

NOTICE
VILLAGE OF OSCEOLA
SPECIAL BOARD MEETING

Date: Tuesday, May 28, 2024
Time: 6:00 pm
Place: Village Hall, Room 105 (lower level)
310 Chieftain Street, Osceola, WI

AGENDA

1. Call to order
2. Approval of the agenda
3. Other business – discussion and possible action re:
 - a) Appointment of Chelsea Kruse to the Planning Commission for a 3-year term
 - b) Alcohol License
 - i. 6-Month Class “B” Fermented Malt Beverage License – Osceola Braves Baseball Inc.,
Sara Carlson Agent
4. Future agenda items and updates
5. Adjourn

The Power of 10 are the 10 most significant assets in the community identified by the Board. They are listed below:

- | | | |
|--------------------|--|---|
| 1. Schools | 5. Falls | 9. Medical Services |
| 2. Airport | 6. Downtown Businesses | 10. Recreational opportunities and the Braves |
| 3. Industrial Park | 7. Personalization/Historic of Downtown Feel | (tied ranking for number 10) |
| 4. River | 8. Access to major population center | |

NOTE: It is possible that members of other governmental bodies of the municipality may be present at the above scheduled meeting to gather information about a subject over which they have decision-making responsibility. No action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice. Meetings may be recorded for public viewing and record retention.

Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Village Hall at (715) 294-3498.



Memo

To: Village Board
From: Carie Krentz, Village Clerk
Cc: Devin Swanberg, Village Administrator
Date: May 24, 2024
Re: Liquor License

The Village has accepted the below application for Alcohol Licenses:

- i. 6-Month Class “B” Fermented Malt Beverage License from May 29, 2024 to November 29, 2024 - Osceola Braves Baseball Inc., Sara Carlson, Agent.

RECOMMENDATION

The Osceola Braves have met requirements and Village staff recommends approval with no additional conditions.

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	<i>Village of Osceola</i>
License Period	<i>5-29-24 to 11-29-24</i>

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

- | | |
|---|---|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ <u>50</u> |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$ 50
Background Check Fee	\$ 15
Publication Fee	\$ 15
Total Fees	\$ 80.00

pd r# 3030

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <i>Osceola Braves Baseball Inc</i>			
2. Business Trade Name or DBA <i>Osceola Braves Baseball</i>			
3. FEIN		4. Wisconsin Seller's Permit Number <i>456-1020124459-03</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <i>WI</i>		7. Date of Organization <i>01/31/1995</i>	8. Wisconsin DFI Registration Number
9. Premises Address <i>507 Fourth Avenue</i>			
10. City <i>Osceola</i>		11. State <i>WI</i>	12. Zip Code <i>54020</i>
13. County <i>Polk</i>		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <i>Osceola</i>	15. Aldermanic District
16. Premises Phone <i>None</i>		17. Premises Email <i>None</i>	18. Website <i>www.osceolabraves.com</i>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <i>Oakey Park Baseball Field with concession stand outside ballfield and grandstand within 100 feet.</i>			
20. Mailing Address (if different from premises address) <i>2586 68th Avenue</i>			
21. City <i>Osceola</i>		22. State <i>WI</i>	23. Zip Code <i>54020</i>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Carlson	Sara	Agent/Officer	
Cloutier	Kathryn	Officer	
Fehlen	Richard	Officer	
Switala	Robert	Officer	

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Cloutier	Kathryn	M
Title	Email	Phone
Director/treasurer		
Signature	Date	
<i>Kathryn M. Cloutier</i>	05/03/20	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Individual Questionnaire

Date
05/03/2024

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) OSCEOLA BRAVES BASEBALL, INC.	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name CARLSON		2. First Name SARA		3. M.I. L
4. Relationship to Business (Title) BOARD MEMBER		5. Email		6. Phone
7. Home Address 2130 20TH AVE.				
8. City STAR PRAIRIE		9. State WI	10. Zip Code 54029	11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years				
			Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City	State	Zip Code			
Previous Address 2		City	State	Zip Code			
Previous Address 3		City	State	Zip Code			
Previous Address 4		City	State	Zip Code			
Previous Address 5		City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	POLK	MN	WASHINGTON				
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature 	Date 05/01/2024
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Alcohol Beverage Individual Questionnaire

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) Osceola Braves Baseball Inc				
2. Business Trade Name or DBA Osceola Braves Baseball				
3. Entity Type (<i>check one</i>)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name Cloutier		2. First Name Kathryn		3. M.I. M
4. Relationship to Business (Title) Director/treasurer		5. Email kcloutier@osceolabv.com		6. Phone
7. Home Address 2586 68th Avenue				
8. City Osceola		9. State WI	10. Zip Code 54020	11. Date of Birth / /
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years --	Months 0
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State	Zip Code	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	Polk	WI	St Croix		
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

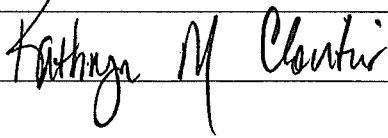
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

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

Signature		Date	05/03/2024
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Alcohol Beverage Individual Questionnaire

Date 05/03/2024

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

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

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

Part A: Business Information				
1. Legal Business Name (Individual name if sole proprietor) Osceola Braves Baseball Inc				
2. Business Trade Name or DBA Osceola Braves Baseball				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name Fehlen		2. First Name Richard		3. M.I. R
4. Relationship to Business (Title) Director		5. Email		6. Phone
7. Home Address 2473 82nd Avenue				
8. City Osceola		9. State WI	10. Zip Code 54020	11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 2473 82nd Ave		City Osceola		State Wis	Zip Code 54020
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Polk	State WI	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature <i>Richard F. Schlo</i>	Date 05/03/2024
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Alcohol Beverage Individual Questionnaire

Date 05/03/2024

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) Osceola Braves Baseball Inc				
2. Business Trade Name or DBA Osceola Braves Baseball				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name Switalla		2. First Name Robert		3. M.I. G
4. Relationship to Business (Title) Director		5. Email		6. Phone
7. Home Address 728 Maple Leaf Drive				
8. City Osceola		9. State WI	10. Zip Code 54020	11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years -	Months -		
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 727 MAPLE LEAF DR		City OSCEOLA	State WI	Zip Code 54020			
Previous Address 2		City	State	Zip Code			
Previous Address 3		City	State	Zip Code			
Previous Address 4		City	State	Zip Code			
Previous Address 5		City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County POLK	State WI	County NEENAH	State MN	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature <i>Robert R. Switalski</i>	Date 05/03/2024
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Alcohol Beverage Appointment of Agent

Date 05/03/2024

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) OSCEOLA BRAVES BASEBALL, INC.	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number 456-1020124459-03
6. Describe the reason for appointing a successor agent, if successor is checked above. NEW BOARD MEMBER ASSIGNED TO BE AGENT	

Part B: Agent Information

1. Last Name CARLSON	2. First Name SARA	3. M.I. L
4. Email		5. Phone 5500
6. Home Address 2130 20th Ave.		
7. City Star Prairie	8. State WI	9. Zip Code 54026
10. Age		11. Drivers License/State ID Number
12. Drivers License/State ID State of Issuance		

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name <i>Cloutier</i>	First Name <i>Kathryn</i>	M.I. <i>M</i>
Title <i>Board Member</i>	Email <i>[redacted]</i>	Phone <i>[redacted]</i>
Signature <i>Kathryn M Cloutier</i>	Date <i>05/03/2024</i>	

Part E: Agent Attestation

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

Last Name <i>CARLSON</i>	First Name <i>SARA</i>	M.I. <i>L</i>
Signature <i>[Signature]</i>	Date <i>05/01/24</i>	

Serving Alcohol

is proud to present this certificate to

Sara Carlson

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
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD 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
Ujyjb7c47j

Date Issued
Mar 29th, 2023

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: Sara Carlson

Certification Date: Mar 29th, 2023

Certificate Code: Ujyjb7c47j

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>



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-264-6884
 EMAIL: dorbusinessstax@revenue.wi.gov WEBSITE: www.revenue.wi.gov

Letter ID: L0009957920

THE OSCEOLA BRAVES INC
 2586 68TH AVE
 OSCEOLA WI 54020-5807



State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-1020124459-03
 Expiration Date: September 30, 2014
 Legal/Real Name: THE OSCEOLA BRAVES INC

Signature _____

Kathryn M. Cloutier

Wisconsin Business Tax Registration Certificate

Expiration date: September 30, 2014
 Legal/real name: THE OSCEOLA BRAVES INC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue and authorized to engage in business activities for the tax types shown below.
- You may not transfer this certificate to any other individual or business.
- If your business is not operated from a fixed location, you must bring the wallet copy to all events.

Tax Type	Account Type	Number
Sales & Use Tax	Seller's Permit	456-1020124459-03

OSCEOLA POLICE DEPARTMENT

310 CHIEFTAIN STREET

PO BOX 217
OSCEOLA WI 54020

Incident # **24-010282**

Beat NA	Rpt Dist	Type Background Check	Seq 1
Crime / Incident (Primary, Secondary, Tertiary) Liquor License		Attempt	
		Occurred	Date
		On or From	05/10/2024
		To	05/10/2024
		Reported	05/10/2024
		Time	16:00
		Day	Fri

Location of Incident **310 CHIEFTAIN ST, OSCEOLA, WI**

Cross Street _____ County _____

Dispo "V" = Victim "RP" = Reporting Party "W" = Witness "S" = Suspect "O" = Other

O	Last, First, Middle (Firm if Business) OSCEOLA, BRAVES	Race	Sex	Age 0	HT	WT	Hair	Eyes	Home Phone (715) 294-3063
Address 509 4TH AV		DOB / /	DL Number OAKY PARK		State WI	Work Phone (715)			
City, State, Zip Code OSCEOLA WI 54020		SSN	Local ID #	State #	FBI #	Cell Phone 0			

O	Last, First, Middle (Firm if Business) CARLSON, SARA LYNN	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address 2130 20TH AV		DOB 10/11	DL Number		State	Work Phone			
City, State, Zip Code STAR PRAIRIE WI 54026		SSN	Local ID #	State #	FBI #	Cell Phone 0			

O	Last, First, Middle (Firm if Business) SWITALLA, ROBERT G	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address 728 MAPLE LEAF DR		DOB	DL Number		State	Work Phone			
City, State, Zip Code OSCEOLA 54020		SSN	Local ID #	State #	FBI #	Cell Phone 0			

O	Last, First, Middle (Firm if Business) CLOUTIER, KATHRYN M	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address 2586 68TH AV		DOB	DL Number		State	Work Phone			
City, State, Zip Code OSCEOLA WI 54020		SSN	Local ID #	State # LIQUOR.LI	FBI #	Cell Phone			

Synopsis **Osceola Braves Baseball Inc. applied for an Alcohol Beverage License for the Village of Osceola, appointing Sara Carlson as Agent. Additional officers are Robert Switalla, Kathryn Cloutier and Richard Fehlen. No Wisconsin or Minnesota criminal histories were found. License recommended by Interim Chief Bach.**

S O L V A B I L I T Y	Continuation Attached <input checked="" type="checkbox"/>	PropertyList Attached <input type="checkbox"/>	Property Damage \$
	UCR 9999	Press Release <input type="checkbox"/>	Domestic Violence Case <input type="checkbox"/>
	Gang Related N	Hate Crime <input type="checkbox"/>	Victim Senior Citizen <input type="checkbox"/>
	Pursuit <input type="checkbox"/>	Force Used <input type="checkbox"/>	Child Abuse <input type="checkbox"/>
	County Code		Disposition CLSD
	Connecting Case #		
	Report Complete/Ready for Review <input checked="" type="checkbox"/>	CAD/CFS Event #	
	Assigned To _____ Date _____		

Officer ID Assistant J. Giller	J	Reviewed By	Approved	Date
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OSCEOLA POLICE DEPARTMENT
310 CHIEFTAIN STREET

Names

Incident # **24-010282**

Crime / Incident (Primary)										Attempt <input type="checkbox"/>		Type		Background Check		Seq 1	
<i>Liquor License</i>																	
Dispo "V" = Victim "RP" = Reporting Party "W" = Witness "S" = Suspect "O" = Other																	
O	Last, First, Middle (Firm if Business) FEHLEN, RICHARD R									Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address	2473 82ND AV									DOB		DL Number		State	Work Phone		0 -
City, State, Zip Code	OSCEOLA WI 54020									SSN		Local ID #	State #	FBI #	Cell Phone		0
	Last, First, Middle (Firm if Business)									Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address										DOB		DL Number		State	Work Phone		
City, State, Zip Code										SSN		Local ID #	State #	FBI #	Cell Phone		
	Last, First, Middle (Firm if Business)									Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address										DOB		DL Number		State	Work Phone		
City, State, Zip Code										SSN		Local ID #	State #	FBI #	Cell Phone		
	Last, First, Middle (Firm if Business)									Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address										DOB		DL Number		State	Work Phone		
City, State, Zip Code										SSN		Local ID #	State #	FBI #	Cell Phone		
	Last, First, Middle (Firm if Business)									Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address										DOB		DL Number		State	Work Phone		
City, State, Zip Code										SSN		Local ID #	State #	FBI #	Cell Phone		
	Last, First, Middle (Firm if Business)									Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address										DOB		DL Number		State	Work Phone		
City, State, Zip Code										SSN		Local ID #	State #	FBI #	Cell Phone		
	Last, First, Middle (Firm if Business)									Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address										DOB		DL Number		State	Work Phone		
City, State, Zip Code										SSN		Local ID #	State #	FBI #	Cell Phone		
Officer ID	Assistant J. Giller									Reviewed By		Approved		Date		J	

