR

Village of Williams Bay
250 Williams Street | P.O. Box 580
Williams Bay, WI 53191
(262) 245-2700

XBP Confirmation Number: 233166867

Transaction detail for payment to Village of Williams Bay. **Date: 06/03/2025 - 10:03:29 AM MT**

Transaction Number: 244407192
Visa — XXXX-XXXX-XXXX-2071
Status: Successful

Account #	Item	Quantity	Item Amount
Bay Cooks	LiquorBeer License Bay Cooks	1	$650.00

TOTAL: ***$650.00***

Billing Information
ELIZABETH SANCHEZ
53191

Transaction taken by: Admin TKolls

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: GANESH FOOD INC - 156 ELKHORN ROAD, WI 53191

Applicant Name: Patel Arpita

Type of Alcohol License(s) Sought: Class A Beer & Class A 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: 4-21-2025

License Fee Receipt: 20.001372 Amount Paid: $25.00

Date Published in Newspaper: _____

Publication Fee Receipt: 20.001372 Amount Paid: $0.00

Date forwarded to Police Chief: 6-3-2025

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

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
GANESH FOOD INC.

2. Business Trade Name or DBA
BAYSIDE MART

3. FEIN [redacted]

4. Wisconsin Seller's Permit Number [redacted]

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

6. State of Organization
WISCONSIN

7. Date of Organization
03/17/2023

8. Wisconsin DFI Registration Number [redacted]

9. Premises Address
156 ELKHORN RD.

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
262-245-5566

17. Premises Email
JAYAMBELAKESIDE@GMAIL.COM

18. Website

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.

Gas station & convenient store

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

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
PATEL	ARPITA	PRESIDENT	262-794-2107

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.
PATEL	ARPITA	

Title	Email	Phone
President	JAYAMBELAKESIDE@GMAIL.COM	262-794-2107

Signature	Date
Arpita PATEL	4/21/25

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

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): GANESH FOOD INC.
2. Business Trade Name or DBA: BAYSIDE MART
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.
PATEL	ARPITA	

4. Email	5. Phone
JAYAMBELAKESIDE@GMAIL.COM	262-794-2107

6. Home Address: 1308 NAVAJO LANE, APT # 204

7. City	8. State	9. Zip Code	10. Date of Birth
WAUKESHA	WI	53186	44

11. Drivers License/State ID Numbe [redacted]
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* (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.
Patel	Arpita	

Title	Email	Phone
President	JAYAMBELAKESIDE@GMAIL.COM	262-794-2107

Signature	Date
Arpita PATEL	4/21/25

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.
Patel	Arpita	

Signature	Date
Arpita PATEL	4/21/25


USA
WISCONSIN
DRIVER LICENSE
REGULAR
[redacted]
9 CLASS D
1 PATEL
2 ARPITA
WSCO
[redacted]
15 SEX F
16 HGT 5'-03"
17 WGT 120 lb
18 EYES BRO
19 HAIR BLK
4a ISS 04/08/2021 DUP
3 DOB 12/18/1980
4b EXP 12/18/2028
9a END NONE
5 DD OTJXM2021040809285841
Donor Sticker Here
Arpita Patel

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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) GANESH FOOD INC.
2. Business Trade Name or DBA BAY SIDE MART
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.
PATEL	ARPITA	

4. Relationship to Business (Title)	5. Email	6. Phone
OFFICER	JAYAMBE LAKESIDE@GMAIL.COM	262-794-2107

7. Home Address: 1308 NAVAJO LANE, APT # 204

8. City	9. State	10. Zip Code	11. Date of Birth
WAUKESHA	WI	53186	12/18/1980

12. Drivers License/State ID Number [redacted]
13. Drivers License/State ID State of Issuance: WISCONSIN

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): 07/2013

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

Previous Address 1: 1308 NAVAJO LANE, APT 204	City: WAUKESHA	State: WI	Zip Code: 53186
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
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
Ayyatu PATEL	4/21/25

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Arpitaben Patel

School Name: 360training.com, Inc.

Date of Completion: 06/26/2013

I,_____

certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

learn2serve

Corporate Headquarters
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

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: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000100

Letter ID L0111552560

GANESH FOOD INC
1308 NAVAJO LN APT 204
WAUKESHA WI 53186-6979

Wisconsin Department of Revenue Seller's Permit

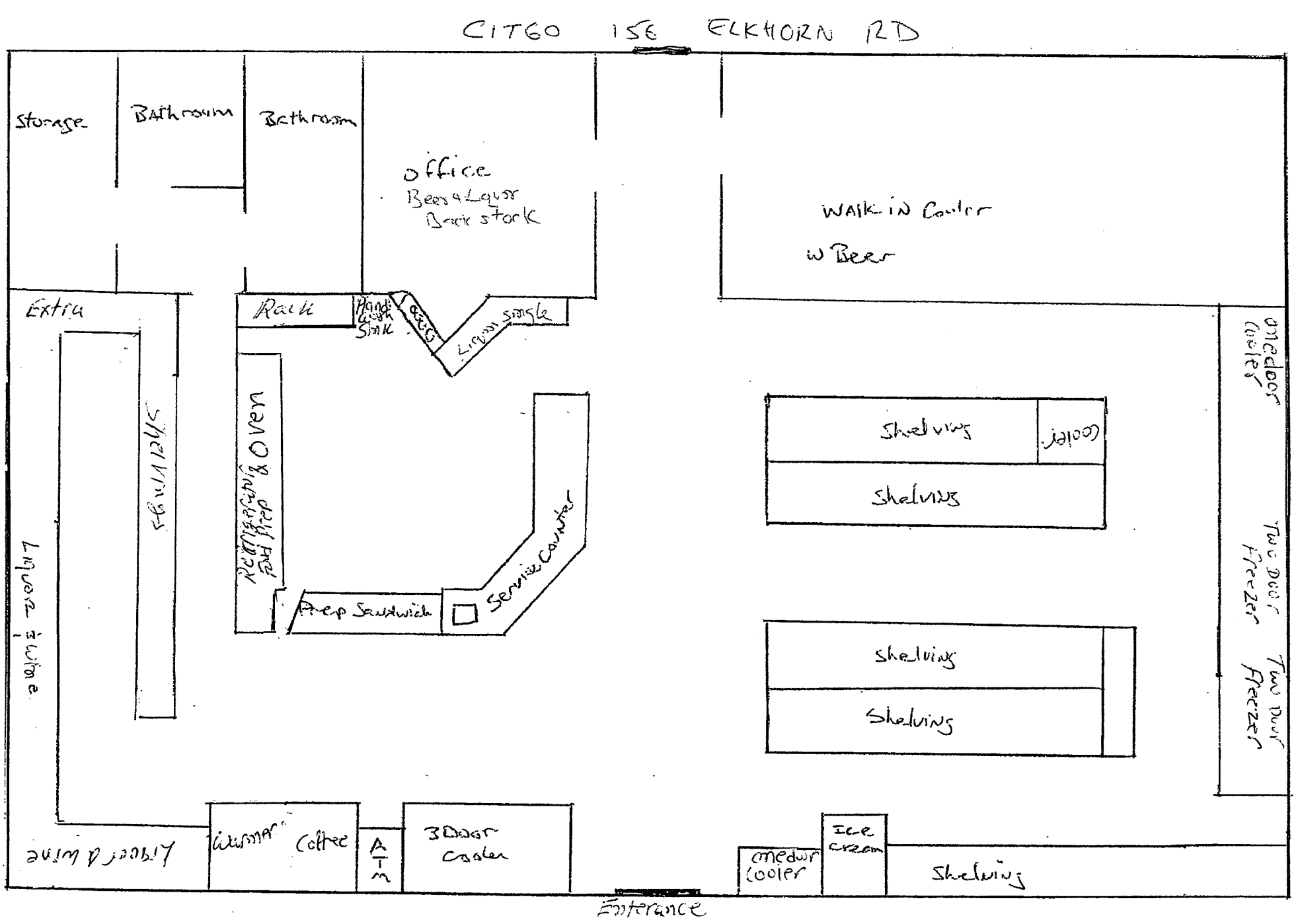
Legal/real name: GANESH FOOD INC

Business name:

156 ELKHORN RD
WILLIAMS BAY WI 53191-9519

- 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	[redacted]


CITGO 156 ELKHORN RD
Storage
Bathroom
Bathroom
office
Beer & Liquor
Back stock
WALK IN Cooler
w Beer
Extra
Rack
Hand Wash Sink
Lemon Single
Refrigerated Prep
Oven
Prep Sandwich
Service Counter
Shelving
Cooler
Shelving
Shelving
Shelving
Liquor & Wine
Liquor & Wine
Takumar
Coffee
ATM
3 Door Cooler
Meat cooler
Ice cream
Shelving
Entrance
Medium Coolers
Two Door Freezer
Two Door Freezer

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

Receipt No: 20.001372 Apr 21, 2025

Ganesh Foods, Inc

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Beer 100-43001 LIQUOR/BEER LICENSE	25.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Liquor 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Publication Fee 100-43001 LIQUOR/BEER LICENSE	50.00
LICENSES AND PERMITS - CIGARETTE LIC. 100-43014 CIGARETTE LICENSE	100.00
Total:	675.00
CHECKS Check No: 1587 Payor: GANESH FOOD, INC.	675.00
Total Applied:	675.00
Change Tendered:	.00

04/21/2025 12:48 PM

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: GLM LIQUOR & GROC. INC DBA BELL'S STOPE, 659. E. Geneva St. Williams Bay, WI. 53191

Applicant Name: Gurpreet Kaur

Type of Alcohol License(s) Sought: Class A Beer & Class A 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: 5-27-2025

License Fee Receipt: 13,015484 Amount Paid: 525.00

Date Published in Newspaper: _____

Publication Fee Receipt: 13,015484 Amount Paid: 50.00

Date forwarded to Police Chief: 6-3-2025

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 . . . . . $ 25
- ☐ Class "B" Beer . . . . . $
- ☒ "Class A" Liquor . . . . . $ 500
- ☐ "Class B" Liquor . . . . . $
- ☐ "Class A" Liquor (cider only) $
- ☐ Reserve "Class B" Liquor $
- ☐ "Class C" Liquor (wine only) $

Fees	
License Fees	$ 525.00
Background Check Fee	$
Publication Fee	$ 50.00
Total Fees	$ 575.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
GLM LIQUOR & GROC. INC.

2. Business Trade Name or DBA
BELL'S STORE

3. FEIN

4. Wisconsin Seller's Permit Number [redacted]

5. Entity Type *(check one)*
☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization: WISCONSIN

7. Date of Organization: OCT. 2008

8. Wisconsin DFI Registration Number: G056385

9. Premises Address: 659. E. Geneva Street.

10. City: Williams Bay

11. State: WI.

12. Zip Code: 53191

13. County: WALWORTH

14. Governing Municipality: ☐ City ☐ Town ☒ Village of:

15. Aldermanic District

16. Premises Phone: 262-245-1901

17. Premises Email: Gurbaj.Singh66@yahoo.com

18. Website

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.

IN THE BACK ROOM.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

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
KAUR	GURPREET	OWNER	262-607-0530

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.
KAUR	GURPREET	

Title	Email	Phone
OWNER		

Signature	Date
Gurpreet Kaur.	5/27/2025.

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 5/27/25

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)
GLM LIQUOR & GROC. INC.

2. Business Trade Name or DBA
BEZZ'S STORE

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
456-1029621188-02

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.
KAUR	GURPREET	

4. Email	5. Phone
	262-607-0530

6. Home Address
451-PARK LN

7. City	8. State	9. Zip Code	10. Date of Birth
Williams Bay	WI.	53191	11-11-1973

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	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* (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.
KAUR	GURPREET	

Title	Email	Phone
OWNER		

Signature	Date
Gurpreet Kaur	5/27/25

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.
KAUR	GURPREET	

Signature	Date
Gurpreet Kaur	5/27/25


DRIVER LICENSE
REGULAR
WISCONSIN
USA
CLASS D
[redacted]
1 KAUR
2 GURPREET
8 [redacted]
NOV
73
15 SEX F 16 HGT 5'-01" 17 WGT 125 lb
18 EYES BRO 19 HAIR BLK
3 DOB 11/11/1973 12 RSTRCTNS NONE
4a ISS 05/07/2025 DUP
4b EXP 11/11/2028
NOV 73
5 DD OTHQW2:250307132148 40

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 05/27/25

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): GLM LIQUOR & GROCERY INC.
2. Business Trade Name or DBA: BELL'S STORE
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.
KAUR	GURPREET	

4. Relationship to Business (Title)	5. Email	6. Phone
OWNER		262-607-0530

7. Home Address: 451- PARK LN

8. City	9. State	10. Zip Code	11. Date of Birth
Williams Bay	WI.	53191	11-11-1973

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WISCONSIN

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): Aug. 2000

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
1. 451- PARK LN	Williams Bay	WI.	53191.
2. "			
3. "			
4. "			
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
Cynthia Kaun	5/27/25

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 L1279449104

GLM LIQUOR & GROCERY INC
659 E GENEVA ST
WILLIAMS BAY WI 53191-9759

Wisconsin Department of Revenue Seller's Permit

Legal/real name: GLM LIQUOR & GROCERY INC

Business name: BELL STORE
659 E GENEVA ST
WILLIAMS BAY WI 53191-9759

- 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	[redacted]

[redacted]

Geneva St
Bells Shore
BEER SECTION
WINE SECTION
LIQUOR SECTION
FRONT DOOR
Circ

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

Receipt No: 13.015484 May 27, 2025

LICENSES AND PERMITS - LIQUOR/BEER LICENSE Class A Beer 100-43001 LIQUOR/BEER LICENSE	25.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Liquor 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Publication 100-43001 LIQUOR/BEER LICENSE	50.00
LICENSES AND PERMITS - CIGARETTE LIC. 100-43014 CIGARETTE LICENSE	100.00
Total:	675.00
CHECKS Check No: 12675 Payor: GLM Liquor & Grocery Inc	675.00
Total Applied:	675.00
Change Tendered:	.00

Duplicate Copy

05/27/2025 3:45 PM

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: Williams Bay Mobil Mart, Inc 660 W. Geneva St. Williams Bay, WI

Applicant Name: Singh Gurdarshan

Type of Alcohol License(s) Sought: Class A Beer & Class A 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: 4-29-2025

License Fee Receipt: 20.001377 Amount Paid: 525.00

Date Published in Newspaper: _____

Publication Fee Receipt: 20.001377 Amount Paid: 50.00

Date forwarded to Police Chief: 6-3-2025

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)

- [X] Class "A" Beer . . . . . $ 23
- [ ] Class "B" Beer . . . . . $ _____
- [X] "Class A" Liquor . . . . . $ 500
- [ ] "Class B" Liquor . . . . . $ _____
- [ ] "Class A" Liquor (cider only) $ _____
- [ ] Reserve "Class B" Liquor $ _____
- [ ] "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 525
Background Check Fee	$
Publication Fee	$ 50
Total Fees	$ 575.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Williams Bay Mobil Mart INC.
2. Business Trade Name or DBA: Williams Bay Mobil
3. FEIN: [redacted]
4. Wisconsin Seller's Permit Number: [redacted]
5. Entity Type *(check one)*: [ ] Sole Proprietor [ ] Partnership [ ] Limited Liability Company [X] Corporation [ ] Nonprofit Organization
6. State of Organization: WI.
7. Date of Organization: March 2011
8. Wisconsin DFI Registration Number:
9. Premises Address: 66 W Geneva Street
10. City: Williams Bay
11. State: WI.
12. Zip Code: 53191
13. County: Walworth
14. Governing Municipality: [ ] City [ ] Town [X] Village of: Williams Bay
15. Aldermanic District:
16. Premises Phone: 262-245-1900
17. Premises Email: nealshergill@gmail.com
18. Website:
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.

66 W Geneva Street, Walking Cooler, Liquor Room

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

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 [X] 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
GILL	NEAL	President	262-492-8888
SINGH	DARSHAN	Agent	262-

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.
GILL	NEAL	S.

Title	Email	Phone
President	nealshergill@gmail.com	262-492-8888

Signature	Date

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

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)
Williams Bay Mobil Mart Inc.

2. Business Trade Name or DBA
Williams Bay Mobil

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.
GURDARSHAN	SINGH	

4. Email	5. Phone
gurdarshan222@gmail.com	262-492-8888

6. Home Address: 6650 Lakeside Road.

7. City	8. State	9. Zip Code	10. Age
Lake Genera	WI	53191	59

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	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**, 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.
Singh	Gurdarshan	

Title	Email	Phone
Agent	williamsbaymobil@gmail.com	2623744230

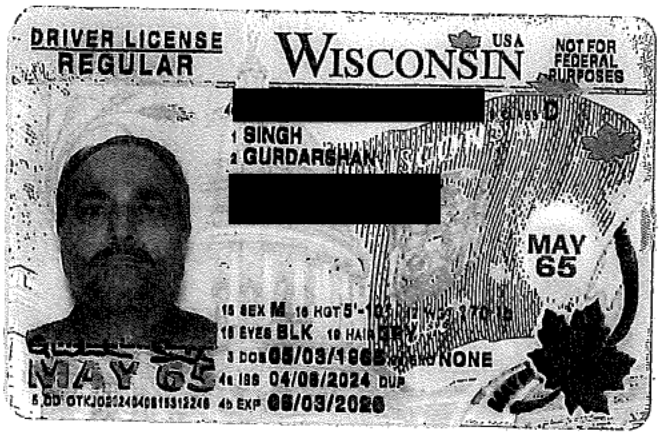
Signature	Date

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.
GURDARSHAN	SINGH	

Signature	Date
Gurdarshan Singh	5-28-2025


DRIVER LICENSE
REGULAR
WISCONSIN
USA
NOT FOR FEDERAL PURPOSES
[redacted]
1 SINGH
2 GURDARSHAN
[redacted]
MAY 65
15 SEX M 16 HGT 5'-1
18 EYES BLK 19 HAIR BRN
3 DOB 05/03/1965
12 RSTR NONE
4a ISS 04/08/2024 DUP
5 DD DTKJ0524040815512240 4b EXP 05/03/2029
MAY 65

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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) Williams Bay Mobil Mart INC,
2. Business Trade Name or DBA Williams Bay
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.
GILL	NEAL	S.

4. Relationship to Business (Title)	5. Email	6. Phone
President	nealshergill@gmail.com	262-492-8888

7. Home Address W3323 LAKE FOREST LN.

8. City	9. State	10. Zip Code	11. Date of Birth
LAKE GENEVA	WI.	53147	12-5-55

12. Drivers License/State ID Number [redacted]
13. Drivers License/State ID State of Issuance 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) 3-1990

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
23614-126th Ave.	TREVOR	WI.	53169
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
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]	4/21/25

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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)

2. Business Trade Name or DBA

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.
Singh	Gurdarshan	

4. Relationship to Business (Title)	5. Email	6. Phone
		262-492-8888

7. Home Address: 6650 Lake side Road Lake Geneva,

8. City	9. State	10. Zip Code	11. Date of Birth
Lake Geneva	wi	53191	5-03-1965

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WISCONSIN

Part C: Address History

1. 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	Months
10	

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
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
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
Gurdeep Singh	5-28-2025

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 L2008737424

WILLIAMSBAY MOBIL INC.
502 BORG RD
DELAVAN WI 53115-2019

Wisconsin Department of Revenue Seller's Permit

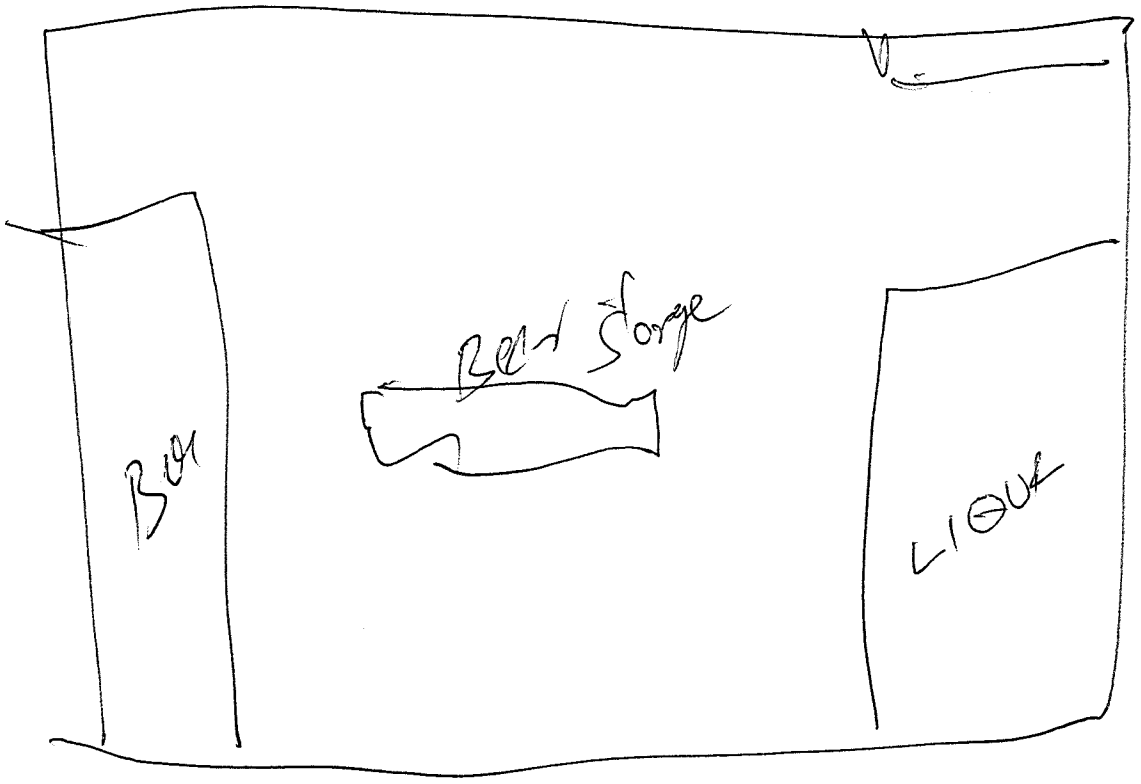
Legal/real name: WILLIAMSBAY MOBIL INC.

Business name: WILLIAMS BAY MOBIL MART
66 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	[redacted]

WINPAS - atL020 (R.01/17)


Bed Forge

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

Receipt No: 20.001377 Apr 29, 2025

Williams Bay Mobil Mart Inc.

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Beer 100-43001 LIQUOR/BEER LICENSE	25.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Liquor 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Publication Fee 100-43001 LIQUOR/BEER LICENSE	50.00
LICENSES AND PERMITS - CIGARETTE LIC. 100-43014 CIGARETTE LICENSE	100.00
LICENSES AND PERMITS - OPERATOR LICENSE - Dennis Skilling 100-43002 OPERATOR LICENSE	40.00
LICENSES AND PERMITS - OPERATOR LICENSE - Raymond Hobson 100-43002 OPERATOR LICENSE	40.00
Total:	755.00
CHECKS Check No: 2953 Payor: Williams Bay Mobil Inc	755.00
Total Applied:	755.00
Change Tendered:	.00

04/29/2025 10:52 AM

Form **CTV-100**

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor): GANESH FOOD INC.

2. Business Trade Name or DBA: BAYSIDE MART

3. FEIN: [redacted]

4. Wisconsin Seller's Permit Number: [redacted]

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation

6. State of Organization: WISCONSIN

7. Date of Organization: 3/17/2023

8. Wisconsin DFI Registration Number: [redacted]

9. Premises Address (do not use PO Box): 156 ELKHORN ROAD

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. Mailing Address (if different from premises address):

17. City:

18. State:

19. Zip Code:

20. Premises Phone:

21. Premises Email:

22. Website:

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

Gas Station & convenient store

Part B: Questions

1. What products will be sold at this business location? (check all that apply)
☑ Cigarettes ☑ Tobacco Products ☑ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)
☑ Over the counter ☐ Vending machine

3. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary

3a. Name of Business Entity: _____

3b. FEIN of Business Entity: _____

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Patel	Arpita	President	262-794-2107

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any 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. 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
Arpita Patel	4/21/25

Name (Last, First, M.I.) Patel Arpita

Title	Email	Phone
President	JAYAMBELAKESIDE@GMAIL.COM	262-794-2107

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	**Signature of Clerk/Deputy Clerk**		

Form **CTV-102**

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one): ☐ Original ☐ Change

Part A: Agent Information

1. Last Name	2. First Name	3. M.I.
PATEL	ARPITA	

4. Email	5. Phone
JAYAMBELAKESIDE@GMAIL.COM	262-794-2107

6. Home Address: 1308 Navajo Lane, APT # 204

7. City	8. State	9. Zip Code
Waukesha	WI	53186

10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
12/18/1980	[redacted]	WISCONSIN

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☑ Yes ☐ No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor): GANESH FOOD INC.

2. Business Trade Name or DBA: BAYSIDE MART

3. Entity Type (check one) ☐ Limited Liability Company ☑ Corporation

4. Premises Address		
156 ELKHORN ROAD		
5. City	**6. State**	**7. Zip Code**
WILLIAMS BAY	WI	53191

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee or Permittee**, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.

Signature of Licensee or Permittee (officer, member, or authorized signatory)	Date
Arpita PATEL	4/21/25
Name of Person Signing	**Title**
Arpita Patel	President

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than $1,000 if convicted.

Signature of Agent	Date

Date

Form **CTV-101**

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): GANESH FOOD INC.
2. Business Trade Name or DBA: BAYSIDE MART
3. Entity Type *(check one)*

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation

Part B: Individual Information

1. Name (Last)	2. Name (First)	3. Name (M.I.)
Patel	Arpita	

4. Relationship to Business (Title)	5. Email	6. Phone
OFFICER	Jayambelakeside@gmail.com	262-794-2107

7. Home Address: 1308 Navajo lane, APT # 204

8. City	9. State	10. Zip Code	11. Date of Birth
Waukesha	WI	53186	12/18/1980

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WISCONSIN

Part C: Individual's Address History

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

Previous Address 1: 1308 Navajo lane, APT # 204	City: Waukesha	State: WI	Zip Code: 53186
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
Previous Address 6	City	State	Zip Code

If applicable, 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
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

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

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than $1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature	Date
Ashita PATEL	4/21/25

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title

Signature of Local Official	Date

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

Receipt No: 20.001372 Apr 21, 2025

Ganesh Foods, Inc

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Beer 100-43001 LIQUOR/BEER LICENSE	25.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Liquor 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Publication Fee 100-43001 LIQUOR/BEER LICENSE	50.00
LICENSES AND PERMITS - CIGARETTE LIC. 100-43014 CIGARETTE LICENSE	100.00
Total:	675.00
CHECKS Check No: 1587 Payor: GANESH FOOD, INC.	675.00
Total Applied:	675.00
Change Tendered:	.00

04/21/2025 12:48 PM

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor)
GLM LIQUOR & GROC. INC.

2. Business Trade Name or DBA
BELL'S STORE

3. FEIN

4. Wisconsin Seller's Permit Number [redacted]

5. Entity Type *(check one)*
☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation

6. State of Organization
WISCONSIN

7. Date of Organization
OCT. 2008

8. Wisconsin DFI Registration Number [redacted]

9. Premises Address (do not use PO Box)
659. E. Geneva St.

10. City
Williams Bay

11. State
WI.

12. Zip Code
53191.

13. County
WALWORTH.

14. Governing Municipality: ☐ City ☐ Town ☒ Village of: _____

15. Aldermanic District

16. Mailing Address (if different from premises address)

17. City

18. State

19. Zip Code

20. Premises Phone

21. Premises Email

22. Website

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

BEHIND THE Counter And

Part B: Questions

1. What products will be sold at this business location? (check all that apply)
☒ Cigarettes ☐ Tobacco Products ☐ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)
☒ Over the counter ☐ Vending machine

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

3a. Name of Business Entity: _____

3b. FEIN of Business Entity: _____

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
KAUR	GURPREET	OWNER	262-607-0530

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any 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. 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
Gurpreet Kaur	5/27/25

Name (Last, First, M.I.) KAUR, GURPREET

Title	Email	Phone
OWNER		262-607-0530

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	**Signature of Clerk/Deputy Clerk**		

Form **CTV-102**

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date 5/27/25

Agent Type (check one): ☐ Original ☐ Change

Part A: Agent Information

1. Last Name	2. First Name	3. M.I.
KAUR	GURPREET	

4. Email	5. Phone

6. Home Address: 451- PARK LN.

7. City	8. State	9. Zip Code
Williams Bay	WI.	53191

10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
11-11-1973	[redacted]	WISCONSIN

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor): GLM LIQUOR & GRO. INC.

2. Business Trade Name or DBA: BELL'S STORE

3. Entity Type (check one): ☐ Limited Liability Company ☒ Corporation

4. Premises Address: 659. E. Geneva St.

5. City	6. State	7. Zip Code
Williams Bay	WI	53191

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee or Permittee**, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.

Signature of Licensee or Permittee (officer, member, or authorized signatory)	Date

Name of Person Signing	Title

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than $1,000 if convicted.

Signature of Agent	Date
Gurpreet Kaur	5/27/25

Date 5/27/25

Form **CTV-101**

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): GLM LIQUOR & GROC. INC.

2. Business Trade Name or DBA: BELL'S STORE

3. Entity Type *(check one)*

☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation

Part B: Individual Information

1. Name (Last)	2. Name (First)	3. Name (M.I.)
& KAUR	GURPREET	

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

7. Home Address: 451- PARK LN.

8. City	9. State	10. Zip Code	11. Date of Birth
Williams Bay	WI.	53191	11-11-1973

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WISCONSIN

Part C: Individual's Address History

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

Previous Address 1: 451- PARK LN	City: Williams Bay	State: WI.	Zip Code: 53191
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
Previous Address 6: "	City	State	Zip Code

If applicable, 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						
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

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

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than $1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature	Date
Cynthia Kaun	5/27/25

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title

Signature of Local Official	Date

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

Receipt No: 13.015484 May 27, 2025

LICENSES AND PERMITS - LIQUOR/BEER LICENSE Class A Beer 100-43001 LIQUOR/BEER LICENSE	25.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Liquor 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Publication 100-43001 LIQUOR/BEER LICENSE	50.00
LICENSES AND PERMITS - CIGARETTE LIC. 100-43014 CIGARETTE LICENSE	100.00
Total:	675.00
CHECKS Check No: 12675 Payor: GLM Liquor & Grocery Inc	675.00
Total Applied:	675.00
Change Tendered:	.00

Duplicate Copy

05/27/2025 3:45 PM

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor): Williams Bay Mobil Mart INC.

2. Business Trade Name or DBA: Williams Bay Mobil

3. FEIN: [redacted]

4. Wisconsin Seller's Permit Number: [redacted]

5. Entity Type (check one)
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation

6. State of Organization: WI.

7. Date of Organization: March 2011

8. Wisconsin DFI Registration Number:

9. Premises Address (do not use PO Box): 66 W Geneva Street

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: Williams Bay

16. Mailing Address (if different from premises address):

17. City:

18. State:

19. Zip Code:

20. Premises Phone:

21. Premises Email:

22. Website:

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

66 W Geneva St. Williams Bay WI
All Cig. Vapes behind the Counter

Part B: Questions

1. What products will be sold at this business location? (check all that apply)
☒ Cigarettes ☒ Tobacco Products ☐ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)
☒ Over the counter ☐ Vending machine

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

3a. Name of Business Entity: _____

3b. FEIN of Business Entity: _____

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any 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. 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]	4/17/25

Name (Last, First, M.I.) GILL NEAL S.

Title	Email	Phone
President	nealshergill@gmail.com	260-499-8888

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	**Signature of Clerk/Deputy Clerk**		

Date

Form **CTV-101**

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Williams Bay Mobil Mart INC.

2. Business Trade Name or DBA Williams Bay Mobil

3. Entity Type *(check one)*

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation

Part B: Individual Information

1. Name (Last)	2. Name (First)	3. Name (M.I.)
GILL	NEAL	S.

4. Relationship to Business (Title)	5. Email	6. Phone
PRESIDENT	nealthegill@gmail.com	262-492-8888

7. Home Address W3393 LAKE FOREST LN.

8. City	9. State	10. Zip Code	11. Date of Birth
LAKE GENEVA	WI	53147	12-5-55

12. Dri[redacted]

13. Drivers License/State ID State of Issuance WI.

Part C: Individual's Address History

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

Previous Address 1 23614-126th St.	City TREVOR	State WI	Zip Code 53169
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
Previous Address 6	City	State	Zip Code

If applicable, 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
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

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

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than $1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature	Date
	4/21/25

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title

Signature of Local Official	Date

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

Receipt No: 20.001377 Apr 29, 2025

Williams Bay Mobil Mart Inc.

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Beer 100-43001 LIQUOR/BEER LICENSE	25.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Liquor 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Publication Fee 100-43001 LIQUOR/BEER LICENSE	50.00
LICENSES AND PERMITS - CIGARETTE LIC. 100-43014 CIGARETTE LICENSE	100.00
LICENSES AND PERMITS - OPERATOR LICENSE - Dennis Skilling 100-43002 OPERATOR LICENSE	40.00
LICENSES AND PERMITS - OPERATOR LICENSE - Raymond Hobson 100-43002 OPERATOR LICENSE	40.00
Total:	755.00
CHECKS Check No: 2953 Payor: Williams Bay Mobil Inc	755.00
Total Applied:	755.00
Change Tendered:	.00

04/29/2025 10:52 AM