

Form  
AB-100Alcohol Beverage  
Individual QuestionnaireDate  
04/29/2025

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
- all partners of a partnership
- members and agent of a limited liability company

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

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Downtown Mainstreet Inc

2. Business Trade Name or DBA

Lacrosse Center

3. Entity Type (check one)

☐ Sole Proprietor    ☐ Partnership    ☐ Limited Liability Company    ☐ Corporation    ☒ Nonprofit Organization
**Part B: Individual Information**

1. Last Name

Amann

2. First Name

Hannah

3. M.I.

L

4. Relationship to Business (Title)

~~DMI Board Member~~ Agent

5. Email

heytherehannah.llc@gmail.com

6. Phone

(563) 552-6216

7. Home Address

1425 Travis Street

8. City

La Crosse

9. State

WI

10. Zip Code

54601

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

**Part C: Address History**1. Do you currently live in Wisconsin? ☒ Yes ☐ NoIf yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)  
07/2019

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
1425 Travis Street	La Crosse	WI	54601
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	La Crosse	IA	Black Hawk	WI	Grant		
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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

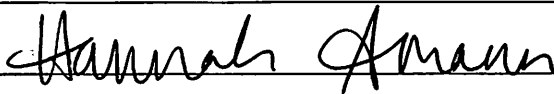
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

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

04/29/2025

Form  
AB-101Alcohol Beverage  
Appointment of AgentDate  
04/29/2025

## 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)

Downtown Mainstreet Inc

2. Business Trade Name or DBA

Larosse Center

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

ALC007301-05-2024

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

previous agent moved from the area.

## Part B: Agent Information

1. Last Name

Amann

2. First Name

Hannah

3. M.I.

L

4. Email

heytherehannah.llc@gmail.com

5. Phone

563-552-6216

6. Home Address

1425 Travis St

7. City

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8. State

WI

9. Zip Code

54601

10. Date of Birth

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11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

WI

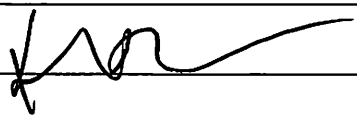
## Part C: Agent Questions

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

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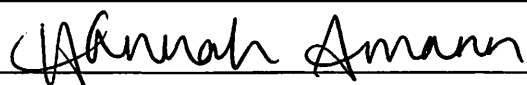
**Part D: Business Attestation**

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 Pielhop		First Name Kathleen	M.I. E
Title Downtown Mainstreet Inc.	Email hello@lacrosseddowntown.com	Phone (608) 784-0440	
Signature 		Date 04/29/25	

**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 Amann		First Name Hannah	M.I. L
Signature 		Date 04/29/25	

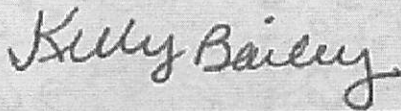
# Wisconsin Responsible Beverage Seller/Server Training

HANNAH AMANN

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL193765

Date of Completion: 05/08/2025



Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.  
1101 Arrow Point Drive, Suite 302  
Cedar Park, TX 78613