59

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning ~~July 1~~ Feb 14 20 11 ;
ending June 30 20 11

TO THE GOVERNING BODY of the: ☐ Town of ☑ Village of ☐ City of } Howard

County of Brown Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	456-0000 587 934-03
Federal Employer Identification Number (FEIN):	26-2617389
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$ 500.00
☒ Class B beer	$ 100.00
☐ Wholesale beer	$
☐ Class C wine	$ 100.00
☐ Class A liquor	$ 500.00
☐ Class B liquor	$ 500.00
☐ Reserve Class B liquor	$
Publication fee	$ 5.00
TOTAL FEE	$ 105.00

1. The named ☒ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ Steven M Campbell

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

	Title	Name	Home Address	Post Office & Zip Code
President/Member	Steven M Campbell		OWNER 1207 W DANZ AVE GB WI 54302	
Vice President/Member	N			
Secretary/Member				
Treasurer/Member				
Agent ▶				
Directors/Managers				

3. Trade Name ▶ 12-RING ARCHERY LANES Business Phone Number 920-639-1607 (m)
4. Address of Premises ▶ 752 STE B W MEMORIAL DR Post Office & Zip Code ▶ GREEN BAY 54303
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No
   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BEHIND BAR OR REAR STORAGE (LOCKED)
10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
    (b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] ☒ Yes ☐ No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of January, 20 11

[signature] (Clerk/Notary Public)

My commission expires July 17, 2011

Steven M Campbell
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Steven M Campbell
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
REC'D JAN 28 2011	2/14/11		
Date license granted	Date license issued	License number issued	

AT-106 (R. 4-09) Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)	(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
CAMPBELL	STEVEN	M	396-80-3814	
HOME ADDRESS (Street/Route)		POST OFFICE	STATE	ZIP CODE
1207 N DANZ AVE		GREEN BAY	WI	54302
~~HOME~~ PHONE NUMBER	AGE	DATE OF BIRTH	PLACE OF BIRTH	
920 639-1607 (W)	49	4-14-61	WAUKESHAW WI	

The *above named individual* provides the following information as a person who is (**check one**):

☒ Applying for an alcohol beverage license as an **individual.**

☐ A member of a **partnership** which is making application for an alcohol beverage license.

☐ _____ of _____
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)
which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 49 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws,any Wisconsin laws, any laws of any other states or ordinances of any municipality? . Yes ☐ No ☒
(If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
_____
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? .... Yes ☐ No ☒
(If yes, describe status of charges pending.) _____
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ..... Yes ☐ No ☒
(If yes, identify.) _____
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? ..... Yes ☐ No ☒
(If yes, identify.) _____ _____
(NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	Employed To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 28th day of January, 20 11

Annita A. Vitz
(CLERK/NOTARY PUBLIC)

My commission expires July 17, 2011

Steven M Campbell
(SIGNATURE OF NAMED INDIVIDUAL)

AT-103 (R. 01-01)

Printed on Recycled Paper
Wisconsin Department of Revenue