ORDINANCE, LICENSES, AND PERMITS COMMITTEE MEETING AGENDA

November 10, 2026 at 6:15 PM

303 Mansion Street Mauston, WI

1. **Call to Order/Roll Call**
2. **Discussion and Action Regarding Minutes**
   - a. October 13, 2026
3. **Discussion and Recommendation Regarding Alcohol License Applications for:**

   CLASS B - COMBINATION RETAIL FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS:

   Bluhm's Dry Gulch, LLC., Jennifer Bluhm - Agent, for the premises known as **Bluhm's Dry Gulch** located at 112 E State Street

   CLASS A - COMBINATION RETAIL FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS:

   Gas and Grab, LLC, Gurprit Brar - Agent, for the premises known as Gas and Grab, located at 304 E State Street

   - a. Bluhm's Dry Gulch
   - b. Gas and Grab
4. **Adjourn**

NOTICE:

It is possible that action will be taken on any of the items on the agenda and that the agenda may be discussed in any order. It is also possible that a quorum of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

Also, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact City Deputy Clerk Carole Wolff at (608) 747-2706.

Any member of the public wishing to join the meeting telephonically should call City Hall by 4pm the day of the meeting. Staff will be happy to provide instructions on joining the meeting by phone. City Hall main number: 608-847-6676

ORDINANCE, LICENSES, AND PERMITS COMMITTEE MEETING MINUTES

October 13, 2026 at 6:20 PM

303 Mansion Street Mauston, WI

1. **Call to Order/Roll Call:** The Ordinance, Licenses, and Permits Committee meeting was called to order on October 13, 2026, at 6:22 p.m. by Chair Jim Allaby. Members present were Jim Allaby, Leanna Hagen, and Tim Ponshock. Also present were Mayor Darryl Teske, City Administrator Daron Haugh, and Deputy Clerk Carole Wolff.
2. **Minutes:** Motion by Ponshock, seconded by Hagen, to approve the September 22, 2026, minutes. Motion carried by voice vote.
3. **Ordinance 2026-2090:** Motion by Allaby, seconded by Hagen, to recommend Council approval of Ordinance 2026-2090 amending Chapter 28, Article II, Collection and Mandatory Recycling of the Mauston Municipal Code. Motion carried by voice vote.
4. **Burton-Koppang American Legion Post #81 Appointment of Agent:** Motion by Allaby, seconded by Ponshock, to recommend Council approval of the appointment of Nick Wesley as Agent for Burton-Koppang American Legion Post #81. Motion carried by voice vote.
5. **Adjournment:** Motion by Hagen, seconded by Ponshock, to adjourn. Motion carried by voice vote. The meeting adjourned at 6:25 p.m.

_____ _____

Chair Date

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Section 3, Item a.

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only

Municipality

License Period

Application Type *(check one)*

☒ Initial (New) ☐ Renewal

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

☐ Class "A" Beer	$	☒ Class "B" Beer	$
☐ "Class A" Liquor	$	☒ Regular "Class B" Liquor	$
☐ "Class A" Liquor (cider only)	$	☐ Reserve "Class B" Liquor	$
☐ "Class C" Liquor (wine only)	$	☐ Above-Quota "Class B" Liquor	$

Fees	
License Fee(s)	$ 400
Background Check Fee	$ 8
Publication Fee	$ 8
Total Fees	$ 416.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Bluhm's Dry Gulch

2. Business Trade Name or DBA:

3. FEIN: [redacted]

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

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ☐ Yes ☒ No

If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization	8. Date of Organization	9. Wisconsin DFI Registration Number
WI	2-18-26	

10. Premises Address: 112 E. STATE ST

11. City	12. State	13. Zip Code
MAUSTON	WI	53948

14. County	15. Governing Municipality: ☒ City ☐ Town ☐ Village of:	16. Aldermanic District
Juneau	Mauston	

17. Premises Phone	18. Premises Email	19. Website

20. Premises Description

Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☐

Ground floor Cooler and behind Bar storage

21. Mailing Address (if different from premises address): 112 E STATE ST

22. City	23. State	24. Zip Code
MAUSTON	WI	53948

Part B: Questions

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

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

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

CCAP ✓ DOJ ✓ PD ✓

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

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

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

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

☒ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

☒ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

☒ *(For corporations, limited liability companies, and nonprofit organizations only)* I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

☒ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Bluhm	Jennifer	m

Title	Email	Phone
one member of an LLC	[redacted]	[redacted]

Signature	Date
[redacted]	10/22/26

Part E: For Clerk Use Only

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

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

Section 3, Item a.

Form **AB-200AA**

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*

☒ Initial (New) ☐ Renewal

License Period

9

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

*Status Definitions

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)
Bluhm's Dry Gulch

2. Business Trade Name or DBA

3. FEIN
414341087

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
Jennifer M.	Bluhm	A member of an LLC	[redacted]	[redacted].com	new

Form
AB-300

Alcohol Beverage Personal Questionnaire

Date 10/30/20

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

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

Your alcohol beverage application or renewal is not complete until all required Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Bluhm's Dry Gulch LLC

2. Business Trade Name or DBA

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

Part B: Personal Information

1. Last Name/Business Name	2. First Name	3. M.I.
Bluhm	Jennifer	M

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	[redacted]	[redacted]

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Mauston	WI	53948	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance	14. SSN or FEIN
[redacted]	WI	[redacted]

Part C: Address History

1. Do you currently reside in Wisconsin? (residing outside Wisconsin is not necessarily disqualifying). . . . . ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .

Years	Months
20	1

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

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

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Juneau	IL	Kane	[redacted]			
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Interest Restrictions

Questions 1-3 are specific to the business listed in Part A.

1. Do you hold a manager's license or work in a managerial capacity? ☒ Yes ☐ No
2. Are you a partner, officer, director, member, or agent of a corporation or limited liability company? ☒ Yes ☐ No
3. Do you have an ownership interest of more than 10% in the business listed in Part A? 100 % ownership ☒ Yes ☐ No

If Yes to any of the above, you are a restricted investor.

4. Do you have interest in an alcohol beverage license or permit in a different tier than the business listed in Part A? ☐ Yes ☒ No

If yes, list name and address of other business.

If No to Question 4, Part E is complete. Continue to signature on page 3.
Questions 5-7 deal with any business listed in Question 4 above.

5. Do you hold more than 10% ownership interest? _____% ownership ☐ Yes ☐ No
6. Are you an officer, director, manger, operator, or agent? ☐ Yes ☐ No
7. Are you involved in the day-to-day operations of the licensee or permittee or exert any control over such operations beyond the ability to vote as an owner? ☐ Yes ☐ No

If No to Questions 5-7, complete restricted investor affidavit Form AB-104a or Form AB-104b.
If Yes to 5 is due to marriage, complete marriage affidavit Form AB-103.

Part F: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
[redacted]	10/20/2026

Form
AB-101

Alcohol Beverage Appointment of Agent

Date

Agent Type *(check one)*

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Bluhm's Dry Gulch LLC

2. Business Trade Name or DBA

3. Entity Type *(check one)*
☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☐ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

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

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Bluhm	Jennifer	m

4. Email [redacted]

5. Phone [redacted]

6. Home Address [redacted]

7. City	8. State	9. Zip Code	10. Date of Birth
mauston	WI	53948	[redacted]

11. Driver's License/State ID Number [redacted]

12. Driver's License/State ID State of Issuance
WI

Part C: Agent Questions

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

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☐ Yes ☐ No

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

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Bluhm	Jennifer	M

Title	Email	Phone
Owner	[redacted]	[redacted]

Signature	Date
[redacted]	10/20/26

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Bluhm	Jennifer	M

Signature	Date
[redacted]	10/20/26

[redacted]

Form **AB-200**

Alcohol Beverage License Application

423

For Municipal Use
Municipality
License Period

Application Type *(check one)*

☑ Initial (New) ☐ Renewal

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

☑ Class "A" Beer	$	☑ Class "B" Beer	$
☑ "Class A" Liquor	$	☐ Regular "Class B" Liquor	$
☐ "Class A" Liquor (cider only)	$	☐ Reserve "Class B" Liquor	$
☐ "Class C" Liquor (wine only)	$	☐ Above-Quota "Class B" Liquor	$

Fees	
License Fee(s)	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Gas and Grab LLC

2. Business Trade Name or DBA
Gas and Grab LLC

3. FEIN [redacted]

4. Wisconsin Seller's Permit Number [redacted]

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ☐ Yes ☐ No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization
WI

8. Date of Organization
09/21/2026

9. Wisconsin DFI Registration Number [redacted]

10. Premises Address
304 E State Street

11. City
Mauston

12. State
WI

13. Zip Code
53948

14. County
Juneau

15. Governing Municipality: ☑ City ☐ Town ☐ Village of: Mauston

16. Aldermanic District

17. Premises Phone
(608) 628-7729

18. Premises Email [redacted]

19. Website

20. Premises Description

Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☐

Gas Station and Convenience Store. Alcohol beverages are stored in the back of the cooler. Alcohol is sold over the counter/register. No alcohol consumption on premise.

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

Part B: Questions

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

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

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

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

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

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

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☑ Yes ☐ No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☑ No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☑ No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

☑ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

☑ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

☑ *(For corporations, limited liability companies, and nonprofit organizations only)* I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

☑ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Brar	Gurprit	

Title	Email	Phone
President	[redacted]	(608) 628-7729

Signature	Date
[redacted]	10/01/26

Part E: For Clerk Use Only

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

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

m
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*
☒ Initial (New) ☐ Renewal
License Period

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

*Status Definitions

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)
GAS and Grab LLC

2. Business Trade Name or DBA
GAS and Grab LLC

3. FEIN 42-5287954

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
GURPRIT	BRAR	President/~~GM~~	[redacted]	[redacted]	NEW

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
10/01/2026

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

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

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Gas & Grab LLC

2. Business Trade Name or DBA
Gas & Grab LLC

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

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Brar	Gurpreet	

4. Relationship to Business (Title)	5. Email	6. Phone
President	[redacted]	[redacted]

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Tomah	WI	54660	[redacted]

12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance
[redacted]	WI

Part C: Address History

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

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 01/2019

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

	City	State	Zip Code
Previous Address 1: Verona	Verona	WI	53593
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County

Continued →

CCAP ✓ DOJ ✓ PD ✓

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☑ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
[redacted]	10/01/2026

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
10/01/2026

Agent Type *(check one)*

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Gas and Grab LLC

2. Business Trade Name or DBA
Gas and Grab LLC

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

4. Alcohol Beverage Business Authorization *(check one)*
☑ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

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

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Brar	Gurprit	

4. Email [redacted]

5. Phone [redacted]

6. Home Address [redacted]

7. City	8. State	9. Zip Code	10. Date of Birth
Tomah	WI	54660	[redacted]

11. Driver's License/State ID Number [redacted]

12. Driver's License/State ID State of Issuance
WI

Part C: Agent Questions

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

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☑ Yes ☐ No

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

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Brar	Gurprit	

Title	Email	Phone
President	[redacted]	[redacted]

Signature	Date
[redacted]	10/01/26

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Brar	Gurprit	

Signature	Date
[redacted]	10/01/26