

To: Village Board of Trustees

From: Melissa Luedke, Village Clerk

Re: Class A and B Alcohol Beverage License, Amusements License, & Cigarette License Applications

Date: June 4, 2019

Alcohol Beverage License Renewal (Class "A" / "Class A")

MOTION to approve the Class "A" Fermented Malt Beverages and "Class A" Intoxicating Liquor License for TK Interests, Inc., dba Village Liquor Store- Kimberlie White – Agent, with an effective date of July 1, 2019 through June 30, 2020 as recommended by the Village Clerk. All license approvals are contingent upon any outstanding payment obligations to the Village being satisfied.

Alcohol Beverage License Renewal (Class "A" – Beer/"Class A"-Cider Only)

MOTION to approve the Class "A" Fermented Malt Beverage License and "Class A" Cider Only License for Freedom Valu Centers, Inc, dba Freedom Valu Center #72- Deanna Bjornstad – Agent, with an effective date of July 1, 2019 through June 30, 2020 as recommended by the Village Clerk. All license approvals are contingent upon any outstanding payment obligations to the Village being satisfied.

Alcohol Beverage License Renewals (Class "B" / "Class B")

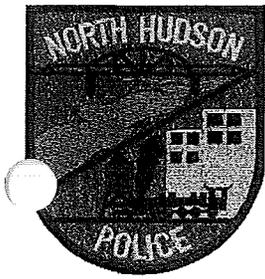
MOTION to approve the Class "B" Fermented Malt Beverages and "Class B" Intoxicating Liquor License with an effective date of July 1, 2019 through June 30, 2020, for LDJT Inc., dba The Village Inn – Leigh Halvorsen – Agent, Wisconsin Grill, LLC, dba Starr's Bar - William Souter – Agent, Zanor, Inc., dba Kozy Korner – Scott Nelson – Agent, Lamden, Inc., dba Mama Maria's Italian Ristorante – Annamarie Buhr – Agent, Seasons Tavern BDC LLC, dba Seasons Tavern - Brad Rebers – Agent, Guv's Place, Inc, dba Guv's Place – Jessica Thompson – Agent, and Mallalieu Inn, Inc., dba Mallalieu Inn - Peggy Moelter - Agent, as recommended by the Village Clerk. All license approvals are contingent upon any outstanding payment obligations to the Village being satisfied.

Tobacco Sales License Over The Counter

MOTION to approve the "Over the Counter" Tobacco Sales Licenses for: The Village Inn, Village Liquor Store, Mallalieu Inn, Freedom Valu Center, and Guv's Place with an effective date of July 1, 2019 through June 30, 2020 as recommended by the Village Clerk.

Coin Operated Amusement License

MOTION to approve the "Coin Operated Amusements License" for: Starr's Bar & Grill, The Village Inn, Guv's Place, Mallalieu Inn, and Kozy Korner, with an effective date of July 1, 2019 through June 30, 2020 as recommended by Village Clerk.



NORTH HUDSON POLICE DEPARTMENT

Village of North Hudson

400 Seventh Street North • Hudson, Wisconsin 54016
(715) 386-8433 {office} • (715) 386-7011 {fax}

Mark D. Richert
Chief of Police

MEMORANDUM FOR NORTH HUDSON VILLAGE CLERK MELISSA LUEDKE

FROM: CHIEF MARK RICHERT *MOR*
DATE: 31 MAY 2019
RE: ALCOHOL BEVERAGE LICENSE APPLICATIONS – AGENTS & OFFICERS

As requested, I have conducted a check of the background of the agents and officers listed for the following establishments:

- Freedom Valu Center, 702 6th St. N.
- Guv's Place, 726 6th St. N.
- Kozy Korner, 708 6th St. N.
- Mallalieu Inn, 414 Wisconsin St. N.
- Mama Maria's Italian Ristorante, 800 6th St. N.
- Season's Tavern, 501 6th St. N.
- Starr's Bar, Inc., 315 Wisconsin St. N.
- Village Inn, 723 6th St. N.
- Village Liquor Store, 722 6th St. N.

I recommend approval of the Renewal of Alcohol Licenses for the above establishments.

#555.00
VL TOPD: 5/20/11

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } NORTH HUDSON
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company TK INTERESTS, INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) 722 6TH ST N, HUDSON, WI 54016

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	KIMBERLIE RAE WHITE	512 NORTH END RD. N, HUDSON, WI	54016
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	KIMBERLIE RAE WHITE	512 NORTH END RD. N, HUDSON, WI	54016

Directors/Managers

C. 1. Trade Name Village Liquor Store Business Phone Number 715-386-3651

2. Address of Premises 722 6th St N Hudson, WI Post Office & Zip Code 54016

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) cement block bldg. w/bathrm, walk-in coolers, office & storage room

5. Legal description (omit if street address is given above): _____ & storage room

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Kimberlie R White
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/15/19</u>	Date reported to council/board <u>6/4/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd \$555 4/16/19
receipt # 1830



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

TK INTERESTS INC.
 722 6TH ST N
 HUDSON WI 54016-1043

Letter ID L0227442656



Wisconsin Business Tax Registration Certificate

Expiration date: November 30, 2020

Legal/real name: TK INTERESTS 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	456-0000170644-03
Withholding Tax	Withholding Tax	036-0000170644-04

FEIN # 39-1936719

WI 0008
FR #72

TOPD: 5/20/19

Freedom

456-0000403927-03

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } North Hudson
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company FREEDOM VALU CENTERS, INC.
Address of Corporation/Limited Liability Company (if different from licensed premises) _____
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member _____
Vice President/Member SEE ATTACHED
Secretary/Member _____
Treasurer/Member _____
Agent BREKKA NICOLE HFERK & Deanna Bjornstad
Directors/Managers _____

C. 1. Trade Name FREEDOM VALU CTRS #72 Business Phone Number 715-386-5286
2. Address of Premises 702 6TH ST. Post Office & Zip Code NORTH HUDSON 54016

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SALES FLOOR, COOLER, BACK ROOM
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. CHANGE IN OFFICERS Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Mari Prudent
(Officer of Corporation / Member / Manager of Limited Liability Company / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/16/19</u>	Date reported to council/board <u>6/4/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd #55 5/16/19
Receipt # 1831

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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 L0344888160

FREEDOM VALU CENTERS, INC.
 1231 INDUSTRIAL ST
 HUDSON WI 54016-9361

Wisconsin Department of Revenue Seller's Permit

Legal/real name: FREEDOM VALU CENTERS, INC.
Business name: FREEDOM VALU #72
 702 6TH ST N
 HUDSON WI 54016-1043

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

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000403927-03

Name	Title	Address	City	State	Zip	Phone Nbr
Gerardo Valencia	President & CEO	7 Chestnut Avenue	Clarendon Hills	IL	60514	[REDACTED]
Evan Walker Smith	Vice President & CFO	3426 Hunters Circle	San Antonio	TX	78230	[REDACTED]
George William Wilkins, IV	Vice President-Wholesale Operations	35 Christopher Mills Drive	Mount Laurel	NJ	08054	[REDACTED]
Michael W. Federer	Sr. Director Legal & Corporate Secretary	6896 Sunflower Lane	Macungie	PA	18062	[REDACTED]
Patrick James Panzarella	Sr. Director, Tax	10110 North Manton	San Antonio	TX	78213	[REDACTED]
Mari Ann Prudente	Director-Dealer Support	4439 Beechwood Lane	Allentown	PA	18103	[REDACTED]
Thomas Ryan Baum	Director-Retail Operations	109 Sutter Mills	Boerne	TX	78806	[REDACTED]

VI
To PD: 5/20/19

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } North Hudson
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>004-002343889-DY03-0510-7991</u>	
FRIY Number: _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>5</u>
TOTAL FEE	\$ <u>605.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
LEIGH WARREN HALVORSEN 680 ZEPHYR LN HUDSON, WI 54016
DIANNE FRANCIS HALVORSEN

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company LOST INC.
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member LEIGH WARREN HALVORSEN
 Vice President/Member DIANNE FRANCIS HALVORSEN
 Secretary/Member _____
 Treasurer/Member _____
 Agent LEIGH WARREN HALVORSEN
 Directors/Managers _____

C. 1. Trade Name THE VILLAGE INN Business Phone Number 715 386 2205
 2. Address of Premises 723 6TH ST. N. Post Office & Zip Code HUDSON 54016

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1ST FLOOR + BASEMENT LEVEL: PATIO + ACCESS, WALK-IN COOLERS

5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. NOT FILED AS OF YET Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature]
 Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/6/19</u>	Date reported to council/board <u>6/14/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd #605 5/6/19
receipt #1792

CONTACT INFORMATION:

2135 RIMROCK RD ♦ PO BOX 8902 ♦ MADISON, WI 53708-8902
PHONE (608) 266-2776 ♦ FAX (608) 267-1030 ♦ TTY (608) 267-1049
www.wisconsin.gov ♦ www.dor.state.wi.us ♦ sales10@dor.state.wi.us

LDJT INC
680 ZEPHYR LN
HUDSON WI 54016-7654



Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME: LDJT INC
BUSINESS NAME: VILLAGE INN
1 STATE ROAD 35
HOULTON, WI 54082-2043

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., it should be displayed or carried with you to the various events.

Tax Type

Account Type and Number

Sales & Use

Seller's Permit

004-0002343889-01

SB

To PD: 5/20/19

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of North Hudson City of
County of St. Croix Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) W. Heenan, Cath LLC Home Address 318 Wisconsin St, Hudson, WI, 54016 Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Wisconsin Grill LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 315 Wisconsin St, Hudson WI, 54011
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Michael Joseph Tupa 13625 9th St. N, Stillwater, MN, 55082
Vice President/Member Thomas Joseph Tomaro 2921 Marine Circle, Stillwater, MN 55082
Secretary/Member David Thomas Grcan 1015 Marshall Ave, St. Paul, WI, 55104
Treasurer/Member _____
Agent Bill Switzer
Directors/Managers _____

C. 1. Trade Name Starr's Bar Business Phone Number 715-386-2109
2. Address of Premises 35 Wisconsin St. Post Office & Zip Code 54016

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar, Poker, and Dining area, Smoke Shack,
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

Wes
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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Dain
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/16/19</u>	Date reported to council/board <u>6/4/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd \$605 5/16/19
receipt # 20434



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 L0121438432

WISCONSIN GRILL LLC
 315 WISCONSIN ST N
 HUDSON WI 54016-1046

Wisconsin Department of Revenue Seller's Permit

Legal/real name: WISCONSIN GRILL LLC

Business name: STARR'S BAR & GRILL
 315 WISCONSIN ST N
 HUDSON WI 54016-1046

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

Tax Type

Account Type

Account Number

Sales & Use Tax

Seller's Permit

456-1029299476-02

KK
TOPD: 5/31/19

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } North Hudson
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ZANON, INC. / Vozy Kerner of North Hudson Inc

Address of Corporation/Limited Liability Company (if different from licensed premises) _____

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Last, First and Middle Name) Address Post Office & Zip Code

President/Member GARY ZANON 200F SANDHILL PL. N. HUDSON, WI 54016

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Scott Nelson 606 Cedar dr. N. Hudson, WI 54016

Directors/Managers _____

C. 1. Trade Name Vozy Kerner Business Phone Number 715-386-7711

2. Address of Premises 708 6th St N. Hudson, WI Post Office & Zip Code 54016

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Inside Building, smoking room, outside fence patio, cooler, walkway, off area

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature]
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/16/19</u>	Date reported to council/board <u>6/4/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd \$605 5/16/19
receipt # 20433



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

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-261-6248
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

ZANOR, INC.
 708 6TH ST N
 HUDSON WI 54016-1043

Letter ID: L1678326336
 Batch Index: 1191037440-30

Wisconsin Department of Revenue
 Seller's Permit

LEGAL/REAL NAME: ZANOR, INC.
 BUSINESS NAME: ZANOR INC
 708 6TH ST N
 HUDSON WI 54016-1043

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Tax Type	Account Type	Filing Number	Account Number
Sales & Use	Seller's Permit		456-0000038179-03

mm
To PD: 5/20/19

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } North Hudson
 Village of }
 City of }

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

☐ CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456 0000/10707-03</u> FEIN Number: <u>39642900</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 5
TOTAL FEE	\$ 605.00

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) Lamers Gary John Home Address 113 EPINE ST Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ LAMDEN INC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 800 W 1ST N Hudson, WI 54016
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Gary John Lamers</u>	<u>113 E PINE</u>	<u>STILLWATER MN 5508</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>ANNA MARIE BOHR</u>	<u>609 OLD MILL RD</u>	<u>HUDSON WI 54016</u>

C. 1. Trade Name ▶ Lamden Inc MAMA MARIA'S RESTAURANTE Business Phone Number 715 386 7949
2. Address of Premises ▶ 800 6th St North Hudson WI 54016 Post Office & Zip Code ▶ 54016

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) RESTAURANT, BAR AREA, 30 MINOR ROOM, PATIO, DECK

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Anna Marie Bohr
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/16/19</u>	Date reported to council/board <u>6/4/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd \$605 5/16/19
receipt # 20432



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 L2093774944

LAMDEN, INC.
800 6TH ST N
HUDSON WI 54016-7170

Wisconsin Department of Revenue Seller's Permit

Legal/real name:	LAMDEN, INC.
Business name:	MAMA MARIAS 800 6TH ST N HUDSON WI 54016-7170

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

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000110707-03

ST
To PD: 5/20/19

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of North Hudson City of

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>496-1027021732-02</u>	<u>27-1371166</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>5</u>
TOTAL FEE	\$ <u>605.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) BRADLEY JAMES REBERS Home Address 352 WILLOW LN HUDSON WI 54016 Post Office & Zip Code HUDSON WI 54016

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company SEASONS TAVERN BAC LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 501 SIXTH ST N
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member BRAD REBERS 352 WILLOW LN HUDSON WI 54016
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent Brad Rebers
Directors/Managers _____

C. 1. Trade Name SEASONS TAVERN Business Phone Number 715-386-8488
2. Address of Premises 501 SIXTH ST N Post Office & Zip Code HUDSON WI 54016

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) RESTAURANT/KITCHEN/PATIO/COOLERS
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

BRAD
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/16/19</u>	Date reported to council/board <u>6/4/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd #605- 5/16/19
receipt # 1801



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 L2146258336

SEASONS TAVERN BDC LLC
501 6TH ST N
HUDSON WI 54016-1018

Wisconsin Department of Revenue Seller's Permit

Legal/real name: SEASONS TAVERN BDC LLC
Business name: SEASONS TAVERN
501 6TH ST N
HUDSON WI 54016-1018

- 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

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-1027021732-02

Guv's Place
TOPD. 5/20/11

456-1028984624-02

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } North Hudson
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
<u>Jessica R Thompson</u>	<u>1312 City Rd V Hudson WI 54016</u>	<u>WI 54016</u>
<u>Thompson Daniel A</u>	<u>1312 City Rd V Hudson WI 54016</u>	<u>WI 54016</u>

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises) Guv's Place Inc
726 14th St. N Hudson WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Daniel A Thompson</u>	<u>1312 City Rd V Hudson WI 54016</u>	<u>WI 54016</u>
Vice President/Member	<u>Jessica R Thompson</u>	<u>1312 City Rd V Hudson WI 54016</u>	<u>WI 54016</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Jessica R Thompson</u>	<u>1312 City Rd V Hudson WI 54016</u>	<u>WI 54016</u>

C. 1. Trade Name Guv's Place Business Phone Number 715-220-2722

2. Address of Premises 726 14th St. N Hudson WI Post Office & Zip Code 54016

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Volleyball Area, Smoking Area Behind Bar, Jack W 2ly sidewalk Area, Bar inside Bar & Basement

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are **charges for any offenses** presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Jessica R Thompson
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/15/19</u>	Date reported to council/board <u>6/4/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd \$605 5/15/19
receipt # 1799



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

BAR PHONE: ~~715 381 9781~~

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 L0250168928

FEIN: 47-5115519

DANIEL THOMPSON
 GUVSPACE INC
 726 6TH ST N
 HUDSON WI 54016-1043



Wisconsin Department of Revenue Seller's Permit

Legal/real name: GUVSPACE INC
Business name: GUVSPACE
 726 6TH ST N
 HUDSON WI 54016-1043

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

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1028984624-02

1111

To PD: 5/20/19

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } North Hudson
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company MALLALIEU INN INC
Address of Corporation/Limited Liability Company (if different from licensed premises) _____
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>PEGGY M MOELTER</u>	<u>795E Hwy 12 HUDSON WI</u>	<u>54016</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

C. 1. Trade Name MALLALIEU INN Business Phone Number 715-396-8165
2. Address of Premises 414 WISCONSIN ST N Post Office & Zip Code HUDSON WI 54016

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SINGLE ONE STORY BLDG w/ BASEMENT

5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

State of Minnesota
County of Washington

This document was signed before me on this 30th day of April 2019

Susan M Wagner
Notary Public - Minnesota
My Commission Expires Jan 31, 2023

Lesley Marlene Paulsen
Notary Public State of Minnesota
My Commission Expires on 1-31-2023

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/13/19</u>	Date reported to council/board <u>6/14/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd #605 - 5/13/19
receipt # 1797



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

MALLALIEU INN INC
 414 WISCONSIN ST
 HUDSON WI 54016-1679

Letter ID L0227197152



Wisconsin Business Tax Registration Certificate

Expiration date: July 31, 2018 *4/25/19 Checked DOR website - valid ✓*

Legal/real name: MALLALIEU INN 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	456-1020184056-03
Withholding Tax	Withholding Tax	036-1020184056-04

VI \$100

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered 07/01/2019-06/30/2020
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1020-1786-14-03

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) LDST INC			Federal Employer Identification No. (FEIN) 03-056-7991		
Trade or Business Name (if different than Legal Name) THE VILLAGE INN			Telephone Number (715) 286 2205		
Business Address (License Location) 723 6TH ST. N.		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()	
Municipality N. HUDSON	State WI	Zip Code 54016	of: N. HUDSON		County ST. CROIX
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)

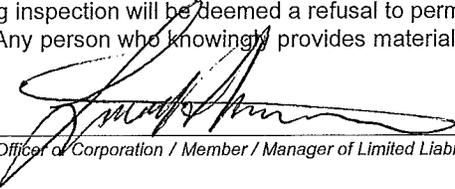
- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: 10/16/2005
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe)

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees 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 permit 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.

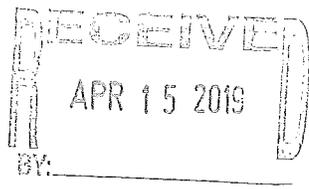

 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

pd \$100 5/6/19
receipt # 1792

#100.00
VL

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.



MUNICIPAL USE ONLY

License Number
Period Covered 07/01/19 -06/30/20
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 004-0000170644-03
--

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) TK INTERESTS, INC.			Federal Employer Identification No. (FEIN) 39-1936719		
Trade or Business Name (if different than Legal Name) VILLAGE LIQUOR STORE			Telephone Number (715) 386-3651		
Business Address (License Location) 722 6TH STREET NORTH			Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		
Municipality HUDSON		State WI	Zip Code 54016	of: NORTH HUDSON	
Mailing Address (if different than Business Address)			Municipality		State Zip Code
			ST. CROIX		

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: 11/20/1998
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ~~over~~ under counter through vending machine both

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 applicant. Applicant agrees 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 permit 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.

Kimberly R White

Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual

\$100 4/16/19
Serial # 1830

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MI
\$100

MUNICIPAL USE ONLY

License Number
Period Covered 07/01/2019-06/30/2020
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1020184056-03

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) MALLALIEU INN, INC		Federal Employer Identification No. (FEIN) 39-1411668
Trade or Business Name (if different than Legal Name) MALLALIEU INN		Telephone Number (715) 386-8165
Business Address (License Location) 414 WISCONSIN ST N	Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town	Business Telephone (715) 386-8165
Municipality HUDSON	State WI	Zip Code 54016
Mailing Address (if different than Business Address)	of: NORTH HUDSON	County ST CROIX
	Municipality	State Zip Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: **3-26-1980**
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions have been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

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State of Minnesota
County of Washington

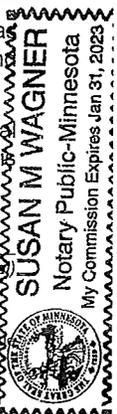
This document was signed before me on
CTP-200 (R. 7-18)
this 30th Day of April, 2019

pd \$100 5/13/19
receipt #1707

Legue Harlene Noelter
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Susan M Wagner
Notary Public State of Minnesota
My Commission expires 1-31-2023

Wisconsin Department of Revenue



W10008
FV #72

Freedom
\$100-

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000 403927-03

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 07/01/2019 - 06/30/2020
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) FREEDOM VALU CTRS, INC.			Federal Employer Identification No. (FEIN) 39-1416128		
Trade or Business Name (if different than Legal Name) FREEDOM VALU #72			Telephone Number (610) 625-8007		
Business Address (License Location) 706 6TH STREET N.			Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (715) 386-5286
Municipality NORTH HUDSON	State WI	Zip Code 54016	of: NORTH HUDSON		County ST. CROIX
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dfs/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees 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.

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Mari Prudente
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

pd \$100 5/16/19
receipt #1831

GUV'S \$100-

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number
Period Covered 07/01/2019-06/30/2020
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1028984624-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) GWS Place Inc		Federal Employer Identification No. (FEIN) 47-5115519	
Trade or Business Name (if different than Legal Name) GWS Place		Telephone Number (715) 220-2922	
Business Address (License Location) 726 Leith St. N		Business Telephone ()	
Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		County St. Croix	
Municipality Hudson	State WI	Zip Code 54016	of: North Hudson
Mailing Address (if different than Business Address)		Municipality	State Zip Code

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: 2017
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe)

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees 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.

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

Pd \$100-5/15/19
Receipt #1799

VILLAGE OF NORTH HUDSON
400 7TH STREET NORTH • HUDSON, WI 54016 • (715) 386-5141
Application for Amusement Coin Machine Permit

I/We hereby apply for a permit(s) for a coin-operated machine(s) to be effective from
 July 1, 20 19 to June 30, 2020 (unless sooner revoked).

SECTION 1—Applicant Information

Business Legal Name: Wisconsin Grill LLC
 Trade or Business Name (if different than Legal Name): Starr's Bar
 Business Address (License Location): 315 Wisconsin St. N
 City: Hudson State: WI Zip Code: 54016
 Federal Employer Identification No. (FEIN): 83-3337774
 Business Phone Number: 715-386-2109
 Are you a Citizen of the United States?: Yes No

SECTION 2—Device Information

Answer all of the following questions completely:

1. Do you own your machines? No
2. Name of owner of machines: Leisure Entertainment
3. Please list name of each device separately (NOTE: **Do NOT** list any video gambling machines on this application. This permit does **NOT** authorize illegal video gambling machines).

Device Name(s):

1. <u>Pool table</u>	2. <u>Jukebox</u>	3. <u>Bonus hole</u>
4. <u>Dart Board</u>	5. <u>Golden tee</u>	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.

VI

VILLAGE OF NORTH HUDSON
400 7TH STREET NORTH • HUDSON, WI 54016 • (715) 386-5141
Application for Amusement Coin Machine Permit

I/We hereby apply for a permit(s) for a coin-operated machine(s) to be effective from
 July 1, 20 19 to June 30, 2020 (unless sooner revoked).

SECTION 1—Applicant Information

Business Legal Name: LOTT INC
 Trade or Business Name (if different than Legal Name): THE VILLAGE INN
 Business Address (License Location): 723 6TH ST. N.
 City: HUDSON State: WI Zip Code: 54016
 Federal Employer Identification No. (FEIN): 03-056-7991
 Business Phone Number: 715 386 2205
 Are you a Citizen of the United States?: Yes No

SECTION 2—Device Information

Answer all of the following questions completely:

- Do you own your machines? No
- Name of owner of machines: TWIN STATES MUSIC
- Please list name of each device separately (NOTE: Do NOT list any video gambling machines on this application. This permit does NOT authorize illegal video gambling machines).

Device Name(s):

1. <u>6</u> <u>DART</u>	2. <u>1 POOL TABLE</u>	3. <u>1 BIG BUCK HUNTER</u>
4. <u>1 MY LITTLE PET</u>	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.

VILLAGE OF NORTH HUDSON
400 7TH STREET NORTH • HUDSON, WI 54016 • (715) 386-5141
Application for Amusement Coin Machine Permit

I/We hereby apply for a permit(s) for a coin-operated machine(s) to be effective from July 1, 20 19 to June 30, 2020 (unless sooner revoked).

SECTION 1—Applicant Information

Business Legal Name: Guv's Place

Trade or Business Name (if different than Legal Name): Guv's Place Inc

Business Address (License Location): 726 10th St. N

City: Hudson State: WI Zip Code: 54016

Federal Employer Identification No. (FEIN): 47-5115519

Business Phone Number: 715-220-2922

Are you a Citizen of the United States?: Yes No

SECTION 2—Device Information

Answer all of the following questions completely:

1. Do you own your machines? No

2. Name of owner of machines: (AAA) American Amusement Arcades

3. Please list name of each device separately (NOTE: **Do NOT** list any video gambling machines on this application. This permit does **NOT** authorize illegal video gambling machines).

Device Name(s):

1. <u>TouchTunes Juice Box</u>	2. <u>Big Buck HD Wild</u>	3. <u>2019 Golden Tee</u>
4. <u>Le Dart Boards</u>	5. <u>mega touch table top</u>	6. <u>JUL Encore table top</u>
7. <u>ATM</u>	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.

VILLAGE OF NORTH HUDSON
400 7TH STREET NORTH • HUDSON, WI 54016 • (715) 386-5141
Application for Amusement Coin Machine Permit

I/We hereby apply for a permit(s) for a coin-operated machine(s) to be effective from
 July 1, 20 19 to June 30, 20 20 (unless sooner revoked).

SECTION 1—Applicant Information

Business Legal Name: MALLALIEU INN INC.

Trade or Business Name (if different than Legal Name): MALLALIEU INN

Business Address (License Location): 414 WISCONSIN ST N

City: HUDSON State: WI Zip Code: 54016

Federal Employer Identification No. (FEIN): 39-1411668

Business Phone Number: 715-386-8165

Are you a Citizen of the United States?: Yes _____ No X

SECTION 2—Device Information

Answer all of the following questions completely:

1. Do you own your machines? No

2. Name of owner of machines: LEISURE ENTERTAINMENT

3. Please list name of each device separately (NOTE: Do NOT list any video gambling machines on this application. This permit does NOT authorize illegal video gambling machines).

Device Name(s):

1. <u>POOL TABLE</u>	2. <u>DART BOARD</u>	3. <u>JUKE BOX</u>
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.

VILLAGE OF NORTH HUDSON
400 7TH STREET NORTH • HUDSON, WI 54016 • (715) 386-5141
Application for Amusement Coin Machine Permit

I/We hereby apply for a permit(s) for a coin-operated machine(s) to be effective from July 1, 2019 to June 30, 2020 (unless sooner revoked).

SECTION 1—Applicant Information

Business Legal Name: Kozy Korner of North Hudson Inc
 Trade or Business Name (if different than Legal Name): Kozy Korner
 Business Address (License Location): 708 6th St N
 City: Hudson State: WI Zip Code: 54016
 Federal Employer Identification No. (FEIN): 27-1460915
 Business Phone Number: 715-386-7711
 Are you a Citizen of the United States?: Yes No

SECTION 2—Device Information

Answer all of the following questions completely:

1. Do you own your machines? NO
2. Name of owner of machines: Leisure Entertainment
3. Please list name of each device separately (NOTE: **Do NOT** list any video gambling machines on this application. This permit does **NOT** authorize illegal video gambling machines).

Device Name(s):

1. <u>Golden Tee</u>	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.