

City of La Crosse, Wisconsin Original alcohol license applicants

INFORMATION SUBMITTAL

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

| All new applicants for an alcohol license pursua submit the following information with the origin in such application shall automatically nullify a | ant to Chapter 4 of the La Crosse Municipal Code shall mal alcohol applications. Any false statement contained my license issued pursuant thereto. |
|--|--|
| Class A: □ Beer, □ Liquor | |
| Class B: 以 Beer, 以 Liquor | |
| Class C: ☐ Wine | |
| | |
| APPLICANT | |
| Legal/Real Name of Business: Riverstone Hospitality LLC | Trade Name: The Pearl Street Hotel & Suites |
| Address: Street | City State Zip Code LCLASS & WI 54601 |
| Telephone Number: 608-784-4444 | Website: |
| ACTIVE USE OF LICENSE | |
| pursuant to Municipal Code secs. 4-43 and 4-108 Anticipated Date of Opening: I understand that if a license is granted, said license. 4-12. Actively utilized shall mean open for be license is not actively used throughout any 90-day suspension pursuant to sec. 4-82. I understand that if there is any change to the license. | cense must be activated within 90 days of being granted at This means open for business with stock and equipment. Sense shall be actively utilized pursuant to Municipal Code usiness with regular and consistent operating hours. If a y period, the license shall be subject to revocation or license or licensee information, including but not limited to their address/phone number, change in hours of operation, |
| BUSINESS PLAN | |
| Type of Establishment: ☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Convenience Store with gas pumps ☐ Other | ☐ Liquor Store ☐ Grocery Store ☐ Convenience Store without gas pumps |
| Hours of Operation: 6PM to 10PM | |
| Anticipated Number of Employees: | |
| <u> </u> | |
| Other Business to Be Conducted on Premise: | d |

| (Note: Non-alcoholic drinks are classified | d alcohol beverage sales by percentage. as "Food.") |
|--|--|
| • | % Food % Other |
| If applicable, describe "Other": | |
| If applicable, describe outlet . | |
| Estimated capacity (Class B and Class | s C licenses only): |
| IndoorX | Outdoor, if applicable |
| Will there be any outdoor sales/serv | ice or consumption of alcohol? If yes, expla |
| If yes, a beer garden license or outdoor dinin | g permit may be required. |
| Po | |
| | sic or dancing) on premise? If yes, explain. |
| If yes, a cabaret license will be required. | |
| No | |
| Do you have off-street parking? 🛭 Yo | es 🗆 No |
| If yes, how many parking spaces? | parking Ramp |
| If no, how will parking be accommodated | |
| | <u> </u> |
| ' Provide a sketch of the floor plan sho | wing overall dimensions, sales, service and |
| Provide a sketch of the floor plan sho consumption and storage areas, seat location where records are kept (inve | owing overall dimensions, sales, service and ling arrangements, location of coolers, and oices for purchase of alcohol). |
| consumption and storage areas, seat location where records are kept (inversely) Provide a site plan showing building | ing arrangements, location of coolers, and |
| consumption and storage areas, seat location where records are kept (inverse provide a site plan showing building beverages may be sold or consumed, existing or proposed screening. In addition to supplying the above information have reviewed the Alcohol Beverage Submittal | ting arrangements, location of coolers, and oices for purchase of alcohol). location, any outside areas where alcohol |
| consumption and storage areas, seat location where records are kept (inverse provide a site plan showing building beverages may be sold or consumed, existing or proposed screening. In addition to supplying the above information | ting arrangements, location of coolers, and oices for purchase of alcohol). location, any outside areas where alcohol, off-street parking, ingress and egress, and which is true and correct to the best of my knowledge |
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| consumption and storage areas, seat location where records are kept (inverse provide a site plan showing building beverages may be sold or consumed, existing or proposed screening. In addition to supplying the above information have reviewed the Alcohol Beverage Submittal necessary requirements. | location, any outside areas where alcohol, off-street parking, ingress and egress, and which is true and correct to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will comply vote to the best of my knowledge Requirements and Information page and will be the best of my knowledge Requirements and Information page and will be the best of my knowledge Requirements and Information page and will be the best of my knowledge Requirements and Information page and will be the best of my knowledge Requirements and Information page and will be the best of my knowledge Requirements and Information page and will be the best of my knowledge Requirements and Information page and will be the best of my knowledge Requirements and Information page and will be the best of my knowledge and my kn |
| consumption and storage areas, seat location where records are kept (inverse provide a site plan showing building beverages may be sold or consumed, existing or proposed screening. In addition to supplying the above information have reviewed the Alcohol Beverage Submittal necessary requirements. Signature FOR OFFICE USE – City Clerk's Office checklist Completed applications and fee | location, any outside areas where alcohol, off-street parking, ingress and egress, and which is true and correct to the best of my knowledge Requirements and Information page and will comply to Date |
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Pearl Street Hotel and Suites/Riverstone Hospitality

RE: Combined Beer and Liquor

Cover Letter

To Whom It May Concern:

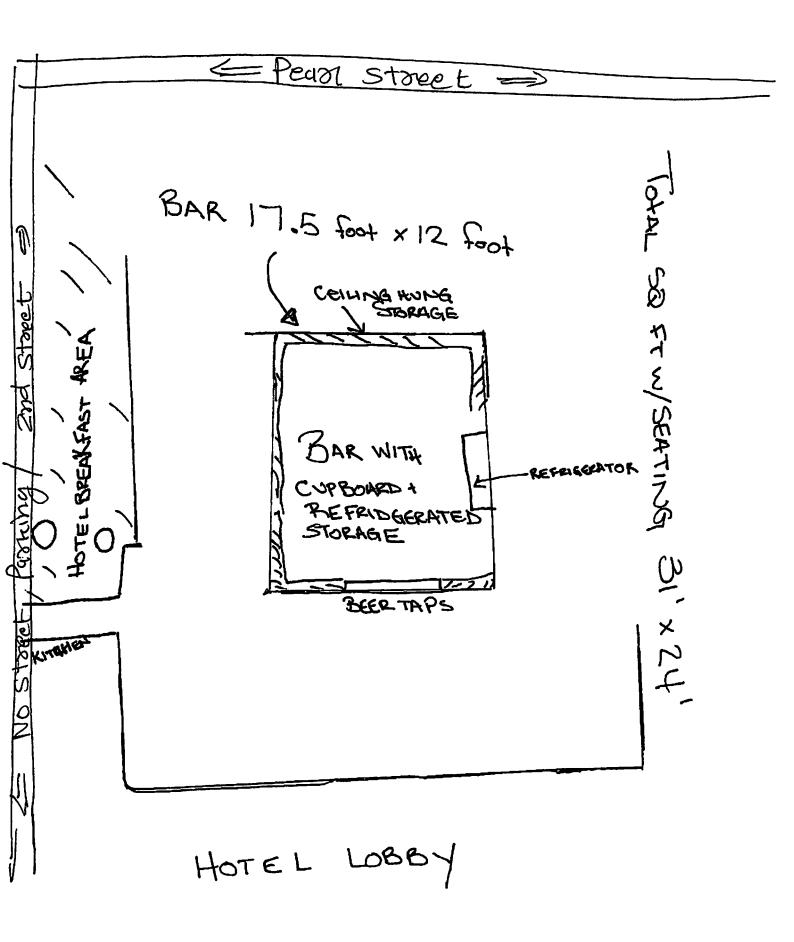
Pearl Street Hotel & Suites (Formerly Holiday Inn) has been taken over by new ownership who are ecstatic to renovate and turn around business as well as the reputation of the hotel location established in 1998. As new ownership, the plan is to renovate to a renowned brand with upscale and contemporary presentation. However, as a part of the brand requirements, a bar and full service restaurant is a requirement. Riverstone Hospitality is aiming for a three meal restaurant with evening socials and bar for the guests to enjoy as an amenity to the 114 guest room property.

The following address the application cover letter requirements as provided by La Crosse County:

- a) The estimated percent of gross receipts of beer, wine, and liquor sales in relation to the total goods and services sold by the property is less than 2.5% with an estimated total gross sales of less than \$40,000 annually.
- b) Please see the attached sketch of the floor plan showing the location of coolers and storage as well as bar square footage. Total bar square footage with seating is 744 Sq Ft, and the bar itself with tap is roughly 210 Sq. Ft.
- c) Alcohol will be sold by the bartender in the 210 Sq Ft area. Bartender will ID and sale mixed drinks, tap beer, and bottled beer, and wine.
- d) All alcohol will be purchased from a licensed distributor, and we will only purchase enough to stock the bar. Beer and liquor will be stored in locked refrigerators, and cabinets.
- e) Distributer and Guest Receipts will be stored and kept for inspection digitally and accessible for inspection.
- f) Our business proposal of sales are as follows pertaining to operations:
 - a. We will ONLY serve from Noon to 9PM daily.
 - b. All of the staff will need to get correct licenses as mandated by La Crosse County.
 - c. All sales will be recorded utilizing our PMS system.
 - d. Staff will be the ONLY individuals able to serve or have access to storage upon guest requests.
 - e. Liquor may or may not be sold to patrons not staying at the hotel, but will primarily be for patrons of the hotel.
 - f. Guests will be able to purchase and consume their alcohol in the bar area only.
 - g. Our staff will be trained and all guests who purchase alcohol will be requied to show proper identification showing they are at least 21 years of age.

For any further questions, comments, or clarification, please do not hesitate to reach out directly.

Yours,



Form AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|--|
| Municipality | |
| License Period | |

| License(s) Requested: (up to two boxes ma | y be checked) | | Fees | | |
|--|--|---|-----------------------------|-------------|-------------|
| Class "A" Beer \$ | 💢 Class "B" Beer \$ | License I | ees | \$ | |
| Class A" Liquor \$ | 🕼 "Class B" Liquor \$ | Backgrou | ınd Check Fee | \$ | |
| ☐ "Class A" Liquor (cider only) \$ | Reserve "Class B" Liquor \$ | Publication | on Fee | \$ | · |
| Class C" Liquor (wine only) \$ | | Total Fed | es | \$ | |
| | | | ···· | | |
| Part A: Premises/Business Information 1. Legal Business Name (individual name if sole presented in the presented in the present in the presented in the presen | roprietorship) | | | | |
| RIVERSTONE HOSP | ITALITY LLC | <u></u> | | | |
| 2. Business Trade Name or DBA The Pearl St | neet Hotel & S | Swifes | | | |
| 3. FEIN 33-1581903 | | Seller's Permit Numbe | r | | |
| 5. Entity Type (check one) | W Limited Liability Company | Composition. | C Nonre | fit Omania | otion |
| Sole Proprietor Partnership 6. State of Organization | T. Date of Organization | Corporation 8. Wiscon | in DFI Registrati | fit Organiz | ation |
| L W | 10/1/24 | | <u>-</u> | | |
| 9. Premises Address 200 Peaul S | - | | | | |
| 10. City Lacrosse | | 11. State | 12. Zip Code 546 | σΙ | |
| 13. County | 14. Governing Municipality: X City | ☐ Town ☐ Village | 15. Alderman | c District | |
| 16. Premises Phone | of: 17. Premises Email, | - T₁8 W | - ebsite | | |
| 608-784-4444 | Haheshchicagaa | grait | COSIC | | |
| Premises Description - Describe the building of are kept. Describe all rooms within the building. | or buildings where alcohol beverages are | produced, sold, stor | ed, or consumed, | and related | records |
| l and the analysis of the district of the contract of | ia Attack a man as diagram and additi | anal chaole if accord | P. (| | |
| Alcohol Will be | served at the | bar 4w | in be c | STELLO | l . |
| Alcohal will be in the cooler of gue | st are allowed to | dink in | , the ko | oon. | |
| 20. Mailing Address (if different from premises add | iress) | · · · · · · · · · · · · · · · · · · · | | | |
| Same ' | | 100.00 | 100 71. 0. 4. | | |
| 21. City | | 22. State | 23. Zip Code | | |
| Part B: Questions | | | | | |
| Has the business (sole proprietorship, par violating federal or state laws or local ordinates) | tnership, limited liability company, on nances? Exclude traffic offenses un | or corporation) beer less related to alcol | convicted of not beverages. | Yes | ∑ ⁄№ |
| If yes, list the details of violation below. At | tach additional sheets if necessary. | | <u>.</u> | | |
| Law/Ordinance Violated | Location | | Trial Date | | |
| Penalty Imposed | 4 | Was sentence con | npleted? | Yes | □ No |
| Law/Ordinance Violated . | Location | | Trial Date | | |
| Penalty Imposed | | Was sentence con | npleted? | Yes | ☐ No |
| | | | | | |

| Are charges for any offenses pending against the business? Exclude beverages. | de traffic offenses unless related to alco | hol Yes No |
|---|--|---|
| If yes, describe the nature and status of pending charges using the | space below. Attach additional sheets a | as needed. |
| | | |
| | | |
| 3. Is the applicant business or any of its officers, directors, members individuals or entities a restricted investor with any interest in an alf yes, provide the name of the restricted investor and describe the | alcohol beverage producer or distributo | elated r? Yes V No |
| | | |
| 4. Is the applicant business owned by another business entity? If yes, provide the name(s) and FEIN(s) of the business entity owner. | ers below. Attach additional sheets as ne | Yes No |
| 4a. Name of Business Entity 4b |). Business Entity FEIN | |
| Have the partners, agent, or sole proprietor satisfied the responsible this license period? Submit proof of completion | e beverage server training requirement | for Yes No |
| 6. Is the applicant business indebted to any wholesaler beyond 15 da | • • | |
| 7. Does the applicant business owe past due municipal property taxes | s, assessments, or other fees? | ···· Yes Mo |
| Part C: Individual Information | | |
| List the name, title, and phone number for each person or entity holding the fol Question 4: sole proprietor, all officers, directors, and agent of a corporation or managers, and agent of a limited liability company. Attach additional sheets if r | nonprofit organization, all partners of a partn | businesses listed in Part B, ership, and all members, |
| Include Form AB-100 for each person listed below. Corporations and LLCs mu | | |
| Last Name First Name | Title | Phone C. C. |
| KUPESH KUPESH | fresident | 608 343 8199 |
| Patel MAHESH | UP | 608 385 9245 |
| Padel JAYMIN | Treasure | 608343 Q565 |
| Partel LAL | Secretary | 608 385 0908 |
| Part D: Attestation | | |
| One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership | • one corporate officer • one | member of an LLC |
| READ CAREFULLY BEFORE SIGNING: Under penalty of law. I have answer | red each of the above questions completely | and truthfully. I agree that |
| I am acting solely on behalf of the applicant business and not on behalf of an rights and responsibilities conferred by the license(s), if granted, will not be a according to the law, including but not limited to, purchasing alcohol beverag to any portion of a licensed premises during inspection will be deemed a refu revocation of this license. I understand that any license issued contrary to W understand that I may be prosecuted for submitting false statements and affid | y other individual or entity seeking the licen ssigned to another individual or entity. I agr jes from state authorized wholesalers. I und sal to allow inspection. Such refusal is a mis /is. Stat. Chapter 125 shall be void under p avits in connection with this application, and | se. Further, I agree that the ee to operate this business erstand that lack of access demeanor and grounds for enalty of state law. I further that any person who know- |
| ingly provides materially false information on this application may be required Last Name First Name | | I M.I. |
| PATEL | MAHESH | |
| Title VP Mahed | rchiago mais. | Phone 68 385 924 5 |
| Signature Wah #2 | 2/27/25 | |
| Part E: For Clerk Use Only | | |
| Date Application Was Filed With Clerk License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | Date Provisional Li | cense Issued (if applicable) |

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

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
- · 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 | A: Business Inf | ormation | | | | | | | |
|-----------------|----------------------|----------------------|--|----------|-------------------|---------------------------|----------------|---------------|--------------|
| 1. Lega | l Business Name (in | dividual name if so | le proprietor) | | | | | | |
| Riv | verstone Hos | spitality I | LLC | | | | | | |
| 2. Busin | ness Trade Name or | DBA | | | | | | | |
| Pea | arl Street B | Hotel & Sui | tes | | | | | | |
| 3. Entity | y Type (check one) | | | | | | | | |
| | Sole Proprietor | Partnership | ☑ Limited | Liabilit | y Compa | ny Corporation | on 🔲 | Nonprofit C | Organization |
| | | | ************************************** | | | | | | |
| Part E | 3: Individual Inf | formation | | | | | | | |
| 1. Last | Name | | | - 2. Fi | rst Name | | | | 3. M.I. |
| Pat | el | | | L | al | | | | N |
| 4. Relat | tionship to Business | (Title) | 5. Email | | | | | 6. Phone | 1 |
| | ber | here's door from | N/A | * | | | critica antiqu | (608) | 385-0908 |
| 7. Home | e Address | | | | | | | | |
| 479 | Driftwood | St. | | | | | | | |
| 8. City | | | | | 9. State | 10. Zip Code | T | 11. Date of E | Birth |
| Other President | st Salem | | | | WI | 54669 | | 3.5 | |
| | ers License/State ID | Number | | | | 13. Drivers License/S | State ID Stat | e of Issuance | |
| | | | | | | WI | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part C | : Address Hist | ory | | | | | | | |
| 1. Do y | ou currently resid | e in Wisconsin? | | | | | | ✓ | Yes No |
| | | | | 140 | | | | Years | Months |
| it ye | s to 1 above, now | long have you co | ontinuousiy iived i | in vvisc | onsin pric | or to the date of applica | ation? | 16 | 8 |
| O Link | in abranalasiaal a | rdor all of value of | Idronono within th | o loot E | VOORS A | tack additional about | if no cocco | | |
| | | der all of your ac | idresses within the | | years. A | ttach additional sheets | | | |
| Previou | s Address 1 | | | City | | | State | Zip Code | |
| | | | | | | | | | |
| Previou | s Address 2 | | | City | | | State | Zip Code | |
| | | | | | | | | | |
| Previous | s Address 3 | | | City | | | State | Zip Code | |
| | | | | | vermound occurred | | | | |
| Previous | s Address 4 | E-0 | | City | | | State | Zip Code | |
| | | | | | | | | | |
| Previous | s Address 5 | | | City | | | State | Zip Code |) |
| | | | | | | | | | |
| 3. List | all states and cour | nties vou have liv | ed in as an adult. | Attach | additiona | al sheets if necessary. | | | |
| | | - 10 7 4 | | | State | County | State | County | |
| State | County | State | County | | State | County | State | County | |
| Ctata | County | State | County | | State | County | State | County | |
| State | County | State | County | | State | County | State | County | |
| | | | | | | | | | |

| If yes to question 1, please list details of each conviction below. Attach additional sheets as needed. Aw/Ordinance Violated | Part D: Criminal History | | | |
|---|---|--|--|-------------|
| Location | for violation of any federal, Wisconsin, or a | another state's laws or of any | county or municipal ordinances? Ye | es 🗸 No |
| Penalty Imposed Was sentence completed? Yes | | | | on Date |
| Was sentence completed? | Law of diffarite violated | | 5 to 2190 mm - 97 chart 50 to 50 | Kind of the |
| Penalty Imposed Location Conviction Date Penalty Imposed Was sentence completed? | Penalty Imposed | | Was sentence completed? Ye | es No |
| Away Ordinance Violated Location Was sentence completed? Yes 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 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 alcoheverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be volunder penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connectic with this application, and that any person who knowingly provides materially false information on this application may be require to forfeit not more than \$1,000 if convicted. | Law/Ordinance Violated | Location | Convicti | on Date |
| Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely an truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcoholoveverage industry as a restricted investor. I understand that I may be prosecuted for submitting false statements and affidavits in connectic with this application, and that any person who knowingly provides materially false information may be required formal patterns. | Penalty Imposed | | Was sentence completed? Ye | s DNo |
| Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely an 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 further understand that I may be prosecuted for submitting false statements and affidavits in connectic with this application, and that any person who knowingly provides materially false information on this application may be require to forfeit not more than \$1,000 if convicted. | Law/Ordinance Violated | Location | Convicti | on Date |
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| 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 alcoholoeverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be volunder 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. | | status of pending charges us | ing the space below. Attach additional | |
| 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 alcoholoeverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be volunder 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. | Part F· Attestation | | el banda deconeces des anni però vient, servici | |
| Division / / - | READ CAREFULLY BEFORE SIGNING: truthfully. I certify that I am not prohibited for beverage industry as a restricted investor. under penalty of state law. I further understate with this application, and that any person w | rom participating in this busing I understand that any licens and that I may be prosecuted who knowingly provides mater | ness due to any involvement in another tier of the issued contrary to Wis. Stat. Chapter 125 should be submitting false statements and affidavits in a | all be void |
| 03/03/2025 | Signature | | | |
| | -/66 | | 03/03/2025 | |
| | | | | |
| | | | | |

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

Alcohol Beverage Individual Questionnaire

| 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
- · all partners of a partnership

Part A: Business Information

Riverstone Hospitality

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

· members and agent of a limited liability company

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

| Pea | ess Trade Name or rlstreet ho | otel | | | | | | |
|---|--|--------------------|-------------------|---|--|---|--|--------------|
| | Type (check one) sole Proprietor | ☐ Partnership | ∠ Limited | d Liability Compan | y Corpora | ation 🔲 N | Nonprofit (| Organization |
| Part B | 3: Individual Inf | formation | | | | | | |
| 1. Last I | | | | 2. First Name | | | | 3. M.I. |
| Pat | | The second line | | Jaymin | | | | |
| 4. Relat | ionship to Business | (Title) | 5. Email | | 7 - | 6 | S. Phone | |
| CEO | | oproper fraction | jaypa | ck007@gmail | .com | Facility 1951 to 19 | (608) | 343-0565 |
| 7. Home | e Address | | | | | | | |
| 335 | Driftwood | st | | | | - | | |
| 8. City | | | | 9. State | 10. Zip Code | 1 | 1. Date of | Birth |
| Wes | tSalem | | | WI | 54669 | | | |
| 12. Driv | ers License/State ID | Number | | | 13. Drivers Licens | e/State ID State | of Issuano | 9 |
| | | | | | WI | | | |
| 1. Do y | c: Address Hist you currently resid | le in Wisconsin? . | | | r to the date of app | lication? | Years | Yes No |
| 1. Do y | ou currently resid | le in Wisconsin? . | entinuously lived | in Wisconsin prior | to the date of applach additional shee | | Years 7 | |
| 1. Do y If ye | ou currently resid | le in Wisconsin? . | entinuously lived | in Wisconsin prior | | | Years 7 | Months |
| 1. Do y If ye 2. List Previous | you currently resid as to 1 above, how in chronological o | le in Wisconsin? . | entinuously lived | in Wisconsin prior | | ets if necessar | Years 7 | Months |
| 1. Do y If ye 2. List Previous | you currently resid as to 1 above, how in chronological o s Address 1 | le in Wisconsin? . | entinuously lived | in Wisconsin prior ne last 5 years. Att | | ets if necessar State | Years 7 Ty. Zip Code | Months |
| 1. Do y If ye 2. List Previous Previous Previous | you currently resides to 1 above, how in chronological of a Address 1 | le in Wisconsin? . | entinuously lived | in Wisconsin prior ne last 5 years. Att City City | | ets if necessar State State | Years 7 y. Zip Code | Months |
| 1. Do y If ye 2. List Previous Previous Previous | you currently resides to 1 above, how in chronological of a Address 1 and Address 2 and Address 3 | le in Wisconsin? . | entinuously lived | in Wisconsin prior ne last 5 years. Att City City City | | ets if necessar State State State | Years 7 y. Zip Code Zip Code | Months |
| 1. Do y If ye 2. List Previous Previous Previous Previous 3. List | you currently resides to 1 above, howed in chronological of section Address 1 and Address 2 and Address 3 and Address 4 and Address 5 all states and course and course and course to 1 and 2 and | le in Wisconsin? . | ontinuously lived | in Wisconsin prior ne last 5 years. Att City City City City City City | | ets if necessar State State State State State State | Years 7 y. Zip Code Zip Code Zip Code | Months |
| 1. Do y If ye 2. List Previous Previous Previous Previous | you currently resides to 1 above, howed in chronological of a Address 1 and a Address 2 and a Address 3 and a Address 4 and a Address 5 | le in Wisconsin? . | ed in as an adult | in Wisconsin prior ne last 5 years. Att City City City City City City Attach additional | ach additional she | ets if necessar State State State State State State | Years 7 y. Zip Code Zip Code Zip Code Zip Code | Months |

| Part D: Criminal History | | | |
|--|---|--|--|
| . Have you ever been convicted of any of for violation of any federal, Wisconsin, of | ffenses (excluding traffic offense or another state's laws or of any | s unless related to alcohol beverage county or municipal ordinances?. | ges) Yes 🔽 No |
| If yes to question 1, please list details o | f each conviction below. Attach | additional sheets as needed. | to obsorie enterstance |
| aw/Ordinance Violated | | | |
| renalty Imposed | | Was sentence completed? | Yes No |
| .aw/Ordinance Violated | Location | I to the company of t | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| .aw/Ordinance Violated | Location | win was dispersed. | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| beverages) for violation of any federal, ordinances? | | | |
| ordinances? If yes to question 2, describe nature ar | | | |
| ordinances? If yes to question 2, describe nature ar sheets as needed. Part E: Attestation | nd status of pending charges us | sing the space below. Attach addit | ional |
| ordinances? If yes to question 2, describe nature ar sheets as needed. | G: Under penalty of law, I have from participating in this busion. I understand that any licens retand that I may be prosecuted n who knowingly provides mate | e answered each of the above que ness due to any involvement in an e issued contrary to Wis. Stat. Cl | ional Jestions completely and nother tier of the alcohol napter 125 shall be void daffidavits in connection |
| If yes to question 2, describe nature ar sheets as needed. Part E: Attestation READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibite beverage industry as a restricted invest under penalty of state law. I further under with this application, and that any perso to forfeit not more than \$1,000 if convictions. | G: Under penalty of law, I have from participating in this busion. I understand that any licens retand that I may be prosecuted n who knowingly provides mate | e answered each of the above que ness due to any involvement in are issued contrary to Wis. Stat. Cl for submitting false statements and rially false information on this app | uestions completely and nother tier of the alcohol napter 125 shall be void d affidavits in connection |
| Part E: Attestation READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibite beverage industry as a restricted invest under penalty of state law. I further under with this application, and that any perso | G: Under penalty of law, I have from participating in this busion. I understand that any licens retand that I may be prosecuted n who knowingly provides mate | e answered each of the above que ness due to any involvement in are issued contrary to Wis. Stat. Cl for submitting false statements and rially false information on this app | lestions completely and nother tier of the alcohol napter 125 shall be void daffidavits in connection lication may be required |
| If yes to question 2, describe nature ar sheets as needed. Part E: Attestation READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibite beverage industry as a restricted invest under penalty of state law. I further under with this application, and that any perso to forfeit not more than \$1,000 if convictions. | G: Under penalty of law, I have from participating in this busion. I understand that any licens retand that I may be prosecuted n who knowingly provides mate | e answered each of the above que ness due to any involvement in are issued contrary to Wis. Stat. Cl for submitting false statements and rially false information on this app | lestions completely and nother tier of the alcohol affidavits in connection lication may be required |

Form AB-100

Alcohol Beverage Individual Questionnaire

| Date | |
|-------|-------|
| 03/03 | .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

Part A: Business Information

· members and agent of a limited liability company

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

| | Business Name (indivERSTONE HOSE | | | | | | | | |
|--|----------------------------------|---------------------|-------------------|---------------|-----------|---------------------------------|----------------|-------------|--------------|
| | less Trade Name or D | | | | | | | | |
| | PEARL STREE | | D SUITES | | | | | | |
| 3. Entity | Type (check one) | | | | | | | | |
| | lole Proprietor | Partnership | ✓ Limited | Liabili | ty Compa | ny Corporation | on 🔲 N | Nonprofit (| Organization |
| | | • | | | | | | | |
| Part E | 3: Individual Info | rmation | | | | | | | |
| 1. Last | Name | | | 2. First Name | | | | | 3. M.I. |
| PAT | EL | | | RUPESH | | | mai fast mas | Н | |
| 4. Relationship to Business (Title) 5. Email | | | | | | 6 | B. Phone | | |
| PRE | CISIDENT | | RUPES | H617 | 8@GMAI | L.COM | SEP REMAIN | (608) | 343-8199 |
| 7. Home | e Address | | | | | | | | |
| 335 | DRIFTWOOD S | ST | | | | | | | |
| 8. City | • | | | | 9. State | 10. Zip Code | 1 | 1. Date of | Birth |
| WES | T SALEM | | | | WI | 54669 | | | |
| 12. Driv | ers License/State ID N | Number | | | | 13. Drivers License/s | State ID State | of Issuanc | е |
| | | | | | | WI | | | |
| | | | | - | | or to the date of applic | | 12 | |
| | | ler all of your add | Iresses within th | | | ttach additional sheet | | | |
| Previou | s Address 1 | | | City | seed to a | | State | Zip Code | MAD'GASA |
| Previou | s Address 2 | | | City | | State | Zip Code | le | |
| Previou | s Address 3 | | | City | | . Let John | State | Zip Code | 9 |
| Previous Address 5 | | | - | | State | Zip Cod | le | | |
| | | | | | State | State Zip Code | | | |
| | | | | | | l abanda 16 | | | |
| 3. List State | County | State | County | Attacl | State | al sheets if necessary. County | State | County | |
| | | | | | | | | | |
| State | County | State | County | | State | County | State | County | |
| | | | | | | | | | |

| Part D: Criminal History | | | | |
|---|--|--|---|--|
| Have you ever been convicted of any offer for violation of any federal, Wisconsin, or | another state's laws or of any | county or municipal ordinances? | es) Yes 🗹 No | |
| If yes to question 1, please list details of | each conviction below. Attach | additional sheets as needed. | Conviction Date | |
| Law/Ordinance Violated | Location | Location | | |
| Penalty Imposed | | Was sentence completed? | Yes 🗹 No | |
| Law/Ordinance Violated | Location | Superfront plog to poster insulants | Conviction Date | |
| Penalty Imposed | | Was sentence completed?. | Yes V No | |
| Law/Ordinance Violated | Location | September 17 | Conviction Date | |
| Penalty Imposed | | Was sentence completed?. | Yes 🗸 No | |
| ordinances? If yes to question 2, describe nature and sheets as needed. | | sing the space below. Attach addition | ∐ Yes 🕑 No | |
| If yes to question 2, describe nature and | | sing the space below. Attach addition | executed of carrier of | |
| If yes to question 2, describe nature and sheets as needed. | | sing the space below. Attach addition | executed of carrier of | |
| If yes to question 2, describe nature and | : Under penalty of law, I have from participating in this busing I understand that any licens that I may be prosecuted who knowingly provides materials. | e answered each of the above que ness due to any involvement in and se issued contrary to Wis. Stat. Che | estions completely and other tier of the alcohol apter 125 shall be void affidavits in connection | |

| Form | |
|------|-------|
| A | B-100 |

Alcohol Beverage Individual Questionnaire

| 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
- · all partners of a partnership

Part A: Business Information

Legal Business Name (individual name if sole proprietor)
 Riverstone Hospitality LLC

· members and agent of a limited liability company

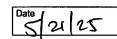
Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

| | ess Trade Name or rl Street H | | tas | | | | | | |
|---|---|-------------------|-----------------|---------------------|---|---|---|--|------------|
| 3. Entity | Type (check one) ole Proprietor | ✓ Partnership | | nited Lial | oility Compa | ny 🗌 Corpor | ation 🔲 N | Nonprofit Or | ganization |
| | | | | | | | | | |
| | : Individual Int | formation | | | | | | | 3, M.I. |
| 1. Last I | | | | . 2 | 2. First Name | | | | |
| Pat | | | | | Mahesh | | | | |
| | ionship to Business | (Title) | 5. Emai | | | | 6 | S. Phone | 05 0045 |
| | | | eshch | icago@g | mail.com | | (608) 3 | 85-9245 | |
| | Address | | | | | | | | |
| 983 | 4 Elkhorn E | Road | | | - | | | 1.0 : (0) | 11. |
| 8. City | | | | | 9. State | 10. Zip Code | 1 | 1. Date of Bir | (n |
| Tom | ah | | | - | WI | 54660 | | | |
| 12. Driv | ers License/State ID | Number | | | | 13. Drivers Licens | se/State ID State | of Issuance | |
| 100 | | | | | | WI | | | |
| 1. Do y | : Address Hist ou currently resid s to 1 above, how | e in Wisconsin? . | | | | r to the date of app | olication? | Years | Months |
| 1. Do y | ou currently resid | e in Wisconsin? . | ontinuously liv | /ed in W | isconsin prio | | | Years 15 | L |
| 1. Do y If ye 2. List | ou currently resid s to 1 above, how in chronological o | e in Wisconsin? . | ontinuously liv | ed in W | isconsin prio | r to the date of app tach additional she | ets if necessar | Years 15 y. | Months |
| 1. Do y If ye 2. List | ou currently resid | e in Wisconsin? . | ontinuously liv | ed in W | isconsin prio | | | Years 15 | Months |
| 1. Do y If ye 2. List | ou currently resid s to 1 above, how in chronological o | e in Wisconsin? . | ontinuously liv | ved in W | isconsin prio | | ets if necessar | Years 15 y. | Months |
| Do y If ye List Previous | ou currently resid s to 1 above, how in chronological o s Address 1 | e in Wisconsin? . | ontinuously liv | ved in W | isconsin prio et 5 years. Af | | eets if necessar | Years 15 y. Zip Code | Months |
| Do y If ye List Previous Previous Previous | ou currently resid s to 1 above, how in chronological o s Address 1 s Address 2 | e in Wisconsin? . | ontinuously liv | in the las | isconsin prio et 5 years. At iity | | eets if necessar State State | Years 15 y. Zip Code Zip Code | Months |
| Do y If ye List Previous Previous Previous Previous | rou currently resid s to 1 above, how in chronological of s Address 1 s Address 2 s Address 3 s Address 4 | e in Wisconsin? . | ontinuously liv | ved in W | isconsin prio et 5 years. At city city | | State State State | Years 15 y. Zip Code Zip Code | Months |
| 1. Do y If ye 2. List Previous Previous Previous Previous | rou currently resid s to 1 above, how in chronological of s Address 1 s Address 2 s Address 3 | e in Wisconsin? . | ontinuously liv | ved in W | isconsin prio at 5 years. At iity | | State State State State State | Years 15 y. Zip Code Zip Code Zip Code | Months |
| 1. Do y If ye 2. List Previous Previous Previous Previous | rou currently resid s to 1 above, how in chronological or s Address 1 s Address 2 s Address 3 s Address 4 s Address 5 | e in Wisconsin? . | ontinuously liv | ved in W in the las | isconsin prior at 5 years. Affility atty atty atty atty | | State State State State State State State | Years 15 y. Zip Code Zip Code Zip Code Zip Code | Months |
| 1. Do y If ye 2. List Previous Previous Previous Previous | rou currently resid s to 1 above, how in chronological or s Address 1 s Address 2 s Address 3 s Address 4 s Address 5 | e in Wisconsin? . | ontinuously liv | ved in W in the las | isconsin prior at 5 years. Affility atty atty atty atty | tach additional she | State State State State State State State | Years 15 y. Zip Code Zip Code Zip Code | Months |

| for violation of any federal, Wisconsir | offenses (excluding traffic offense n, or another state's laws or of any | es unless related to alcohol beverages) county or municipal ordinances? Yes No |
|---|---|---|
| If yes to question 1, please list details | of each conviction below. Attach | additional sheets as needed. |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? Yes No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? Yes No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? Yes No |
| If yes to question 2, describe nature sheets as needed. | and status of pending charges us | sing the space below. Attach additional |
| | and status of pending charges us | sing the space below. Attach additional |
| Part E: Attestation READ CAREFULLY BEFORE SIGNI truthfully. I certify that I am not prohib beverage industry as a restricted investigation of state law. I further under penalty of state law. I further under penalty of state law. | NG: Under penalty of law, I have ited from participating in this busitestor. I understand that any licens lerstand that I may be prosecuted son who knowingly provides mate | e answered each of the above questions completely and ness due to any involvement in another tier of the alcohol se issued contrary to Wis. Stat. Chapter 125 shall be void for submitting false statements and affidavits in connection rially false information on this application may be required |

Form AB-101

Alcohol Beverage Appointment of Agent



| Agent Type (check one) | <u> </u> | | · · · · · · · · · · · · · · · · · · · | |
|---|-----------------------|--------------------|---|---------------------------------------|
| ☐ Successor (\$10 fee for mo | unicipal licer | sees only) | | |
| | | | | |
| Part A: Business Information | | | | |
| 1. Legal Business Name (individual name if sole proprietor) Riverstone hospitality LLC | _ | | | |
| 2. Business Trade Name or DBA Pecul Street Alvitel & Su | ûtes | | | |
| 3. Entity Type (check one) Limited Liability Company | |] Corporation | ☐ Nonprofit Org | ganization |
| 4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit | 5. If successo | r agent, provide S | State Permit or Municipal Re | etail License Number |
| 6. Describe the reason for appointing a successor agent, if successor | is checked at | ove. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Part B: Agent Information | · · | | | |
| 1. Last Name | 2. First Name Kupe | sh | | 3. M.I. |
| | 14.4 | | 5. Phone | |
| rupesh6178@gmail-com | | | | 3-8199 |
| 4. Email rupesh 6178 @ gmail-com 6. Home Address 335 Diffword st 7. City, 15-1 | | | | |
| 7. City Level Sales | 8. State | 9. Zip Code | 10. Age | · · · · · · · · · · · · · · · · · · · |
| We in the second | ω_{l} | 54669 | 44 | |
| 11. Drivers License/State ID Number | | 12. Drivers L | icense/State ID State of Iss | uance |
| | | • | | |
| Part C: Agent Questions | | | ************************************** | |
| Have you satisfied the responsible beverage server trainin Submit proof of completion. | g requireme | nt? | | . Yes No |
| Have you completed Form AB-100, Alcohol Beverage India Submit a completed Form AB-100 with this form. | vidual Ques | ionnaire? | • | . 💟 Yes 🗌 No |
| Have you been a Wisconsin resident for at least 90 continu See instructions for exceptions. | uous days?. | | | . 🗽 Yes 🗌 No |
| | | | | |

| d liability company with full author fy that I am authorized by the ab- uccessor agent, I rescind all previon britting false statements and aff | ority and control of the premises and of all alcoho ove-named entity to authorize this individual to ac- ious agent appointments for this premises. Further fidavits in connection with this application, and tha | ol et r, at |
|--|--|--|
| First Name | M.I. | |
| KUPESH | H | |
| Email | Phone | |
| rupesh 6178 60 - | ma'.com 608-343-8199 | |
| | Date 5 21 25 | |
| | | |
| | | |
| pany and assume full responsibil ess. I further understand that I n | lity for the conduct of all alcohol beverage activities may be prosecuted for submitting false statements | s s |
| First Name | M.I. | |
| Rupesh | H | |
| | Date 5/21/25 | _ |
| | Email Email Email Email Tupes 6178 Email Tupes 6178 Tupes 6 | Email Tupesh6178 Date Date S 21 25 The Agent, herby accept this appointment as agent for the above-named corporation pany and assume full responsibility for the conduct of all alcohol beverage activities. I further understand that I may be prosecuted for submitting false statement ion, and that any person who knowingly provides materially false information on this e than \$1,000 if convicted. First Name Rupesh Date M.I. H |



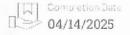
CERTIFICATE OF COMPLETION

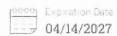
This certifies that

rupesh patel

is awarded this certificate for

Wisconsin Responsible Beverage Server Training







Official Signature

This certificate is non-transferable and 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.