

Thursday, October 9, 2025

5:00 PM

McFarland Municipal Center
5915 Milwaukee St, McFarland
Community Room

AGENDA

The public may attend in-person or remotely through the Zoom webinar or telephone options listed below. *Please Note: Virtual attendance is offered as a convenience, but technical difficulties beyond the Village's control may prevent or limit its availability at any meeting. The public is encouraged to attend the meeting in person to assure full access to the proceedings.*

PLEASE CLICK THE LINK BELOW TO JOIN THE ZOOM WEBINAR:

<https://us02web.zoom.us/j/87034710302>

Or by Telephone: +1 (312) 626-6799

Webinar ID: 870 3471 0302

Press *9 to raise/lower hand. Press *6 to mute/unmute.

1. CALL TO ORDER, ROLL CALL.

2. PUBLIC APPEARANCES.

- a. This is an opportunity for members of the public to address the Public Safety Committee for items that are not on the agenda. Please remember this is a hybrid meeting conducted in person and through the Zoom online meeting platform. Meeting attendees wishing to address the Committee about items not on the agenda may do so at this time. Zoom attendees should type their name and address in the Question and Answer feature within the Zoom online meeting platform at this time. Members of the public who are present in person and wish to address the Committee should fill out a public comment form and turn into the meeting chairperson. When you are called upon to speak, state your name, address, and provide your comments to the Committee for their consideration. Please adhere to the 3-minute time limit. Additionally, you may send your public comments to public.safety@mcfarland.wi.us to be included as part of the meeting.

Members of the public may also speak during their selected agenda item as they designate on the public comment form or in the Question and Answer feature on Zoom.

3. APPROVAL OF MINUTES.

- a. Motion to approve the minutes of the 7/7/2025 meeting.

4. BUSINESS.

- a. Discussion and recommendation on a "Class A" liquor and Class "A" beer license for Kwik Trip Inc. D/B/A Kwik Trip 1210, Michael Mueller, Agent, for the premise at 4015 Terminal Drive, McFarland WI 53558.
- b. Discussion and recommendation on a "Class B" liquor and Class "B" beer license for El Gallito Madison LLC, D/B/A La Penca McFarland, Josue Miranda-Lopez, Agent, for the premise at 6115 US Highway 51, McFarland WI 53558.

5. SCHEDULE NEXT MEETING DATE.

- a. November 3, 2025

6. ADJOURNMENT.

Any person who has a qualifying disability as defined by the Americans with Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format should contact the McFarland Municipal Center at (608)838-3153, 5915 Milwaukee Street, McFarland, Wisconsin, or village.clerk@mcfarland.wi.us by 2:00 p.m. at least 5 business days prior to the meeting so that any necessary arrangements can be made to accommodate each request. If the meeting or request is less than 5 business days from the meeting, requests for accommodations may still be made and reasonable efforts will be made to accommodate each request.

VILLAGE OF MCFARLAND

Public Safety Committee Minutes

Monday, July 7, 2025 - 6:30 PM

1. CALL TO ORDER, ROLL CALL.

Village Trustee Ken Boyd called the regular meeting of the Public Safety Committee to order at 6:30 PM in the community room.

Members present: Miguel Peña, Ken Boyd, Shannon Morrison, Dottie Olson, Lori Peterson, Pat Shellenberger

Members not present: Rick Behnke

Staff Present: Police Chief Brian Redman, Fire Chief Chris Dennis, Office Manager Reimer

2. PUBLIC APPEARANCES.

a. This is an opportunity for members of the public to address the Public Safety Committee for items that are not on the agenda. Please remember this is a hybrid meeting conducted in person and through the Zoom online meeting platform. Meeting attendees wishing to address the Committee about items not on the agenda may do so at this time. Zoom attendees should type their name and address in the Question and Answer feature within the Zoom online meeting platform at this time. Members of the public who are present in person and wish to address the Committee should fill out a public comment form and turn into the meeting chairperson. When you are called upon to speak, state your name, address, and provide your comments to the Committee for their consideration. Please adhere to the 3-minute time limit. Additionally, you may send your public comments to public.safety@mcfarland.wi.us to be included as part of the meeting.

Members of the public may also speak during their selected agenda item as they designate on the public comment form or in the Question and Answer feature on Zoom.

There were no public appearances.

3. APPROVAL OF MINUTES.

a. Motion to approve the minutes of the 2/3/2025 meeting.

Motion by Member Dottie Olson, seconded by Member Shannon Morrison, to approve the minutes of the 2/3/2025 meeting. Motion carries 6 - 0 - 0 by acclamation.

4. BUSINESS.

a. License Hearing -

1) Conduct hearing on the recommendation from Chief Redman to deny the issuance of an operator's license for Elizabeth Moen for the period ending June 30, 2026.

Village Trustee Ken Boyd began the hearing at 6:35 p.m. Tricia Reimer swore in Chief Redman, who gave an overview on why the operator's license was denied. He referred the committee to Exhibit C for the reasons of the denial. The committee's questions were addressed by Chief Redman. Tricia then swore in Elizabeth Moen, who then gave testimony regarding her past actions and presented Exhibit D, which was a letter from Madison Area Technical College, and Exhibit E, which was a letter from Prairie

Counseling Services. Ms. Moen answered the committees questions. The hearing closed at 6:53 p.m.

2) Discussion and recommendation on the operator's license for Elizabeth Moen for the period ending June 30, 2026.

The committee then discussed the operator's license for Miss Moen. Committee members raised their concerns about approving the license due to Elizabeth Moen's past actions as well as the environment she would be working in.

Motion by Member Shannon Morrison, second by Member Pat Shellenberger, to recommend to the Village Board to deny the issuance of the operator's license for Elizabeth Moen for the subsequent period ending June 30, 2026, as per Chief Redman's recommendation. Motion carries 6 - 0 - 0 by acclamation.

Village Trustee Ken Boyd read a statement to Ms. Moen iterating that being denied does not prohibit her from serving or selling alcohol, and she can sell under the supervision of a licensed operator. The Village Board will take action on this July 22, 2025, where she can address the board.

b. Discussion and action on an Event Permit Application from Dan Chin Homes for the Sunset Social event to take place on August 7, 2025.

Village Trustee Ken Boyd introduced the item. Chief Dennis gave an overview of the item. Chief Redman gave his comments and considerations for the event. Chief Dennis and Chief Redman answered the committees questions, including capacity questions.

Motion by Village Trustee Ken Boyd, second by Member Shannon Morrison, to recommend the Village Board approve an Event Permit Application from Dan Chin Homes for the Sunset Social event to take place on August 7, 2025. Motion carries 6 - 0 - 0 by acclamation.

c. Review and discussion on the Village's outdoor warning siren coverage.

Chief Dennis introduced the item and explained the importance of discussion and planning for future siren coverage, given the future growth of the village including parks and sports fields. The committee discussed future locations of potential sirens. No action required.

5. SCHEDULE NEXT MEETING DATE.

a. 8/4/24 6:30 p.m.

6. ADJOURNMENT.

Motion by Village Trustee Ken Boyd, second by Member Shannon Morrison, to adjourn at 7:30 p.m.

Pursuant to law, written notice of this meeting was given to the public and posted on the

public bulletin board in accordance with Open Meetings Law.

Respectfully submitted,
Tricia Reimer
Office Manager

VILLAGE OF McFarland

Police Department

5915 Milwaukee St, McFarland, WI 53558 | 608.838.3151 | www.mcfarland.wi.us/police

Date: September 12, 2025

To: Cassandra Suettinger, Deputy Administrator/Clerk

From: Brian Redman, Interim Chief of Police

Re: Alcohol Beverage License Application for Kwik Trip

I have reviewed the application for the Alcohol Beverage License for the new Kwik Trip being built at 4015 Terminal Drive in the Village of McFarland. The necessary background checks were conducted and came back negative for any incidents or information that would prevent the approval of the application. Kwik Trip has always been willing to cooperate with police investigations regarding alcohol sales and makes every effort to ensure that all alcohol sales follow the rules set forth in state statute and local ordinances.

I recommend approval of the Class "A" Beer and Class "A" Liquor Licenses for Kwik Trip.

Thank you,

Brian Redman
Interim Chief of Police

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality McFarland Village of
License Period

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

- Class "A" Beer \$ 200.00 Class "B" Beer \$ _____
 "Class A" Liquor \$ 500.00 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 700.00
Background Check Fee	\$ _____
Publication Fee	\$ 6.00
Total Fees	\$ 706.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.		
2. Business Trade Name or DBA Kwik Trip 1210		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
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 Wisconsin	7. Date of Organization October 7, 1964	8. Wisconsin DFI Registration Number [REDACTED]
9. Premises Address 4015 Terminal Dr.		
10. City McFarland	11. State WI	12. Zip Code 53558
13. County Dane	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: McFarland Village of	15. Aldermanic District -----
16. Premises Phone Not yet available.	17. Premises Email LicensingDept@kwiktrip.com	18. Website www.kwiktrip.com
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. One-story frame construction with alcohol storage in walk-in cooler, on sales floor, behind sales counter and back room for off sale consumption. Records kept in office area.		
20. Mailing Address (if different from premises address) Kwik Trip - Legal Dept., P.O. Box 2107		
21. City La Crosse	22. State WI	23. Zip Code 54602-2107

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. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated **Please see enclosed list of retail store violations.	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 beverages. Yes No
 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 -----
--------------------------------------	-----------------------------------

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
Zietlow	Scott	CEO & President	[REDACTED]
Wagner	David	CFO & Treasurer	[REDACTED]
Mueller	Michael	Agent	[REDACTED]

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 Zietlow	First Name Scott	M.I. P
Title CEO & President	Email LicensingDept@kwiktrip.com	Phone [REDACTED]
Signature [REDACTED]	Date 9/5/2025	

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 Appointment of Agent

Date: 9.9.25

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)

Kwik Trip, Inc.

2. Business Trade Name or DBA

Kwik Trip 1210

3. Entity Type (check one)

- Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one).

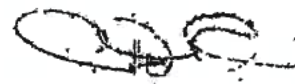
- Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

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

- N/A -

25 2. P



Part B: Agent Information

1. Last Name

Mueller

2. First Name

Michael

3. M.I.

Patrick

4. Email

LicensingDept@kwiktrip.com

5. Phone

[Redacted]

6. Home Address

[Redacted]

7. City

[Redacted]

8. State

[Redacted]

9. Zip Code

[Redacted]

10. Date of Birth

[Redacted]

11. Drivers License/State ID Number

[Redacted]

12. Drivers License/State ID State of Issuance

[Redacted]

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

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 Zietlow		First Name Scott		M.I. Paul
Title CEO/President		Email LicensingDept@kwiktrip.com		Phone [REDACTED]
Signature [REDACTED]			Date 09/5/2025	

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 Mueller		First Name Michael		M.I. Patrick
Signature [REDACTED]			Date 9.5.25	

VILLAGE OF McFarland

Police Department

5915 Milwaukee St, McFarland, WI 53558 | 608.838.3151 | www.mcfarland.wi.us/police

Date: September 17, 2025

To: Cassandra Suettinger, Deputy Administrator/Clerk

From: Brian Redman, Interim Chief of Police

Re: Alcohol Beverage License Application for La Penca McFarland Restaurant

I have reviewed the application for the Alcohol Beverage License for the new La Penca McFarland Restaurant that will occupy the vacant building at 6115 US HWY 51, in the Village of McFarland. The necessary background checks were conducted and came back negative for any incidents or information that would prevent the approval of the application.

I recommend approval of the Class "B" Beer and Class "B" Liquor Licenses for La Penca McFarland Restaurant.

Thank you,

Brian Redman
Interim Chief of Police



Alcohol Beverage License Application

License(s) Requested

- "Class B" liquor
- Class "B" beer


Premises/Business Information

Legal Business Name (individual name if sole proprietorship) El Gallito Madison LLC

Business Trade Name or DBA La Penca Mcfarland

Federal Employer Identification Number (FEIN) [REDACTED]

Wisconsin Seller's Permit Number [REDACTED]

Attach a copy of the Wisconsin Seller's Permit  El Gallito Seller Permit.pdf

Entity Type Limited Liability Company

State of Organization Wisconsin

Date of Organization 10/10/2024

Wisconsin DFI Registration Number [REDACTED]

Your Wisconsin DFI Registration Number can be found at [this lookup](#) on the Wisconsin Department of Financial Institutions website.

Premises Address 6115 us Hwy51 Mcfarland, Wisconsin, 53558

Premises Phone [REDACTED]

Premises Email [REDACTED]

Premises description:

Describe 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.

Premises description the building is a small restaurant with a small bar that we going to build. its a medium size kitchen with a prep area. small dining room with probably around 13 tables with a small patio



Alcohol Beverage License Application

Questions

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.

No

Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages.

No

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?

No

Is the applicant business owned by another business entity?

No

Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?

No

Does the applicant business owe past due municipal property taxes, assessments, or other fees?

No



Alcohol Beverage License Application

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name ~~Zuniga~~ Miranda - Lopez

Agent First Name ~~Jesus~~ Josue

Agent Phone Number



Attach completed Individual Questionnaire for Agent

zungia, Jesus Individual Questionnaire.pdf

Attach completed Appointment of Agent

zungia, Jesus Individual Questionnaire.pdf

Wisconsin law requires all sole proprietors, partners, and agents of corporations/LLCs to successfully complete a Wisconsin approved responsible beverage server training course within the past two years unless the applicant held a manager's or operator's license within the past two years or the applicant held or was the agent of a corporation/LLC that held any municipally-issued alcohol beverage license in Wisconsin within the past two years.

Proof of completion of the course or an applicable license must be provided as part of this application.

Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period?

Yes

Proof of Completion of Wisconsin Approved Responsible Beverage Server Course or Other Applicable License

Jesus I Ramirez Zuniga Certificate_ Table Service _ Hospitality Course from Rservering.com!

List the information for each person or entity holding the following positions in the applicant business or the owner business: sole proprietor, all officers and directors of a corporation or nonprofit organization, all partners of a partnership, and all members and managers of a limited liability company.

i. **Last Name**
miranda Zungia

First Name
jesue Jesus

Title
~~worker~~ Owner

Phone
[REDACTED] [REDACTED]

You must upload a completed [Individual Questionnaire](#) for this person.

Attach completed Individual Questionnaire

 zungia, Jesus Individual Questionnaire.pdf

Please click plus sign below to add additional officers, directors, members, or managers.



Alcohol Beverage License Application

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

- Sole proprietor
- One general partner of a partnership
- One corporate officer
- One managing 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.

Signature - Sign in the box and click "Save Signature"



Date 08/28/2025

Contact Person and Information

Please provide the name and contact information for the person we should contact for any of the following:

- Questions about this submission
- Notifications when licenses are ready and fees are owed to the Village
- Future reminders regarding renewal of the licenses

Contact Person's Last Name zungia

Contact Person's First Name jesus

Contact Person's Middle Initial	i
Contact Person's Title	owner
Contact Person's Phone Number	██████████
Contact Person's E-mail Address	████████████████████

Alcohol Beverage Appointment of Agent

Date

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)
el gallito madison llc

2. Business Trade Name or DBA
La Penca Mcfarland

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

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

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
miranda-lopez josue

4. Email 5. Phone

6. Home Address

7. City 8. State 9. Zip Code 10. Date of Birth

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance
wi.

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

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 zungia ramirez	First Name jesus	M.I.
Title Owner	[REDACTED]	Phone [REDACTED]
Signature [REDACTED]	Date 09/09/20	

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 miranda-lopez	First Name josue	M.I.
Signature [REDACTED]	Date 09/09/20	