



**OFFICIAL PUBLIC NOTICE**  
**MEETING OF THE PUBLIC SAFETY COMMITTEE**  
**TUESDAY, OCTOBER 03, 2023 AT 5:30 PM**

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SMALL CONFERENCE ROOM, MUNICIPAL BUILDING; 450 S. MAIN STREET; RICHLAND CENTER, WI 53581

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**AGENDA - REVISED**

**CALL TO ORDER** *Roll Call for the meeting, determine whether a quorum is present; determine whether the meeting has been properly noticed.*

**APPROVAL OF MINUTES**

1. 9-5-2023 PSC Minutes

**APPROVAL OF OPERATOR LICENSES**

**DISCUSSION AND ACTION ITEMS**

2. Street Closing Application from Richland Pickleball Federation at Central Avenue between Court & Mill Streets on 10/07/2023
3. Temporary Class B Picnic License for Greater Richland Area Chamber of Commerce on 10/06/2023 at 146 S. Main St. (Wine Walk)
4. Temporary Class B Picnic License for Greater Richland Area Chamber of Commerce on 10/06/2023 between Main Street & Central Avenue (Street Dance)
5. Tobacco License Application for SHAA, LLC at 845 Sextonville Road
6. Class A Beer & Class A Liquor License for SHAA, LLC, Harmit Miranpuri agent, at 845 Sextonville Road
7. Discussion of Parking Options Near & Around Park Apartments
8. Consideration and approval to move the lighted pedestrian sign from Sixth and Main Streets to the intersection of Eighth and Main Streets

**CHIEF OF POLICE REPORT**

**REPORTS, REQUESTS, CONCERNS** *No action will be taken on any matter originating under this item.*

**SET NEXT MEETING DATE**

**ADJOURNMENT**

Posted this 28th day of September, 2023 by 4:30 PM.

Copy to the official newspaper the Richland Observer.

Revised and posted September 29, 2023 by 4:30 PM.

Aaron Joyce, City Clerk/Treasurer

PLEASE NOTE: That upon reasonable notice, a minimum of 24 hours in advance, 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 Ashley Oliphant, City Administrator at 450 S. Main St., Richland Center, WI. 53581 or call 608-647-3466. Notice is hereby given that the council members who are not members of this committee may attend this meeting so as to constitute a quorum of the city council. Any such council member attendance will be for information gathering, discussion, and/or related purposes and will not result in the direct decision making by

the city council at the committee meeting. The City of Richland Center is an equal opportunity employer, provider, and lender.

**AGENDA**

**CALL TO ORDER:** Meeting was called to order by Kevin Melby at 5:15 PM. Members present were Kevin Melby, Mark Chambers, and Steve Downs.

**Others Present** Chief Billy Jones, Kristi Adsit from the Chamber.

**APPROVAL OF MINUTES,** Motion by Melby, seconded by Chambers, motion carried.

**APPROVAL OF OPERATOR LICENSES,** motion by Chambers, seconded by Melby, motion carried.

**DISCUSSION AND ACTION ITEMS**

2. Motion by Melby to approve the Parade Permit for Center Color Fest Parade on 10/07/23, seconded by Downs, motion carried.
3. Motion by Melby to approve the Street Closing Application for RCHS Athletic Booster Club Duck Race 9/29/2023, seconded by Chambers, motion carried.
4. Motion by Chambers to approve the Temporary Class B Picnic License Application for Richland Area Chamber for the Hispanic Heritage Day 09/16/23, seconded by Downs, motion carried.
5. Motion by Melby to approve the Temporary Class B Picnic License Application for St. Mary's Parish - Parish Festival 09/16/23, seconded by Downs, motion carried.
6. Motion by Melby to approve the Temporary Class B Beer & Class B Wine License from Greater Richland Area Chamber for a Beer & Wine Walk on October 6, 2023, seconded by Downs, motion carried.
7. Consider Moving Flashing LED Pedestrian Sign from East Sixth Street to East Eight Street, keeping a standard pedestrian sign on East Sixth Street. The committee would like more info on Power and Solor situation. Will bring back at the next meeting.

**CHIEF OF POLICE REPORT**

8. July RCPD Call Report

**REPORTS, REQUESTS, CONCERNS** , Downs would like to review and discuss the # of animals/dog ordinance.

**SET THE NEXT MEETING DATE,** October 3<sup>rd</sup> at 5:30 P.M.

## CITY OF RICHLAND CENTER STREET CLOSING APPLICATION FOR EVENTS

Date: 09/21/2023

Name of Event: Pickleball Demonstration

Name of Contact: Dean Amundson

Telephone Number 608-647-6350

Alternate Contact: Joel Rewald

Telephone Number 608-604-6875

Name of Organization / Business requesting closure: Richland Pickleball Federation


Address: 21340 County Hwy A, Richland Center , WI 53581

Date of Event 10/07/2023

Street Closure Request: Central Ave. between Court St. and Mill St.

Street will be closed between the hours of: 4:30 p.m. to 7:00 p.m.

Explain how the street closure will be marked such as cones or barricades: Barricades

  
Signature of Applicant (s) Date filed with Clerk 9/22/23 Bfaasel

Referred to Public Safety on \_\_\_\_\_

Action of Public Safety \_\_\_\_\_

# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

Item 3.

FEE \$ 10.00 pd on 9/20/23  
☐ Town ☐ Village ☒ City of Richland Center

Application Date: 6/15/2023  
County of Richland

The named organization applies for: (check appropriate box(es).)

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 10/6/2023 and ending 10/6/2023 9pm and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

## 1. Organization (check appropriate box) →

☐ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☒ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Greater Richland Area Chamber of Commerce

(b) Address 397 W. Seminary St. Richland Center, WI  
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized \_\_\_\_\_

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☒

(f) Names and addresses of all officers:

President Christina Adsit

Vice President Craig Woodhouse

Secretary Kate Bedward

Treasurer Darcy Ewing

(g) Name and address of manager or person in charge of affair: Christy Adsit, 10 W. Court St. RC

## 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 146 S. Main Street - Driftless Magnolia Boutique

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? all

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

## 3. Name of Event

(a) List name of the event Fall Wine/Beer Walk

(b) Dates of event October 6, 2023

## DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer

(Signature & Date)

Greater Richland Area Chamber of Commerce  
(Name of Organization)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_

City of Richland Center  
450 South Main Street  
Richland Center WI 53581 (608) 647-3466

Item 3.

Receipt No: 5.000127 Sep 20, 2023

GREATER RICHLAND AREA CHAMBER OF COMMERC

|   |       |
|---|-------|
| LICENSES & PERMITS - LIQUOR LICENSES-BEER | 10.00 |
| PICNIC LICENSE                            |       |
| 10-44100-000 LIQUOR LICENSES              |       |
| <hr/>                                     |       |
| Total:                                    | 10.00 |
| <hr/>                                     |       |
| CITY CASH                                 | 10.00 |
| Payor: GREATER RICHLAND AREA CHAMBER O    |       |
| Total Applied:                            | 10.00 |
| <hr/>                                     |       |
| Change Tendered:                          | .00   |
| <hr/>                                     |       |

09/20/2023 2:10 PM



# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 9-28-2023

☐ Town

☐ Village

☒ City of

Richland Center

County of Richland

The named organization applies for: (check appropriate box(es).)

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning \_\_\_\_\_ and ending \_\_\_\_\_ and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

## 1. Organization (check appropriate box) →

☐ Bona fide Club

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☒ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Greater Richland Area Chamber of Commerce

(b) Address 397 W. Seminary Street PO Box 473  
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 2015

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☒

(f) Names and addresses of all officers:

President Christina Adset

Vice President Craig Woodhouse

Secretary Katie Bedwener

Treasurer Doreen Ewing

(g) Name and address of manager or person in charge of affair:

Christina Adset 101 W. Court Street Richland Center

## 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Court Street → On closed section of street

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? No

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

## 3. Name of Event

(a) List name of the event Richland Center Wine - Beer Walk Street Dance

(b) Dates of event October 6th

## DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer

Christina Adset  
(Signature / Date)

Greater Richland Area Chamber of Commerce  
(Name of Organization)

Date Filed with Clerk

9/29/2023

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Item 5.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-1031338439-02

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

|                  |
|------------------|
| License Number   |
| Period Covered   |
| Date of Issuance |

|  |             |                   |  |                   |  |
|--|-------------|-------------------|--|-------------------|--|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship)<br>SHAA, LLC                           |             |                   | Federal Employer Identification No. (FEIN)<br>92-3432870 |                   |  |
| Trade or Business Name (if different than Legal Name)<br>TRIANGLE KWIK STOP  |             |                   | Telephone Number<br>(608) 2794729                        |                   |  |
| Business Address (License Location)<br>845 SEXTONVILLE RD  |             |                   | Business Telephone<br>(608) 2794729                      |                   |  |
| Business Located In<br><input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town |             |                   | County<br>RICHLAND                                       |                   |  |
| Municipality<br>RICHLAND CENTER  | State<br>WI | Zip Code<br>53581 | of: RICHLAND CENTER                                      |                   |  |
| Mailing Address (if different than Business Address)<br>1801 WATERBEND DR. VERONA, WI 53593                                    |             |                   | Municipality<br>VERONA                                   |                   |  |
|  |             |                   | State<br>WI  | Zip Code<br>53593 |  |

Organization (check one)

- ☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 04/11/2023
- ☐ 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 and tobacco products only from distributors, jobbers, or subjobbers, 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/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/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](http://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)

## Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.



# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 10/05/2023 ending: 06/30/2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } RICHLAND CENTER

County of RICHLAND Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

Check one: ☐ Individual ☐ Limited Liability Company  
☐ Partnership ☒ Corporation/Nonprofit Organization

|   |              |         |
|---|--------------|---------|
| Applicant's Wisconsin Seller's Permit Number<br>456103133843902 |              | Item 6. |
| FEIN Number<br>92-3432870                                       |              |         |
| TYPE OF LICENSE REQUESTED                                       | Proposed FEE |         |
| <input checked="" type="checkbox"/> Class A beer                | \$           | 74.52   |
| <input type="checkbox"/> Class B beer                           | \$           |         |
| <input type="checkbox"/> Class C wine                           | \$           |         |
| <input checked="" type="checkbox"/> Class A liquor              | \$           | 37.26   |
| <input type="checkbox"/> Class A liquor (cider only)            | \$           | N/A     |
| <input type="checkbox"/> Class B liquor                         | \$           |         |
| <input type="checkbox"/> Reserve Class B liquor                 | \$           |         |
| <input type="checkbox"/> Class B (wine only) winery             | \$           |         |
| <input checked="" type="checkbox"/> Publication fee             | \$           |         |
| <b>TOTAL FEE</b>  | \$           | 142.77  |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
SHAA, LLC

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

| President / Member Last Name      | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------------------------|-----------|---------------|--|
| MIRANPURI                         | HARMIT    |               | 1801 WATERBEND DRIVE, VERONA, WI 53593                 |
| Vice President / Member Last Name | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| MIRANPURI                         | SHAMINDER |               | 1801 WATERBEND DRIVE, VERONA, WI 53593                 |
| Secretary / Member Last Name      | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |           |               |  |
| Treasurer / Member Last Name      | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |           |               |  |
| Agent Last Name                   | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |           |               |  |
| Directors / Managers Last Name    | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |           |               |  |

1. Trade Name TRIANGLE KWIK STOP Business Phone Number 6082794729  
2. Address of Premises 845 SEXTONVILLE RD Post Office & Zip Code RICHLAND CENTER, WI 53581

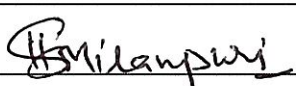
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

COOLER AND STORE RETAIL AREA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Legal description (omit if street address is given above): \_\_\_\_\_  
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ..... ☐ Yes ☒ No  
(b) If yes, under what name was license issued? \_\_\_\_\_

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ..... ☐ Yes ☒ No Item 6.
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ..... ☐ Yes ☒ No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ..... ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 09/07/23 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ..... ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ..... ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ..... ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... ☒ Yes ☐ No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

|  |                            |  |
|--|----------------------------|--|
| Contact Person's Name (Last, First, M.I.)<br>Harmit S. Miranpuri                                 | Title/Member<br>PRESIDENT  | Date<br>09/07/23                       |
| Signature<br> | Phone Number<br>6082794729 | Email Address<br>harmit_1313@yahoo.com |

**TO BE COMPLETED BY CLERK**

|  |  |                                 |                                   |
|--|--|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>09-12-2023 | Date reported to council / board<br>10-03-23 | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| Date license granted                                       | Date license issued                          | License number issued           |                                   |

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Item 6.

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town  
☐ Village of RICHLAND CENTER County of RICHLAND  
☒ City

The undersigned duly authorized officer/member/manager of SHAA, LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as  
TRIANGLE KWIK STOP  
(Trade Name)

located at 845 SEXTONVILLE RD, RICHLAND CENTER, WI 53581

appoints HARMIT S. MIRANPURI  
(Name of Appointed Agent)  
1801 WATERBEND DRIVE, VERONA, WI 53593  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 22 YEARS

Place of residence last year VERONA, WI

For: SHAA, LLC  
(Name of Corporation / Organization / Limited Liability Company)

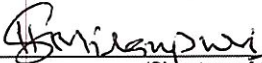
By: \_\_\_\_\_  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, HARMIT S. MIRANPURI, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 9-12-23 Agent's age 58  
(Signature of Agent) (Date)  
1801 WATERBEND DRIVE, VERONA, WI 53593 Date of birth 04/13/1965  
(Home Address of Agent)

## APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Item 6.

Submit to municipal clerk.

|   |  |              |               |                |          |
|---|--|--------------|---------------|----------------|----------|
| Individual's Full Name (please print) (last name) |  | (first name) |               | (middle name)  |          |
| MIRANPURI   |  | HARMIT       |               |                |          |
| Home Address (street/route)                       |  | Post Office  | City          | State          | Zip Code |
| 1801 WATERBEND DRIVE                              |  |              | VERONA        | WI             | 53593    |
| Home Phone Number                                 |  | Age          | Date of Birth | Place of Birth |          |
| 6082794729  |  | 58           | 04/13/1965    | INDIA          |          |

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

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☒ **PRESIDENT** of **SHAA, LLC**

(Officer/Director/Member/Manager/Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 22 Years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ..... ☐ Yes ☒ No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ..... ☐ Yes ☒ No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ..... ☐ Yes ☒ No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ..... ☐ Yes ☒ No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

|                 |                    |                |                |
|-----------------|--------------------|----------------|----------------|
| Employer's Name | Employer's Address | Employed From  | To             |
| RATTAN GHOTRA   | VERONA             | March 1st 2021 | March 15, 2023 |
| KELEYS MARKET   | MADISON            | APRIL 1st 23   | Present.       |

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

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(Clerk/Notary Public)

My commission expires \_\_\_\_\_

*Miranpuri*

(Signature of Named Individual)



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