

City of La Crosse, Wisconsin

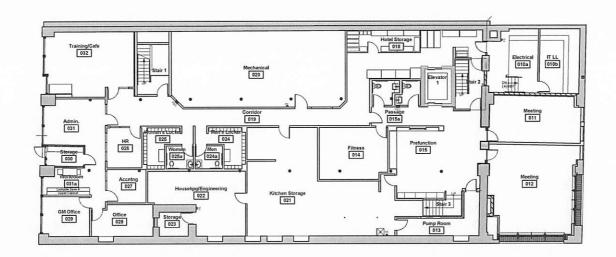
ORIGINAL ALCOHOL LICENSE APPLICATION INFORMATION SUBMITTAL Rev

(Ch. 4, secs. 4-72 & 4-142)

Rev. 10/2025

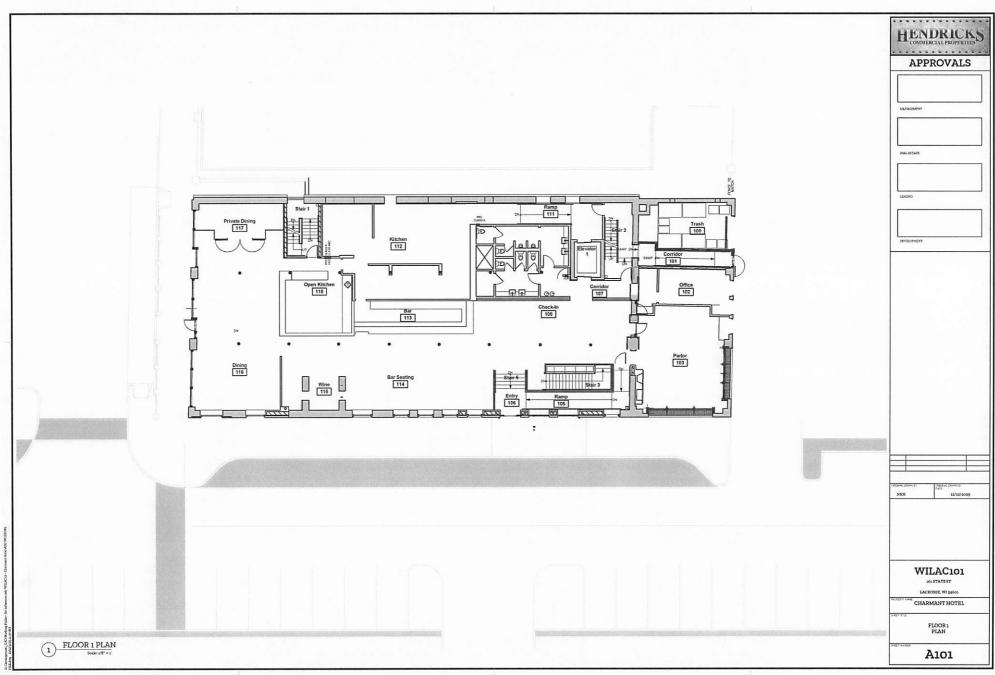
| All new applicants for an ale | cohol license pursuant | t to Chapt | ter 4 of the La | Crosse Municij | pal Code shall submit the | |
|--|-------------------------------------|------------|---------------------|---------------------------------------|---------------------------------------|--|
| following information with the original alcohol applications. Any false statement contained in such application shall automatically nullify any license issued pursuant thereto. | | | | | | |
| snan automatically numity at | ny ucense issuea purs | uant mer | eto. | | | |
| Applications will not be acc | epted until all of the in | nformatio | n is complete | e and necessary | documents provided. | |
| TYPE OF LICENSE(S) RE | | | | | | |
| Class A: Beer, Lic | • | | | | | |
| Class B: ⊠ Beer, ⊠ Lic | quor | | | | | |
| Class C: ☐ Wine | e e | | *** | | · · · · · · · · · · · · · · · · · · · | |
| APPLICANT | | <u> </u> | | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| Legal Business Name (Corpor | ration, LLC, Sole Proprietor, Parti | nership): | Trade Name |): | | |
| CHARMANT OPE | RATIONS, LLC | | | THE CHAF | RMANT HOTEL | |
| Address: Street | | | ity | State | Zip Code | |
| | TE STREET | LA CF | ROSSE | WI | 54601 | |
| Telephone Number: | Email: | | Website: | | | |
| | | | https:// | /www.thech | armanthotel.com/ | |
| ACTIVE USE OF LICENS | E | | | | | |
| IX I understand that if a lice | | | | | | |
| pursuant to Municipal Code | e secs. 4-43 and 4-10 | 08. This r | neans open | for business wi | th stock and equipment. | |
| Anticipated Date of Opening | g: 12/04/2025-CL | OSING | OF PURC | HASE OF P | ROPERTY | |
| ☑ I understand that if a lice | | | | | | |
| sec. 4-12. Actively utilized | | | | | | |
| license is not actively used suspension pursuant to see | | iay period | a, the license | s snali be subje | ct to revocation or | |
| ☑ I understand that if ther | | the licen | se or licens | ee information | . includina but not | |
| limited to change in officers | s/members/directors | or agent | or their addr | ess/phone num | ber, change in hours of | |
| operation, etc., the City Ci | erk will be notified | within 30 |) days pursu | ant to Wis. Sta | t. sec. 125.04(3)(h). | |
| CORPORATIONS/LLCs - (N/A for Sole Proprietors ar | | ATIONS | & RESPON | SIBILITIES | : | |
| ☑ I understand that as an | | nt cornor | ation or mem | her of the appli | cant limited liability | |
| company, the appointed al | | | | | | |
| addition, shall have resided | d within the State of V | Visconsii | n continuous | ly for 90 days p | rior to the date of | |
| application and shall reside | | | | | | |
| such individual shall be the involved in the actual cond | | | | | | |
| and of the conduct of all bu | | | | | e premises described | |
| BUSINESS PLAN | | **** | | | | |
| Type of Establishment: | | | - Parker is a | | | |
| ☑ Tavern ☐ Night | club ⊠Restaurant | : 🗆 Liaı | uor Store [| ☐ Grocery Sto | ore | |
| ☐ Convenience Sto | | • | | • | | |
| ☑ Other BOUTIQU | | | | · · · · · · · · · · · · · · · · · · · | → · F -···· F - | |
| | | | | | | |
| Hours of Operation: | TEL: 24/7 | | | | | |
| RE | STAURANT/BAR M- | TH: 7A-1 | 0P; F-SA: 7A | N-11P; SU: 7A-9 | 9P | |

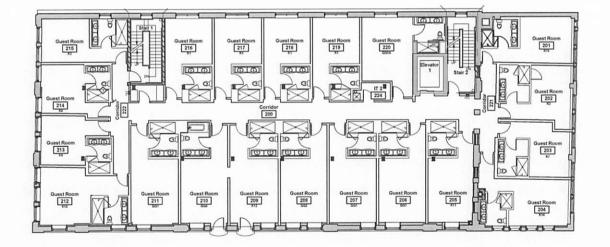
| Anticipated Number of Emp | oloyees: 70 PEOPLE | |
|---|---|----------------|
| Method for training employe | ees in alcohol beverage laws and requirements for employe | es to hold a |
| beverage operator license: | EMPLOYEES ARE REQUIRED TO TAKE ALOCHOL SERVS OR SIMILAR; CONTINUOUS IN-HOUSE TRAINING | AFE COURSE |
| Other Business to Be Condo HOTEL, RESTAURANT/BA | | |
| Estimated gross receipts fo (Note: Non-alcoholic drinks ar | or food and alcohol beverage sales by percentage. re classified as "Food.") | |
| 40 % Alcohol | <u>60 </u> | |
| If applicable, describe "C | Other": | |
| Estimated capacity (Class B | 3 and Class C licenses only): | |
| Indoor 150 SEATS | Outdoor, if applicable 50 SEATS | |
| Will there be any outdoor sa If yes, a beer garden license or o | ales/service or consumption of alcohol? If yes, explain. outdoor dining permit is required. | |
| YES, THERE IS A ROOF TOF MONTHS. | P PATIO THAT HAS ALCOHOL SERVICE DURING SEASON A | APPROPRIATE |
| Will there be live entertainm If yes, a cabaret license is require | nent (music or dancing) on premise? If yes, explain. | |
| YES. THERE WILL BE LIVE N | MUSIC INSIDE HOTEL LOBBY/RESTAURANT/BAR AREAS. | |
| Do you have off-street parki | | |
| If you have many parking and | and EO award by building part door but larged to Hetal by our | rent owner but |
| If no how will parking be acco | in negotiations to move contract to us as the new owner. ommodated. | |
| quests will need to find their o | own parking if leased lot is full with local parking areas. | |
| consumption and storag | floor plan showing overall dimensions, the areas ge, seating arrangements, location of coolers, and (invoices for purchase of alcohol). | |
| | wing building location, any outside areas where al or consumed, off-street parking, ingress and egre creening. | |
| | rue and correct to the best of my knowledge, I have reviewed nents and information page and will comply with necessary red | |
| Signature | Date 11 26/25 | |
| | 's Office checklist for complete applications | |
| ☐ Completed applications and | | |
| Surrender of previous licen | | |
| Lease, purchase agreemen Contact Information Sheet | nt, or other proof of control of premise | |
| Articles of Incorporation | | |
| ₩I Seller's Permit Certifica | ate (copy) | |
| □ FEIN (copy) | | |
| ĭ Floor Plan | | |
| Site Plan Proof of course completion | or valid operator license or on other license within last two y | rears. |
| Confirm proximity to schoo | ol, church or hospital | cars. |
| Confirm proximity to land z | zoned residential or multiple dwelling | |



| 1000 | | Er | ND. | K | IC | KS | |
|------|-------------|--------|-----|--------------------------|----------|--------|--|
| | | 4 4 | | | | | |
| H | | AP | PR | ov | AL | 5 | |
| | | | | | | | |
| | MANU | GEMENT | | | | | |
| | | | _ | | | \neg | |
| | | | | | | | |
| | REAL | ESTATE | | | | | |
| | | | | | | | |
| | LEASE | NG. | | | _ | | |
| | Г | | | | | \neg | |
| | | | | | | | |
| L | DEVE | DPMENT | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 104 | Sor As, Co. | en is | | STATE OF THE PROPERTY OF | ever p. | | |
| 104 | NRH NRH | en to | | CORROL D | (AMI) | 225 | |
| 104 | | eri E | | ORDERA D | (ANC.). | 225 | |
| 38 | | #HE | | OREMA D | (ANG.): | 225 | |
| 54 | | en E | | DODGE DO | 12/12/20 | 225 | |
| | | | | | | 225 | |
| | | | 'IL | AC: | 101 | 225 | |
| | | W | IL. | AC: | 101 | 225 | |
| 100 | | W | IL. | AC: | 101 | 225 | |

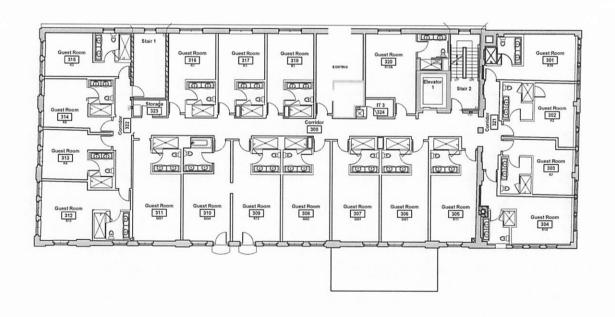
1 LOWER FLOOR PLAN
Scales, 1/8" = 1"





| HENDRIC | |
|--|-------|
| APPROVAL | 15 |
| | |
| MANAGEMENT | |
| | |
| | |
| PEAL ESTATE | |
| | |
| LEASING | |
| | |
| | |
| DEVILOPMENT | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| MAN SERVICE COMMAN (SERVICE COMMAN SERVICE COMMAN S | 1025 |
| DATE | 90025 |
| DATE | 10025 |
| DATE | 10025 |
| DATE | 0003 |
| NER 12/22/ | |
| NER 12/12/ | |

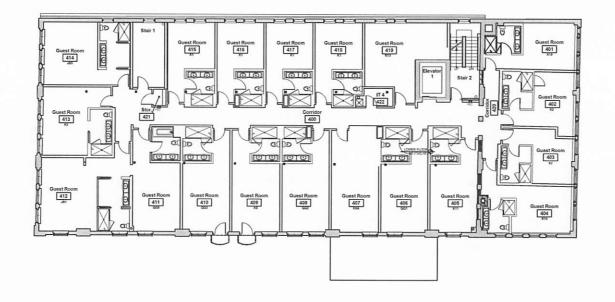
FLOOR 2 PLAN



* * * * * * * * * * * * * * HENDRICKS **APPROVALS** REAL ESTATE LEASUNG WILAC101 101 STATE ST LACROSSE, WI 54601 CHARMANT HOTEL

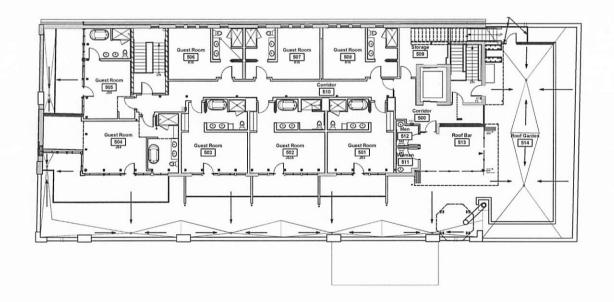
A103

1 FLOOR 3 PLAN
Scale: 1/8" × 1



| | DR | ICI | LS. |
|--------------------|--|---------------------------|-----|
| AP | PROV | /ALS | 3 |
| | | | |
| MANAGEMENT | | | |
| - Acceptance | | | |
| | | | |
| SIAL SYNTE | | | |
| | | | |
| LEASING | | | |
| | - | | |
| DEVELOPMENT | | | |
| | | | _ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| NAST VA. DOMANA EL | ONE | Chiefe g. | |
| NEW E | ORDE CATE | 12/12/2025 | |
| | CORD AC | (Statistia) 12/12/2025 | |
| | OSES AS A CATE | (Nation 5) 12/12/2025 | |
| | OME | 12/12/2025 | 1 |
| | Code of Code | Chine 8. | |
| | CSEC ex. | (Nation 5) 12/12/2025 | |
| NRH | ONE OFF | | |
| NRH | OUE OUE | 101 | |
| NRH | CROSSE, WI CONSEL WI CONSE | 101 | |
| W LA | 101 STATES | 101 | |

1 FLOOR 4 PLAN Sode: VF = F



| VIEW DE POR S |
|-----------------------------|
| HENDRICKS |
| |
| APPROVALS |
| |
| |
| MANAGEMENT |
| MANAGEMENT |
| |
| |
| SEAL ESTATE |
| |
| |
| Laterer |
| LEASING |
| |
| |
| DEVELOPMENT |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| ORDINA DIRECTOR DISCONSISTE |
| NRH 13/13/2025 |
| |
| |
| |
| |
| |
| WILAC101 |
| 101 STATEST |
| LACROSSE, WI 54601 |
| CHARMANT HOTEL |
| e-eri truz |
| FLOOR S PLAN |
| |

1 FLOOR 5 PLAN Scale: 1/8" = 1 Form AB-200

Alcohol Beverage License Application

| | For Municipal Use Only | |
|--------------|------------------------|--|
| Municipality | | |
| Licen | se Period | |

| License(s) Requested: (up to two boxes may | be checked) | | Fees | |
|---|--|---|---------------------------------|------------------|
| ☐ Class "A" Beer | X Class "B" Beer \$ | License | e Fees | \$ |
| □ "Class A" Liquor \$ | X "Class B" Liquor \$ | Backgr | ound Check Fee | \$ |
| "Class A" Liquor (cider only) \$ | Reserve "Class B" Liquor \$ | Publica | Publication Fee | |
| Class C" Liquor (wine only) \$ | | Total F | ees | \$ |
| Part A: Premises/Business Informatio | | | | |
| Legal Business Name (individual name if sole pro CHARMANT OPERATIONS | 7 MAY 28 SAME 201 | | | |
| Business Trade Name or DBA | , LLO | | | |
| THE CHARMANT HOTEL | | | | |
| 3. FEIN 39-4932471 | | sin Seller's Permit Num | | 1-04 |
| 5. Entity Type (check one) | - | | | |
| Sole Proprietor Partnership | Limited Liability Company | | | fit Organization |
| 6. State of Organization WISCONSIN | 7. Date of Organization | | onsin DFI Registration | on Number |
| 9. Premises Address | 10/15/2025 | | 35734 | |
| 101 STATE STREET | | | | |
| 10. City | | 11. State | 12. Zip Code | |
| LA CROSSE | | WI | 54601 | |
| 13. County | 14. Governing Municipality: 🔀 (| City Town Villa | | c District |
| LA CROSSE | of: LA CROSSE | Tie | _ 6 | |
| 16. Premises Phone | 17. Premises Email | | Website ttps://www.thecharn | anthotel com/ |
| 608-519-8800 | r huildings where alsohal haverages | | | |
| Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. | , including living quarters. Authorize | d alcohol beverage act | ivities and storage of | |
| SOLD/CONSUMED: 67 ROOM HOTEL STORED: STORED BEHIND BAR AND RECORDS: KEPT IN GM'S OFFICE | | FAURANT AND RO | OOFTOP TERR | ACE. |
| 20. Mailing Address (if different from premises addre | ess) ATTN: ANNIE A. | | | |
| | 525 THIRD STR | EET | | |
| BELOIT | | 22. State | 23. Zip Code 5351 | 1 |
| Part B: Questions | | | | |
| Has the business (sole proprietorship, partr violating federal or state laws or local ordin | nership, limited liability compan ances? Exclude traffic offenses | y, or corporation) bee unless related to alc | en convicted of ohol beverages. | ☐ Yes ☒ No |
| If yes, list the details of violation below. Atta | ach additional sheets if necessa | ry. | | |
| Law/Ordinance Violated | Location | | Trial Date | |
| Penalty Imposed | | Was sentence co | ompleted? | Yes No |
| Law/Ordinance Violated | Location | | Trial Date | |
| Penalty Imposed | | Was sentence co | ompleted? | Yes No |
| | | | | |

| Are charges for any offenses pending a beverages. | against the business? E | xclude traffic of | ffenses unl | ess related to alco | ohol Yes | No No |
|--|--|---------------------|--------------------------------|-----------------------------|--|---|
| If yes, describe the nature and status of | f pending charges using | g the space bel | ow. Attach | additional sheets | as needed. | |
| | | | | | | |
| | | | | | | |
| Is the applicant business or any of its individuals or entities a restricted investigation. | officers, directors, mem | nbers, agent, er | mployees, | owners, or other r | related | : 🔽 No |
| If yes, provide the name of the restrict | ed investor and describ | be the nature of | f the intere | st. | л: тес | , M 140 |
| | | | | | | |
| | | | | | | |
| A lather and in the control of the c | | | | | | |
| Is the applicant business owned by and If yes, provide the name(s) and FEIN(s | | | | | | s ☐ No |
| 4a. Name of Business Entity | | 4b. Business | = | | | |
| GERONIMO HOSPITALIT | | | | | | |
| 5. Have the partners, agent, or sole propr this license period? Submit proof of cor | ietor satisfied the responding the satisfied the responding to the satisfied the satis | onsible beverag | e server tra | aining requirement | t for ⊠Yes | s □ No |
| 6. Is the applicant business indebted to a | ny wholesaler beyond 1 | 5 days for beer | or 30 days | s for liquor/wine?. | Yes | No 🔀 No |
| 7. Does the applicant business owe past | due municipal property | taxes, assessm | nents, or ot | her fees? | Yes | No 🔀 No |
| Part C: Individual Information | | | | | | |
| List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp. | s, and agent of a corporat | ion or nonprofit or | tions in the a rganization, | pplicant business of a part | r businesses liste nership, and all | ed in Part B, members, |
| Include Form AB-100 for each person listed be | low. Corporations and LLC | Cs must appoint a | an agent by | including Form AB-1 | 01. | |
| Last Name | First Name | 1 | Title | | Phone | |
| GERBITZ | ROBERT | F | PRESID | ENT & CEO | | |
| JELINSKI | DREW | | SECRE | TARY | | |
| KRUEGER | KALYNN | | <u>AGEN</u> | Τ | | |
| SCHUH | KONYA | | Manager & Chairpersor | 1 | | |
| Part D: Attestation | | | | | | |
| One of the following must sign and attest • sole proprietor • one genera | to this application: I partner of a partnersh | ip • one | corporate o | officer • one | member of an | LLC |
| READ CAREFULLY BEFORE SIGNING: Und | er penalty of law, I have a | inswered each of | f the above | questions completel | y and truthfully. | I agree that |
| I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice | | | | | | |
| according to the law, including but not limited to any portion of a licensed premises during ir | to, purchasing alcohol be | verages from sta | ite authorize | d wholesalers. I un | derstand that la | ck of access |
| revocation of this license. I understand that a | ny license issued contrary | to Wis. Stat. Ch | napter 125 s | hall be void under p | penalty of state I | aw. I further |
| understand that I may be prosecuted for submingly provides materially false information on t | | | | | | n wno know- |
| Last Name | Fire | st Name | | | М | .I. |
| GERBITZ | | ROI | <u>BERT</u> | | Dham | <u>J. </u> |
| PRESIDENT & CE | Email | | | | Phone | |
| Signature Signature | | | Date | | | |
| 7 | | | | 11/210/25 | | |
| Part E: For Clerk Use Only | | | | | | |
| Date Application Was Filed With Clerk Licens | Se Number | | Date Lie | cense Granted | Date License I | ssued |
| Signature of Clerk/Deputy Clerk | | | . ! | Date Provisional L | icense Issued (if | applicable) |

AB-200 (R 1-25) - 2 -

| Form | | |
|------|------------|----|
| Α | B-1 | 01 |

Alcohol Beverage Appointment of Agent

| Date | |
|------|--|
| | |

| A mant Time (about and | | - | | | |
|---|--|------------------------------|----------------------------|---|-----------------------|
| Agent Type (check one) | <u> </u> | | | | |
| Original (no fee) | Successor (\$10 fee for m | unicipal licer | sees only) | | |
| | | | | | |
| D. d.A. D. diana la Compa | A | | | | |
| Part A: Business Informa 1. Legal Business Name (individua | | | | | |
| 1. Legal Dusiness Name (mulvidua | | NANNT C | | | |
| 2. Business Trade Name or DBA | CHAR | <u>IVIAIN I C</u> | PERATIONS | , LLC | |
| | THE CHARMANT I | HOTEL | | | |
| 3. Entity Type (check one) | ☑ Limited Liability Company | |] Corporation | ☐ Nonprofit | Organizațion |
| Alcohol Beverage Business Auth Municipal Retail Licent | | 5. If successo | or agent, provide State F | Permit or Municipal | Retail License Number |
| 6. Describe the reason for appointi | ng a successor agent, if successor | is checked at | ove. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| · | | | | | |
| Part B: Agent Information 1. Last Name | <u> </u> | 2. First Name | | | 3. M.I. |
| KRUEGER | | Z. Filst Name | KALYNN | | S. W.I. |
| 4. Email | | | IVALIMIN | 5. Pho | |
| | | | | | |
| 6. Home Address | | | | | |
| 2021 PR | AIRIE PLACE | | | | |
| 7. City | | 8. State | 9. Zip Code | _ | ate of Birth |
| HOLMEN | | <u> WI</u> | 5463 12. Drivers Licens | | Issuance |
| 11. Drivers License/State ID Numb | er | | 1 | WISCONS | |
| | | | | MISCONS | OHN. |
| | | | | | |
| Part C: Agent Questions | | | | 11. 11. 11. 11. 11. 11. 11. 11. 11. 11. | |
| | onsible beverage server training | na roquirom | nt? | | 🛛 Yes 🔲 No |
| Submit proof of completion. | | | aur | | 🔼 165 📋 140 |
| 2. Have you completed Form AB-300, Alcohol Beve | AB-100, Alcohol Beverage Ind erage Personal Questionnaire | ividual Ques (permittee)? | tionnaire (licensee) o | or | 🛛 Yes 🗌 No |
| 3. Have you been a Wisconsir | resident for at least 90 contin | usus dava? | | | NZ vaa 🗆 Na |
| See instructions for excepti | | iuous uays? | | | X Yes No |

Continued \rightarrow

| Part D: Business Attestation | | | | | |
|---|---|---|--|--|--|
| READ CAREFULLY BEFORE SIGNING: I, the Undersigr corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor age I understand that I may be prosecuted for submitting false any person who knowingly provides materially false informit convicted. | pany with full authority and cor uthorized by the above-named nt, I rescind all previous agent a e statements and affidavits in co | ntrol of the premises an entity to authorize this in ppointments for this pre innection with this applic | d of all alcohol ndividual to act mises. Further, cation, and that | | |
| Last Name | First Name | | M.I | | |
| GERBITZ | GERBITZ ROBERT | | | | |
| Title Email | | Phone | | | |
| PRESIDENT & CEO | | | | | |
| Signature | | Date | | | |
| | | 11/24/25 | _ | | |
| | | 1 1 | | | |
| Part E: Agent Attestation | | | | | |
| READ CAREFULLY BEFORE SIGNING: I, the Agent, here nonprofit organization, or limited liability company and asson the premises for the above-named business. I further and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,000 | sume full responsibility for the countries understand that I may be prosent person who knowingly prov | onduct of all alcohol bevicecuted for submitting fa | rerage activities alse statements ormation on this | | |
| Last Name | First Name | | M.1. | | |
| KRUEGER | KALYNN | | E. | | |
| Signature | | Date 111772 | 025 | | |

Serving Alcohol

is proud to present this certificate to

Kalynn Krueger

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats. Verify online at servingalcohol.com

Verification Code

ZobgWv9mnU

Date Issued

May 19th, 2025

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working. Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course

Name: Kalynn Krueger

Certification Date: May 19th, 2025

Certificate Code: ZobgWv9mnU

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card

| Form | | |
|------|------------|----|
| Α | B-1 | 00 |

| Date | |
|------|--|
| | |
| | |

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

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

| Part A: | Business Inform | nation | | | | | | |
|------------|-------------------------|------------------|--------------------|----------|-------------|----------------------|---------------|---------------------------------------|
| | Business Name (indivi | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | <u>RMANT OP</u> | | NS, LLC | | | | | |
| | ess Trade Name or DB | | | | | | | |
| | CHARMAN | <u> 11 HOT</u> | <u>=L</u> | | | | | |
| | Type (check one) | _ | | | _ | | _ | |
| | ole Proprietor [| Partnership | ∑ Limited | Liabilit | y Compar | y Corporat | ion 🔲 l | Nonprofit Organization |
| | | | | | | | | |
| Part B | Individual Infor | mation | | | | | | |
| 1. Last N | | | | 1 | rst Name | | | 3. M.I. |
| SCH | | | | KC | NYA | | | D. |
| 1 | onship to Business (Tit | | 5. Email | | | | 16 | 6. Phone |
| | IRMEMBER | | | | | | | |
| 7. Home | | A DIZED | DD1) /E | | | | | |
| | NORTH P | <u>ARKER</u> | DRIVE | | | 1.22 | | |
| 8. City | -0. /II I E | | | | 9. State | 10. Zip Code | 1 | 1. Date of Birth |
| | ESVILLE | • | | | WI | 53545 | | |
| 12. Drive | rs License/State ID Nu | imber | | | | 13. Drivers License/ | | of Issuance |
| | | | | | | WISCONS | IIN | |
| | | | | | | | | |
| Part C: | Address History | / | | | | | | |
| 1. Do yo | ou currently live in W | lisconsin? | | | | | | X Yes No |
| 16 | and the state of | | | | | | | (MM/YYYY) |
| if yes | , provide the month | and year whe | n you permanentiy | / move | d to vvisco | onsin | | 12/1977 |
| 2. List ir | chronological orde | r all of your ad | dresses within the | e last 5 | vears. Att | ach additional sheet | s if necessar | ······ |
| | Address 1 | , | | City | , | | State | Zip Code |
| 2365 | NORTH PA | RKER C | RIVE | 1 1 | NESV | III F | WI | 53545 |
| | Address 2 | WINTER E | // (V L | City | IVEOV | | 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 a | Il states and countie | s vou have liv | ed in as an adult. | Attach | additional | sheets if necessary | | |
| State | County | State | County | | State | County | State | County |
| WI | ROCK | Julia | | | | - county | Julia | County |
| State | County | State | County | | State | County | State | County |
| | , | | | | | • | | |
| | | | | | <u> </u> | | | 1 |

| Part D: Criminal History | | | |
|--|---|---|--|
| Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state) | | | |
| If yes to question 1, please list details of each conviction | on below. Attach additi | onal 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 | 1 | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pensheets as needed. | another state's laws or | any county or municipal | Yes 🛛 No |
| Part E: Attestation | | | |
| READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participle beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. | ating in this business d that any license issi y be prosecuted for su | due to any involvement in anothe ued contrary to Wis. Stat. Chapte bmitting false statements and affi | er tier of the alcohol er 125 shall be void davits in connection |
| Signature Longa Schuff | | Date 11 20 2 | 5 |

| Form | | |
|------|-----|----|
| Α | B-1 | 00 |

| Date | |
|------|--|
| i | |
| | |

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

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

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

| Part A: Business Information | on | | | | | | |
|--|---------------|--------------------|------------|---------------------------------------|-----------------------------|------------|------------------------|
| Legal Business Name (individual n | · | • | | | | | |
| CHARMANT OPERATI | IONS, LL | <u>C</u> | | | | | |
| 2. Business Trade Name or DBA | | | | | | | |
| THE CHARMANT HOT | EL | | | | | | |
| 3. Entity Type (check one) | | | | | | | |
| Sole Proprietor Pa | artnership | Limited L | iabilit | y Compar | y Corporation | | Ionprofit Organization |
| | | | | | | | |
| Part B: Individual Informati | on | | | | | | |
| 1. Last Name | | | 2. Fir | st Name | | | 3. M.I. |
| GERBITZ | | | l R | OBER1 | Γ | | J . |
| 4. Relationship to Business (Title) | - | 5. Email | | | | 6 | . Phone |
| PRESIDENT & CEO | | | | | | | |
| 7. Home Address | | | | | | | |
| 34 S. PARK STREET | | | | | | i. | |
| 8. City | | | | 9. State | 10. Zip Code | 1 | 1. Date of Birth |
| OCONOMOWOC | | | | WI | 53066 | | |
| 12. Drivers License/State ID Number | | | | | 13. Drivers License/Stat | e ID State | of Issuance |
| WISCONSIN | | | | | | | |
| | | | | | | | |
| Part C: Address History | | | | | | | |
| Do you currently reside in Wisc | consin? | | | | | | X Yes No |
| Maria ta di ahawa hawalang hasa | | accounts listed in | 14600 | annin neina | the the date of emplication | -2 | Years Months |
| If yes to 1 above, how long ha | ve you conti | nuousiy iivea in | vvisco | onsin prioi | to the date of application | mr | 56 YEARS 6 MOS. |
| List in chronological order all order. | of your addre | esses within the | last 5 | vears Att | ach additional sheets if | necessan | |
| Previous Address 1 | - your addre | | City | 700.0.71 | adir additional oncoto ii | State | Zip Code |
| 34 S. PARK STREET | | | OCONOMOWOC | | | WI | 53066 |
| Previous Address 2 | | | City | | | State | Zip Code |
| 1 Tevious Address 2 | | | Oity | | | Ciaic | 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 | ı have lived | in as an adult. A | ttach | additional | sheets if necessary. | 1 | <u> </u> |
| State County | | ounty | | State | County | State | County |
| WI WAUKESHA | | • | | | | | ' |
| State County | State Co | ounty | | State | County | State | County |
| | | • | | | - | | |
| | | | | L | | 1 | |

| D-4D-0-1-1-111-1 | | | | |
|---|--|---|--|-------------------------------|
| Part D: Criminal History | | | | |
| Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state) | e's laws or of any coun | ty or municipal ordinances? | | ⊠ No |
| If yes to question 1, please list details of each conviction | on below. Attach additi | onal sheets as needed. | | |
| Law/Ordinance Violated | | Conviction D | ate | |
| Penalty Imposed | | Was sentence completed? | . Tyes | ☐ No |
| Law/Ordinance Violated | Location | | Conviction D | ate |
| Penalty Imposed | <u> </u> | Was sentence completed? | . Yes | ☐ No |
| Law/Ordinance Violated | Location | | Conviction D | ate |
| Penalty Imposed | | Was sentence completed? | . Yes | ☐ No |
| Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of persheets as needed. | another state's laws or | any county or municipal | . Yes | No No |
| | | | | |
| Part E: Attestation | | | | |
| READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted | ating in this business of that any license issu y be prosecuted for su | due to any involvement in another ued contrary to Wis. Stat. Chapte bmitting false statements and affi false information on this applicati | er tier of the a er 125 shall b davits in conr | alcohol be void nection |
| Signature | | Date 11 2-10 | 25 | |
| | | • | | |

| Form | | |
|------|------------|----|
| Δ | B-1 | იი |

| Date | | |
|------|--|--|
| 1 | | |
| | | |

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

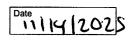
Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

| Part A: | Business Inform | ation | | | | | | | |
|--------------------|---------------------------|-----------------|---|-----------|--|--------------------|-------------------|-------------------|--------------------|
| 1. Legal | Business Name (individ | ual name if sol | le proprietor) | | | | | - | |
| CHA | ARMANT OPER | ATIONS. | LLC | | | | | | |
| | ess Trade Name or DBA | | | | | | | | |
| THE | CHARMANT H | IOTEL | | | | | | | |
| | Type (check one) | | | | | | | | - |
| | ole Proprietor |] Partnership | Limited | Liabilit | ty Compar | ny □ Corr | oration [| Nonprofit O | rganization |
| <u> </u> | | | | | <u>. </u> | | | | <u></u> |
| Part B: | Individual Inforn | nation | | | | | | | |
| 1. Last N | | | | 2. Fi | rst Name | | | | 3. M.I. |
| | JELINSKI | | | | | DREW | | | S. |
| 4. Relation | onship to Business (Title | <u>+)</u> | 5. Email | Ц | | DICEVV | | 6. Phone | <u> </u> |
| ł | RETARY | •• | o. a.mon | | | | | o. I none | |
| 7. Home | | | | | | | | | |
| 1 | | HERIDAN | N DRIVE | | | | | | |
| 8. City | 1020 01 | | TOINIVE | Ĩ | 9. State | 10. Zip Code | | 11. Date of B | irth |
| | MADISON | | | | WI | | 53704 | | |
| 12. Drive | rs License/State ID Nun | nber | | | | 13. Drivers Lic | ense/State ID Sta | te of Issuance | |
| | | | | WISCONSIN | | | | | |
| | | | | - | | VVIOCE | ZNOIN | | |
| Port C | Address History | | | | | | | | |
| | - | | | | - | | | | |
| 1. Do yo | ou currently reside in | Wisconsin? | • | | | | | · · · · · · · · 🗹 | Yes 🗌 No |
| If ves | to 1 above, how long | n have vou c | antinuously lived in | ιMiec | onein prio | r to the date of a | application? | Years | Months |
| ",cs | (0 1 above, 11044 1011) | y nave you o | ontinuousiy iiveu iii | VVISC | onsin prior | i to the date of a | application: | 42 | 2 0 |
| 2. List in | chronological order | all of your ac | Idresses within the | last 5 | vears. At | tach additional s | heets if necess | | |
| | Address 1 | | | City | , | | State | Zip Code | |
| | 1825 SI | HERIDA | N DRIVE | MADISON | | | | I ' | 53704 |
| Previous | Address 2 | ILIVIDA | IN DIVIVE | City | | | | Zip Code | 557 0 + |
| 1 Tevious | Address 2 | | | City | | | State | Zip Code | |
| Previous | Address 3 | | · · · · · · · · · · · · · · · · · · · | City | | | State | Zip Code | |
| i icvious | Addiess o | | | City | | | | Zip Code | |
| Dravieus | Address 4 | | | | | | | | |
| Previous | Address 4 | | | City | | | State | Zip Code | |
| Danida | Addres - C | | | 0:4: | | | | | |
| Previous Address 5 | | | | City | | | State | Zip Code | |
| | | | | | | | | | |
| 3. List a | ll states and counties | you have liv | ed in as an adult. | Attach | additional | I sheets if neces | sary. | | |
| State | County | State | County | | State | County | State | County | |
| WI | DANE | | | | | | | | |
| State | County | State | County | | State | County | State | County | |
| | | | | | | | | | |
| | L | | L | | · | | | | |

| Part D: Criminal History | | | |
|---|---|---|--|
| Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state) | | | |
| If yes to question 1, please list details of each convicti | on below. Attach addit | onal sheets as needed. | |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence comple | eted? Yes No |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence comple | eted? Yes No |
| Law/Ordinance Violated | Location | • | Conviction Date |
| Penalty Imposed | | Was sentence comple | eted? Yes No |
| Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or ordinances? If yes to question 2, describe nature and status of persheets as needed. | another state's laws or | any county or municipa | al Yes 🗹 No |
| Dowl Ex Attractation | | | |
| Part E: Attestation | | | |
| READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understan under penalty of state law. I further understand that I ma with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. | ating in this business of that any license issory by be prosecuted for su | due to any involvement ued contrary to Wis. Sta bmitting false statemen | t in another tier of the alcohol at. Chapter 125 shall be void ts and affidavits in connection |
| Signature Prew # | | Date | 120/2025 |

Form **AB-100**

Alcohol Beverage Individual Questionnaire



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

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

| Dont A | B 1 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 | Annual State of the Control of the | | | A SECTION OF THE PROPERTY OF T | | |
|--|--|------------------------------------|--------------------------------------|--|--|-------------------------------------|---|
| | A: Business Information | | | | | | |
| | Business Name (individual name if s | | C | _ \ | | | |
| | 10 MONTHONE ness Trade Name or DBA | e uc | | The) | | | |
| | _ | (| n | | | | |
| | The condemont | HOTE | <u> </u> | | | | |
| | / Type (check one) | | - 24 | | 100 | | |
| | Sole Proprietor | ip Lin | nited Liabili | ty Compai | ny Corpora | tion | Ionprofit Organization |
| Dart E | 3: Individual Information | | | | | | |
| I. Last | The state of the s | | 2 F | irst Name | | | 3. M.I. |
| | Megek | | | Kaliv | nn | | _ |
| | | t/ 5 5ma | | | · · · · · | • | Phone |
| r. Relat | ionship to Business (Title) | 5. Ema | Į. | | | | Prione |
| | e Address | | | | | | |
| _ | • | | | | | | |
| | or projece pr | | | 0.01.1 | 140 7% Code | 14 | 4 D-16 D'-15 |
| 3. City | -\ on \ | | | 9. State | 10. Zip Code | | 1. Date of Birth |
| | gwen | | | M | 24634 | | |
| 12. Drivers License/State ID Number | | | | 13. Drivers License/State ID State of Issuance | | | of Issuance |
| | | | | | 1 1 1 | | |
| | : Address History /ou currently live in Wisconsin? . | | | | l Wi | | Yes No |
| l. Do y | | | | | | | (MM/YYYY) |
| 1. Do y | you currently live in Wisconsin? . | nen you permar | nently move | ed to Wisc | onsin | | WPI 120 |
| I. Do y If ye | ou currently live in Wisconsin?. | nen you permar | nently move | ed to Wisc | onsin | | WPI 120 |
| I. Do y If ye 2. List | you currently live in Wisconsin?. s, provide the month and year which in chronological order all of your standards 1 | nen you permar | nently move | ed to Wisco | onsintach additional shee | ets if necessary | APIZA |
| I. Do y If ye 2. List Previous | you currently live in Wisconsin?. s, provide the month and year whin chronological order all of your | nen you permar | nently move | ed to Wisc | onsintach additional shee | ets if necessary | (MM/YYYY) /. Zip Code |
| I. Do y If ye 2. List Previous | you currently live in Wisconsin?. s, provide the month and year when the chronological order all of your as Address 1 | nen you permar | nently move in the last 5 City | ed to Wisco | onsintach additional shee | ets if necessary | (MM/YYYY) 05/198 /. Zip Code 54636 |
| I. Do y If ye List Previous | you currently live in Wisconsin?. s, provide the month and year when the chronological order all of your as Address 1 | nen you permar | nently move in the last 5 City | ed to Wisco | onsintach additional shee | ets if necessary | (MM/YYYY) 05/198 /. Zip Code 54636 |
| If ye If ye List Previous | you currently live in Wisconsin?. s, provide the month and year when the control of your is a Address 1 | nen you permar | in the last 5 | ed to Wisco | onsintach additional shee | State State | (MM/YYYY) 05 198 /. Zip Code SU 63 4 Zip Code |
| I. Do y If ye 2. List Previous Previous | you currently live in Wisconsin?. s, provide the month and year when the control of your is a Address 1 | nen you permar | in the last 5 | ed to Wisco | onsintach additional shee | State State | (MM/YYYY) 05 198 /. Zip Code SU 63 4 Zip Code |
| I. Do y If ye 2. List Previous Previous | you currently live in Wisconsin?. s, provide the month and year when the chronological order all of your as Address 1 CHOEN BARREY C s Address 2 | nen you permar | in the last the City City City | ed to Wisco | onsintach additional shee | State State State | Zip Code Zip Code Zip Code |
| If ye If ye List Previous Previous | you currently live in Wisconsin?. s, provide the month and year when the chronological order all of your as Address 1 CHOEN BARREY C s Address 2 | nen you permar | in the last 5 City City City | ed to Wisco | onsintach additional shee | State State State | Zip Code Zip Code Zip Code Zip Code |
| If ye List Previous Previous | you currently live in Wisconsin?. s, provide the month and year which chronological order all of your is Address 1 CHOENIBORE S s Address 3 s Address 4 | nen you permar | in the last the City City City | ed to Wisco | onsintach additional shee | State State State State | Zip Code Zip Code Zip Code |
| I. Do y If ye 2. List Previous Previous Previous | you currently live in Wisconsin?. s, provide the month and year which chronological order all of your is Address 1 CHOENIBORE S s Address 3 s Address 4 | nen you permar addresses withi | in the last 5 City City City City | ed to Wisco | onsintach additional shee | State State State State State State | Zip Code Zip Code Zip Code Zip Code |
| If ye If ye List Previous Previous Previous Previous Previous Previous Revious Revious | you currently live in Wisconsin? . s, provide the month and year which in chronological order all of your is Address 1 CHOEN BACKET S s Address 2 s Address 3 s Address 4 s Address 5 all states and counties you have | nen you permar addresses withi | in the last 5 City City City City | ed to Wisco | onsintach additional shee | State State State State State | Zip Code Zip Code Zip Code Zip Code Zip Code |
| If ye If ye List Previous Previous Previous Previous | you currently live in Wisconsin? . s. provide the month and year which in chronological order all of your is Address 1 OH O Eliborery C s Address 2 s Address 3 s Address 4 s Address 5 all states and counties you have County State | nen you permar addresses withi | in the last 5 City City City City | ed to Wisco | onsintach additional shee | State State State State State State | Zip Code Zip Code Zip Code Zip Code |
| If ye If ye List Previou | you currently live in Wisconsin? . s, provide the month and year which in chronological order all of your is Address 1 CHOEN BACKET S s Address 2 s Address 3 s Address 4 s Address 5 all states and counties you have | nen you permar addresses withi | in the last 5 City City City City | ed to Wisco | onsintach additional shee | State State State State State | Zip Code Zip Code Zip Code Zip Code Zip Code |

| Part D: Criminal History Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state) | | | |
|---|---|--|--|
| If yes to question 1, please list details of each conviction | on below. Attach addition | onal 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 |
| Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of per sheets as needed. | nother state's laws or | any county or municipal | . 🗌 Yes 💆 o |
| Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingle to forfeit not more than \$1,000 if convicted. | ating in this business of that any license issu y be prosecuted for sul | due to any involvement in anothe led contrary to Wis. Stat. Chapte omitting false statements and affic | er tier of the alcohol er 125 shall be void davits in connection |
| Signature | | Date 1111412 | 2025 |

| Form | | |
|------|-----|----|
| A | B-1 | 00 |

| Date | | |
|------|--|--|
| Date | | |
| | | |
| | | |

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

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

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

| Dout A | Dusiness Info | | | | | | | Marie Land | |
|---|-------------------------------|---------------------|--------------------|----------|-----------|---|-------------------------|------------|------------------------|
| | Part A: Business Information | | | | | | | | |
| 1. Legal Business Name (individual name if sole proprietor) GERONIMO HOSPITALITY GROUP, LLC | | | | | | | | | |
| | 2. Business Trade Name or DBA | | | | | | | | |
| 2. 200 | | | | | | | | | |
| 3. Entity | Type (check one) | | | | | | | | |
| | ole Proprietor | Partnership | | Liabilit | y Compar | ıy 🗆 | Corporation | | Nonprofit Organization |
| | | | | | | | | | |
| Part B | : Individual Info | ormation | | | | | | | |
| 1. Last N | ame | | | 2. Fir | st Name | | | | 3. M.I. |
| SCH | UH | | | KC | AYA | | | | D. |
| 4. Relation | onship to Business (| Title) | 5. Email | | | | | 6 | . Phone |
| CHA | IRMEMBE | R | | | | | | | |
| 7. Home | | DARKER | DDI) /E | | | | | | |
| | NORTH | PARKER | DRIVE | | | 10 7 | 2 - 1 - | - 14 | 4 D-4(D)-4- |
| 8. City | | | | | 9. State | 10. Zip (| | 1 | Date of Birth |
| | ESVILLE | Niverbas | | | WI | 5354 | 40 ers License/State | ID State | of Issuance |
| 12. Drive | ers License/State ID | Number | | | | | CONSIN | e ID State | of issuance |
| | | | | | | VVIO | CONSIN | | |
| | | | | | | | | | |
| | : Address Histo | | | | | | | | |
| 1. Do yo | ou currently live in | Wisconsin? | | | | | | | Yes No |
| If yes | s, provide the mon | th and year wher | you permanentl | y move | d to Wisc | onsin | | | (MM/YYYY) |
| | | | | 7 | | | | | 12/1977 |
| 2. List ii | n chronological or | der all of your add | dresses within the | e last 5 | years. At | tach additi | onal sheets if | necessar | |
| | Address 1 | | | City | | | | State | Zip Code |
| 2365 | NORTH P | ARKER D | RIVE | JA | NESV | ILLE | | WI | 53545 |
| Previous | Address 2 | | | City | | | | State | Zip Code |
| | | | | O:t- | | | | Ctata | Zin Codo |
| Previous | Address 3 | | | City | | | | State | Zip Code |
| Develope | Address | | | City | | | | State | Zip Code |
| Previous Address 4 City State Zip Cod | | | | | | Zip Code | | | |
| Previous Address 5 C | | | | | City | | | State | Zip Code |
| 1 TOVIOUS | 7 (44) 655 6 | | | 0.1.7 | | | | | |
| | 71.175.2 S | | | A | 1.171 | 1 | | | |
| | all states and coun | | | Attach | | | necessary. | Tour | To |
| State | County | State | County | | State | County | | State | County |
| WI | ROCK | Otata | County | | State | County | | State | County |
| State | County | State | County | | State | County | | State | County |
| | | | | | | | | | |

Continued \rightarrow

| Part D: Criminal History | | | | | | |
|---|--|---|--|-------------------------------|--|--|
| Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state of the second of the seco | e's laws or of any coun | ty or municipal ordinances? | | ⊠ No | | |
| If yes to question 1, please list details of each conviction | | onal 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? | | | | | | |
| | | | | | | |
| Part E: Attestation | | | | | | |
| READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. | ating in this business of that any license issu y be prosecuted for su | due to any involvement in anothe ued contrary to Wis. Stat. Chapte bmitting false statements and affic false information on this application | r tier of the er 125 shall davits in con | alcohol be void nection | | |
| Signature Longa Schell | | Date 25 25 | 5 | | | |

| Form | | |
|------|------------|----|
| Α | B-1 | 00 |

| Date | | |
|------|--|--|
| İ | | |

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

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

| Part A: | Business Info | ormatic | on | · | | | | | |
|--------------------|---------------------------------|--|--------------|--------------------------------|------------|--------------|--------------------------------|--------------|------------------------|
| 1. Legal E | Business Name (in | dividual r | name if sole | proprietor) | | | | | |
| GER | GERONIMO HOSPITALITY GROUP, LLC | | | | | | | | |
| | ss Trade Name or | | | | | | | | |
| | | | | | | | | | |
| | Type (check one) | _ | | | | _ | _ | | |
| ☐ So | le Proprietor | ☐ Pa | artnership | ∠ Limited | Liability | / Compan | y Corporatio | n 🔲 | Nonprofit Organization |
| | | | | | | | - 7.1 | | |
| Part B: | Individual Inf | ormati | ion | | | | | | |
| 1. Last Na | ame | | | | 2. Fin | st Name | | | 3. M.I. |
| GER | BITZ | | | | R | OBERT | • | | J. |
| 4. Relatio | nship to Business | (Title) | | 5. Email | | | | , | 6. Phone |
| | SIDENT & C | EO | | | | | | | |
| 7. Home | Address | | | | | | | | |
| | <u>. PARK STR</u> | EET | | | | | 140 7: 0 : | | 44 D.4 (D.4. |
| 8. City | | | | | | 9. State | 10. Zip Code | | 11. Date of Birth |
| OCC | NOMOWOO | <u>) </u> | | | | WI | 53066 13. Drivers License/S | tota ID Otst | of leavence |
| 12. Drive | rs License/State ID | Number | | | | | | | or issuance |
| | | | | | | WISCONSIN | | | |
| | | | | | | | | | |
| Part C: | Address Hist | ory | | | | | | | |
| 1. Do yo | ou currently resid | e in Wis | consin? . | | | | | | X Yes No |
| ١., | | | | and the second section and the | | | | | Years Months |
| If yes | to 1 above, now | long na | ive you co | intinuousiy iivea i | III VVISCO | onsin prioi | to the date of applica | won? | 56 YEARS 6 MOS. |
| 2 Liet in | chronological o | rder all (| of your ad | dresses within th | e last 5 | vears Att | ach additional sheets | if necessa | |
| | Address 1 | idei all (| - your au | GIOGGO WIGHT UI | City | yours. All | | State | Zip Code |
| | PARK STR | FFT | | | | OCONOMOWOC | | | 53066 |
| | Address 2 | <u> </u> | | | City | | | | Zip Code |
| 1.041003 | | | | | | | | State | ' |
| Previous | Address 3 | ···- | ···- | | City | | | State | Zip Code |
| | · · - | | | | | | | | |
| Previous | Address 4 | | <u> </u> | | City | | | State | Zip Code |
| | • | | | | | | | | |
| Previous Address 5 | | | | City | | | State | Zip Code | |
| | | | | | | | | | |
| 3 List o | Il states and cou | nties vo | u have liv | ed in as an adult | Attach | additional | sheets if necessary. | | |
| | | ilios yo | | | . / | State | County | State | County |
| State WI | County WAUKES | НΔ | State | County | | State | County | State | Journey |
| State | County | | State | County | | State | County | State | County |
| State | | | | | | | | | , |
| | | | l | | | | L | | |

| Part D: Criminal History | | | | | | |
|---|------------------------|-------------------------|-----------------|--|--|--|
| 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 | | onal sheets as needed. | 10 | | | |
| Law/Ordinance Violated | Location | | Conviction Date | | | |
| Penalty Imposed | | Was sentence completed? | Yes No | | | |
| Law/Ordinance Violated | Location | <u> </u> | Conviction Date | | | |
| Penalty Imposed | | Was sentence completed? | Yes No | | | |
| Law/Ordinance Violated | Location | | Conviction Date | | | |
| Penalty Imposed | | Was sentence completed? | Yes No | | | |
| Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of per sheets as needed. | nother state's laws or | any county or municipal | 🗌 Yes 🛛 No | | | |
| Don't F. Attackers | | | | | | |
| 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 | ———— ساء داء | | | |
| | | 1 11/24 | 760 | | | |

| Form | | |
|------|-----|----|
| A | B-1 | 00 |

| Date | | |
|------|--|--|
| Date | | |
| | | |
| | | |

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

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

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

| Part A: Business | Informati | on | | | | | | | |
|--------------------------|-------------------|------------|-----------------------|-----------|-----------|----------------------------|-----------|------------------|-------------|
| 1. Legal Business Nan | ne (individual | name if so | ole proprietor) | | | | | | |
| GERONIMO | HOSPIT. | ALITY | GROUP, LLC | | | | | | |
| 2. Business Trade Nar | ne or DBA | | | | | | | | |
| | | | | | | | | | |
| 3. Entity Type (check of | one) | | | | | | | | |
| ☐ Sole Proprieto | or 🔲 P | artnershi | p Limited | Liability | Compa | ny Corpora | ation 🔲 I | Nonprofit O | ganization |
| | | | | | | | | | |
| Part B: Individua | al Informat | ion | | | | | | | |
| 1. Last Name | | | | 2. First | Name | | | | 3. M.I. |
| | INSKI | | | | | | | | S. |
| 4. Relationship to Busi | HIGH WAYSHELD WAR | | 5. Email | | | DREVV | | 6. Phone | <u> </u> |
| SECRETAR | | | J. Lillali | | | | | o. Phone | |
| 7. Home Address | , I | | | | | | | | |
| | 005 0115 | | N DDIVE | | | | | | |
| | 825 SHE | RIDAI | N DRIVE | | 01-1- | 10 Zin Codo | | 11. Date of Bi | atle |
| 8. City MADIS | NO2 | | | 9. | State | 10. Zip Code | | i i . Date of Bi | rtn |
| | | | | | WI | | 3704 | | |
| 12. Drivers License/Sta | ate ID Numbe | r | | | | 13. Drivers Licens | | of Issuance | |
| | | | | | WISCONSIN | | | | |
| | | | | | | | | | |
| Part C: Address | History | | | | | | | | |
| 1. Do you currently | reside in Wis | sconsin? | | | | | | 🗹 Y | 'es No |
| | | | | | | | | Years | Months |
| If yes to 1 above, | how long ha | ave you c | continuously lived in | Wiscon | sin pric | or to the date of appl | ication? | 42 | 12002000000 |
| 2. List in abronalasi | aal audau all | af | alabaaaaa | lest F | | the also and discount also | -t- :F | | . 0 |
| 2. List in chronologic | cai order all | or your ac | daresses within the | | ears. At | ttach additional shee | | | |
| Previous Address 1 | 05 0115 | | N DDIVE | City | | | State | Zip Code | -0704 |
| | 25 SHE | RIDA | AN DRIVE | | MAL | DISON | WI | | 53704 |
| 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 | | | |
| | | | | | | | | | |
| List all states and | counties vo | u have li | ved in as an adult | Attach a | dditions | al sheets if necessar | V | | |
| | oodinies yo | | | | | | | Court | |
| State County | A N.I. | State | County | | State | County | State | County | |
| | ANE | Chat- | Country | | Chata | County | 01-1- | Court | |
| State County | | State | County | 1 | State | County | State | County | |
| | | | L | | | | | | |

| Don't Dr. Culturia al Illiatana | | | |
|--|---|---|--|
| Part D: Criminal History | | | |
| Have you ever been convicted of any offer for violation of any federal, Wisconsin, or | enses (excluding traffic offense another state's laws or of any | s unless related to alcohol beverag county or municipal ordinances? | es) Yes Vo |
| If yes to question 1, please list details of | each conviction below. Attach a | additional sheets as needed. | |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence completed?. | Yes No |
| Law/Ordinance Violated | Location | - Landard Control | Conviction Date |
| Penalty Imposed | | Was sentence completed?. | Yes No |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| If yes to question 2, describe nature and sheets as needed. | I status of pending charges usi | ng the space below. Attach additio | nal |
| | | | |
| | | | |
| * 5 | | | |
| | 7-44-4 | | - |
| Part E: Attestation | | | |
| READ CAREFULLY BEFORE SIGNING: truthfully. I certify that I am not prohibited f beverage industry as a restricted investor. under penalty of state law. I further understawith this application, and that any person v to forfeit not more than \$1,000 if convicted | from participating in this busin I understand that any license and that I may be prosecuted for who knowingly provides materi | ess due to any involvement in ano sissued contrary to Wis. Stat. Cha or submitting false statements and a | ther tier of the alcohol pter 125 shall be void affidavits in connection |
| Signature Drew Leulul | | Date 11 20 | 12025 |

| Form | | |
|------|-----|----|
| Α | B-1 | 00 |

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

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

| | Part A: Business Information | | | | | | | |
|--|--|---|---------------------------------------|--|-----------|----------------------|--------------------|--|
| Legal Business Name (individual name if sole proprietor) | | | | | | | | |
| GERONIMO HOSPITALITY GROUP, LLC | | | | | | | | |
| 2. Busin | ess Trade Name or | DBA | | Marie de la constante de la co | | | | 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | | | | | | | |
| 3. Entity | Type (check one) | | | | | | | |
| S | ole Proprietor | Partnershi | p 🛛 Limi | ited Liabili | ty Compa | any Corpo | oration N | Ionprofit Organization |
| | | | S S S S S S S S S S S S S S S S S S S | | | | | |
| Part B | : Individual Inf | ormation | | | | | | |
| 1. Last N | lame | | | 2. F | irst Name | | | 3. M.I. |
| | WHIT | EMAN | | | | JEFFER' | Y | F. |
| 4. Relati | onship to Business (| | 5. Email | | | OLI I LIX | | . Phone |
| The second section is | IIEF OPS | Name of the State | | | | | 0 | THORE |
| 7. Home | Address | OFFICE | | | | | | CHCCOL IN THE |
| N | 17426 CA | RRIAGI | E DRIVI | Ε | | | | |
| 8. City | | | | | 9. State | 10. Zip Code | 1 | Date of Birth |
| E | LKHORN | 1 | | | WI | 531 | 121 | |
| 12. Drive | ers License/State ID | Number | | | | 13. Drivers Lice | nse/State ID State | of Issuance |
| | | | | | | | /ISCONS | SIN |
| | | | | | | | | |
| Part C | : Address Histo | orv | | | | | | |
| | | | | | | | | |
| , | | | | | | | | |
| If yes, provide the month and year when you permanently moved to Wisconsin | | | | | | | | |
| 2 List i | n chronological or | der all of your a | dresses within | the last F | vears A | ttach additional sh | neats if necessary | 02/2015 |
| | Address 1 | | adreeded within | City | yours. A | ttadii additional 3i | State | |
| III SAN | TO THE PARTY OF TH | | | | KUC | NDN | WI | Zip Code |
| | 23 BRIAF | Y LAINE | | | ELKHORN | | | 53121 |
| Previous | Address 2 | | | City | City | | | Zip Code |
| Desvieus | A aldress a D | | | | | | | |
| Previous | Address 3 | | | City | | | State | Zip Code |
| | | | | | | | | |
| Previous | Address 4 | | | City | | | State | Zip Code |
| | | | | | | | | |
| Previous Address 5 | | City | City | | State | Zip Code | | |
| | | | | | | | | |
| 3. List a | Il states and coun | ties you have liv | ed in as an adu | ult. Attach | additiona | al sheets if necess | ary. | |
| State | County | State | County | | State | County | State | County |
| OR | Multnomah | | | | | | | |
| State | County | State | County | | State | County | State | County |
| | | | | | | | | |
| | | | | | | | | |

Continued \rightarrow

| Part D: Criminal History | | | |
|--|---|--|---|
| Have you ever been convicted of any offenses (e for violation of any federal, Wisconsin, or another) | | | |
| If yes to question 1, please list details of each co | nviction below. Attach a | dditional 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 |
| If yes to question 2, describe nature and status sheets as needed. | of pending charges usi | ng the space below. Attach additi | onal |
| Part E: Attestation | | | |
| READ CAREFULLY BEFORE SIGNING: Under truthfully. I certify that I am not prohibited from pa beverage industry as a restricted investor. I under under penalty of state law. I further understand that with this application, and that any person who knot to forfeit not more than \$1,000 if convicted. | articipating in this busing erstand that any license at I may be prosecuted for | ess due to any involvement in an issued contrary to Wis. Stat. Ch or submitting false statements and | other tier of the alcohol napter 125 shall be void d affidavits in connection |

SURRENDER OF LICENSE Part I

| | Legal/Real Name of Current License | e: CHARMANT HOTEL, LLC (THE) |
|--------------|--|---|
| | Premises Address: 101 STATE STE | REET, LA CROSSE, WI 54601 |
| | Trade Name: THE CHARMANT H | IOTEI |
| | | |
| | This is an advise above at | |
| | inis is to advise that the undersigned | is surrendering the following license(s) |
| | Combination "Class B | "Beer & Liquor |
| | Class "B" Beer | ' |
| | | "Class A" Liquor (circle which apply) |
| | | Class A Liquol (circle which apply) |
| | Wholesale Beer | |
| | "Class C" Wine | |
| | to: CHARMANT OPERATIONS, | LLC |
| | (Insert Leg | al/Real Name of Proposed Licensec and Trade Name) |
| | and understand that said license(s) | will be cancelled upon the Common Council's |
| | granting of a license to the applicant | named herein |
| | 8-mining of a modulo to the approant | named herem. |
| | Nam. 4 12 4 | |
| | New Applicant | Current Licensee |
| | | ρ |
| | | Super / |
| | President, Member, Partner, Individual | President, Mumber, Partner, Individual |
| | | |
| | | |
| | | |
| | Secretary, Member, Partner | Secretary, Member Partner |
| | | ,, |
| | D4-4 5 W | |
| | State of Wisconsin) | |
| | County of La County | |
| | County of La Crosse) | |
| | 2 de 1/2 de 1/2 | known to me to be the person(s) who nse, and known to me to be the Current Licensee and |
| 2. 1811. 24. | Chacketh labora day of the | , 2000, personally came before me |
| 5 x 75006 | General Ale Sanda Control | , known to me to be the person(s) who |
| ુષ્ટ્રા | On the // day of All traces of the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged that s/he executed the foregoing Surrender of Lices (acknowledged the foregoing Surrender of Lices (acknowledged the foregoing Surrender of Lices (acknowledged the foregoing Surrender of | nse, and known to me to be the Current Licensee and |
| | Cacadowiedged that sine executed the foregoing | ig document. |
| COLARA | | Budget Trunom Notary Public |
| 6. | : | Judge Julyou |
| D C | !≥ 3 | Notary Public |
| " LOBING | <i>! & E</i> | LA CROSSE. County, Wisconsin |
| X | 7 | My Commission expires: 06/12/2028 |
| SOE WISO | (Wisconsin) | ' / |
| William Will | Rock Iss. | |
| ******** | County of ba Crussc) | |
| | n With | 10 x 20 1 |
| | On the 10 day of 1 | CCCIVICC 20,25, personally came before me |
| * | KODET I GETDITZ | . known to me to be the person(s) who |
| | executed the foregoing Surrender of License | , and known to me to be the Proposed New Applicant and |
| | acknowledged that s/he executed the foregoin | g document. |
| | | Λ |
| | | - (1tho/1/2) |
| | | Notary Public |
| | CATHERINE GRANBERG | County, Wisconsin |
| | Notary Public | My Comm. ssion expires: $9-18-102$ |
| | State of Wisconsin | |
| | | |

SURRENDER OF LICENSE Part II

| City Clerk 400 La Crosse St. La Crosse, WI 54601 |
|---|
| This is to notify you that I am the owner of the building located at 101 STATE STREET, LA CROSSE, WI 54601 , La Crosse, Wisconsin. |
| I have entered into a lease for the above property effective 12/10/2025 with CHARMANT REAL ESTATE, LLC . (Strike sentence if not applicable.) |
| Further, this letter is to document that said owner or tenant has control of the premises, and may apply for the necessary beer and/or liquor licenses for said location. |
| Sincerely, |
| Signature of owner of building |
| Printed name of owner: ROBERT J. GERBITZ |
| 34 S. PARK STREET Home address of owner: OCONOMOWOC, WI 53066 |
| Daytime phone number of owner: |