$I_{r_{\alpha}}$ Form

AB-100

Alcohol Beverage Individual Questionnaire

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

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- all partners of a partnership

| | Part A: Busines: | | n | | | | uired Individual C | | | |
|---------------------|---|---|----------------|--|--|----------|--|---|---|-------------|
| 1 | . Legal Business Nar | me (individual na | me if sole pro | oprietor) | | | | | | |
| 2. | Business Trade Nar | me or DBA | | | | | | | | |
| 3. | Entity Type (check o | nne) r 🏻 Parti | nership | ☐ Limited | l Liability C | ompa | iny 🗌 Corp | oration | □ Nonprofi | t Organizat |
| Pa | art B: Individual | Information | | | | | | | | - organizat |
| | ast Name | momation | | | 2 5: | | | | | |
| | | | | | 2. First N | ame | | | | 3. M.I. |
| 4. F | Relationship to Busin | ess (Title) | | 5. Email | | | | | 6. Phone | 1 |
| 7. H | Iome Address | | | | | | | | | |
| | | | | | | | | | | |
| 3. C | ity | | | | 9. Sta | ate | 10. Zip Code | | 11. Date of I | Birth |
| 2. [| Orivers License/State | ID Number | | | | | 13. Drivers Licen | /C4-4- 1D C4 | | |
| | | | | | | | late and a ciden | sersiale ID Si | ate of issuance | |
| | | | | | | _ | | | | |
| art | C. Add | _ | | | | | | | | |
| | C: Address Hi | | | | | | | | | |
| | | | in? | F - S - 10 - 10 - 10 - 10 - 10 - 10 - 10 | | **** | - 10 - 10 TO - | | | |
| Do | o you currently res | ide in Wisconsi | in? | usly lived in \ | Visconsin _I | orior to | o the date of app | lication? | Years | Yes N |
| Do If y | o you currently res | ide in Wisconsi w long have yo | u continuo | ısly lived in V | Visconsin _I | orior to | o the date of app | lication? | Years . | |
| . Do | o you currently res | ide in Wisconsi w long have yo | u continuo | sly lived in V | Wisconsin | orior to | o the date of app | lication? | Years . | |
| If y | you currently res yes to 1 above, how the in chronological of the Address 1 | ide in Wisconsi w long have yo | u continuo | sly lived in V | Visconsin _I | orior to | o the date of app | lication? | Years . | |
| If y | o you currently res | ide in Wisconsi w long have yo | u continuo | sly lived in V | Wisconsin | orior to | o the date of app | ets if necessar | Years Ary. Zip Code | |
| If y | yes to 1 above, how the tin chronological of the Address 1 | ide in Wisconsi w long have yo | u continuo | sly lived in V | Wisconsin past 5 years. | orior to | o the date of app | lication? | Years ary. | |
| If y | you currently res yes to 1 above, how the in chronological of the Address 1 | ide in Wisconsi w long have yo | u continuo | sly lived in V | Wisconsin past 5 years. | orior to | o the date of app | ets if necessar | Years Ary. Zip Code Zip Code | |
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| If y Lis evice viou | yes to 1 above, how the string chronological of the string | ide in Wisconsi w long have yo order all of you | u continuou | swithin the la | Wisconsin past 5 years, City City City tity ch addition. | Attac | o the date of app | State State State State State State State | Years Zip Code Zip Code Zip Code Zip Code | |
| If y Lisevio | yes to 1 above, hower the control of | ide in Wisconsi w long have yo order all of your | r addresses | swithin the la | Visconsin past 5 years, City City City ity | Attac | o the date of app | State State State State | Years Zip Code Zip Code Zip Code Zip Code | |

Continued →

| Part D: Criminal Hist | tory | | A. K |
|---|--|--|---|
| 1. Have you ever been c | onvicted of any offen | ises (excluding traffic offens | ses unless related to alcohol beverages) |
| for violation of any fed | leral, Wisconsin, or a | nother state's laws or of an | y county or municipal ordinances? Yes |
| If yes to question 1, ple | ease list details of ea | ich conviction below. Affact | additional sheets as needed. |
| _aw/Ordinance Violated | ALL DESCRIPTION | Location | |
| | ម្តីមិនមេលៃមាន លើ ។ | riche Sassine | Conviction Date |
| Penalty Imposed | ing figures | ngge nggrenomu | |
| chaity imposed | | CAMPS CONTRACTOR CONTRACTOR | Was sentence completed? Yes |
| | · · · · · · · · · · · · · · · · · · · | skie ja Albertone | 17420 contened completed: |
| aw/Ordinance Violated | | Location | Conviction Date |
| | | | |
| Penalty Imposed | | 24 | Management of the Color |
| | | | Was sentence completed? |
| aw/Ordinance Violated | | Location | Conviction Date |
| | | | |
| enalty imposed | | | |
| | | | Was sentence completed? Yes |
| Are charges for any offe | oncos ourrontly nondi | lan and the control of | |
| beverages) for violation | of any federal. Wisc | ing against you (excluding) | raffic offenses unless related to alcohol ws or any county or municipal |
| ordinances? | or arry reactar, viriou | onsin, or another state's lav | |
| | | · · · · · · · · · · · · · · · · · · · | |
| If yes to question 2, des sheets as needed. | | atus of pending charges us | ing the space below. Attach additional |
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