



CITY OF VERONA
111 Lincoln Street
Verona, WI 53593
(608) 845-6495
veronawi.gov

**PUBLIC SAFETY & WELFARE COMMITTEE
AGENDA**

DATE: MONDAY, MAY 11, 2026 **TIME:** 6:30 PM

LOCATION: COUNCIL CHAMBERS
111 LINCOLN ST
VERONA, WI 53593

1. Call to Order
2. Roll Call
3. Public Comment
4. Approval of the minutes from the April 27, 2026 Public Safety and Welfare Committee meeting
5. Discussion and Possible Action Re: Special Event Permit application from J. Garrett Wilson, Race Day Events, LLC, for the Wisconsin Triterium Triathlon on Saturday, June 27, 2026
6. Discussion and Possible Action Re: Application for a Class "B" Fermented Malt Beverage and Reserve "Class B" Intoxicating Liquor License from Ian's Pizza Verona, LLC, d/b/a Ian's Pizza Verona located at 303 W. Verona Ave., Jeffrey Eich, Agent
7. Adjournment

Phil Hoechst, Chairperson

POSTED: May 8, 2026

Verona City Hall
Verona Public Library
Miller's Market
All agendas are posted on the City's website at: veronawi.gov

Notice is hereby given that a quorum of the members of the City Council or other standing committees of the City Council may be present at the meeting of the Public Safety and Welfare Committee to gather information about a subject over which they have decision-making responsibility. The City Council and any other standing committees will not take formal action at this meeting.

IF YOU NEED AN INTERPRETER, MATERIALS IN ALTERNATIVE FORMATS OR OTHER ACCOMODATION TO ACCESS THE MEETING, PLEASE CONTACT THE CITY CLERK AT 608-845-6495 AT LEAST 48 HOURS PRECEDING THE MEETING. EVERY REASONABLE EFFORT WILL BE MADE TO ACCOMMODATE YOUR REQUEST.

CITY OF VERONA
PUBLIC SAFETY & WELFARE COMMITTEE
MINUTES

April 27, 2026
Council Chambers

1. Call to Order: Hoechst called the meeting to order at 6:34 p.m.
2. Roll Call: Phil Hoechst, Lachlann Swanson, and Alejandro Hernandez were present. Also present: City Clerk Holly Licht, Lieutenant Scott Moen, and Police Chief Dave Dresser.
3. Public Comment: None
4. Approval of the minutes from the April 13, 2026 Public Safety and Welfare Committee meeting

Motion by Swanson, seconded by Hoechst to approve the minutes from April 13, 2026 Public Safety and Welfare Committee meeting. Motion carried 3-0.

5. Discussion and Possible Action Re: Special Event Permit application from Kelly Flackey for the Verona Downtown Farmers Market on Wednesdays May 13-October 14, 2026

Motion by Hoechst, seconded by Swanson to approve the Special Event Permit application from Kelly Flackey for the Verona Downtown Farmers Market on Wednesdays May 13-October 14, 2026. Motion carried 3-0.

6. Discussion and Possible Action Re: Special Event Permit application from Le Jordan, Verona Area Chamber of Commerce, for the Summer Concert Series on Thursdays June 11-August 20, 2026

Motion by Swanson, seconded by Hoechst to approve a Special Event Permit application from Le Jordan, Verona Area Chamber of Commerce, for the Summer Concert Series on Thursdays June 11-August 20, 2026. Motion carried 3-0.

7. Discussion and Possible Action Re: Special Event Permit application from Sarah Sarbacker, Cherry Blossom Events, LLC, for The Christkindl Market on Friday, December 11, 2026-Sunday, December 13, 2026

Motion by Hoechst, seconded by Swanson to approve a Special Event Permit application from Sarah Sarbacker, Cherry Blossom Events, LLC, for The Christkindl Market on Friday, December 11, 2026-Sunday, December 13, 2026. Clerk Licht noted that this approval would not include any sales of alcohol. If there were to be sales of alcohol it would need to be by another entity that qualifies for a retail license. Motion carried 3-0.

8. Adjournment: Motion by Swanson, seconded by Hoechst to adjourn at 6:44 p.m. Motion carried 3-0.

Respectfully Submitted,

Holly Licht, City Clerk

5. **Discussion and Possible Action Re: Special Event Permit application from J. Garrett Wilson, Race Day Events, LLC, for the Wisconsin Triterium Triathlon on Saturday, June 27, 2026**

The route for this event is unchanged from last year. There will be 3 officers stationed around the route and deputies will be staff USH 18-151 at the ramps. Lifeguards and paramedics will be on scene. All barricades will be provided by Race Day events. The applicant is in contact with Public Works as there is construction planned along the route that may not be completed at the time of the event.

Motion: Approve a Special Event Permit application from J. Garrett Wilson, Race Day Events, LLC, for the Wisconsin Triterium Triathlon on Saturday, June 27, 2026, contingent upon final approval of the route by the Public Works Department due to planned construction.

6. **Discussion and Possible Action Re: Application for a Class "B" Fermented Malt Beverage and Reserve "Class B" Intoxicating Liquor License from Ian's Pizza Verona, LLC, d/b/a Ian's Pizza Verona located at 303 W. Verona Ave., Jeffrey Eich, Agent**

Ian's Pizza is applying for a liquor license for their new location in Verona. Staff recommend approval of the license contingent upon final building and fire inspections.

Motion: Recommend that the Common Council approve an Application for a Class "B" Fermented Malt Beverage and Reserve "Class B" Intoxicating Liquor License from Ian's Pizza Verona, LLC, d/b/a Ian's Pizza Verona located at 303 W. Verona Ave., Jeffrey Eich, Agent contingent upon final inspections.

Informational Questions		No	Yes	Notes
1	Was a Special Event Permit previously approved in times past for this event?			
2	Will there be outdoor amplified sound?			Additional application required.
3	Will alcohol be sold, served or consumed?			Additional licenses may be required.
4	Are you requesting any City streets to be closed to traffic?			See Below*
5	Will your event use County, State or US Highways?			If yes, please provide a map clearly marking the highways that will be used. Additional permission from the County is required.
6	Will park, conservancy land, or trails be used? If so, have you reserved a park, pavilion, or any other city facilities for the event?			Contact Parks Department: 845-6695 If using park facilities, the application will not go before the Public Safety Committee without Parks Department approval.
7	Will items or services be sold or given away at this event?			If yes, please attach a list of types of items or services.
8	Does this event involve a plan for tents, stages, inflatable bounce houses or temporary structures?			Include on event layout map.
9	Does your event include the use of fireworks, rockets, lasers, other pyrotechnics, or open flame?			Must receive written approval from Fire Chief or his designee. 608-845-9401
10	Do you plan to provide portable toilets at your event?			
11	Will your event have dedicated coverage by an Emergency Medical Provider?			
12	Is this a race or timed event where participants need the right of way on City streets?			If traffic control is desired, a police officer is required, per WI Law.
13	Will there be a clear path of travel (min. 18' wide) for emergency vehicles throughout your event?			
14	Does your event include running or biking that will need a dedicated lane of travel on City streets?			Posting of No Parking signs by PD will be needed and billed to event.

***If you answered YES to street closures, please attach a map/diagram of the portion(s) of street you wish to have closed for your event. Please include street names and as much information as possible.**

If you are NOT intending to close any City Streets, or request the right of way, but intend to use City Streets, you will share the street with vehicular traffic and agree to abide by all traffic laws. Failure to comply with traffic laws will result in the immediate termination of all event activities.

**Applicant Initial Here: _____*

EVENT CONTACTS

PLEASE LIST NAMES, LOCATIONS AND CELL PHONE NUMBERS OF ON-SITE EVENT CONTACT PERSONS

NAME as shown on ID	DOB	LOCATION AT EVENT (Ex: Race Start, Supply Tent etc.)	TIME ON-SITE (Ex: 10 a.m. to 2 p.m.)	CELL PHONE

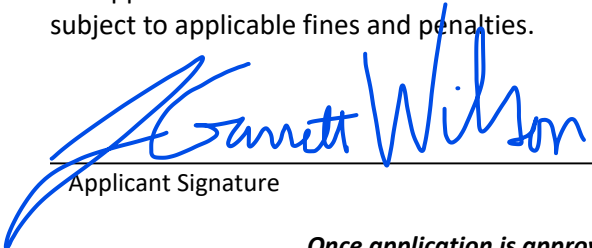
APPLICATION PROCEDURES

1. Application and all required materials shall be submitted to the City Clerk a minimum of **45 days prior to the event.** (*Section 7-7-1(h) of the City of Verona Code of Ordinances*)
2. Upon verification of the application the City Clerk shall submit the application to the Police Chief for further review.
3. The applicant will be contacted by the Police Department Staff to review event route and the need for on- site police officers or City staff at the event.
4. The applicant is subject to a background check.
5. All police traffic control/city staff time incurred shall be billed to the applicant upon the completion of the event.
6. The applicant may be required to attend a Public Safety and Welfare Committee meeting and/or a Common Council meeting at which the event application will be reviewed for approval.
7. Once the application is approved by the appropriate official(s) the permit will be issued.

APPLICANT SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING

I understand the application and event requirements and agree to adhere to all applicable federal, state, and municipal laws in addition to the requirements on the application. I agree to pay any invoices received from the City of Verona for staff time at the event within 30 days of the invoice date. I understand that failure to adhere to any application requirements or any federal, state or municipal laws involving the event will result in the denial of the application or immediate termination of the event. The violation of federal, state or municipal laws will be subject to applicable fines and penalties.



 Applicant Signature

 Date

***Once application is approved, the permit will be issued to applicant via email.
 A copy of the permit must be available at event for conformation.***

CITY OF VERONA

AMPLIFICATION DEVICE PERMIT APPLICATION

- ❖ ***Please attach a sketch of the outdoor area indicating where music or other amplification will be located/played.***

Please answer the following questions.

- Name of Host/Business/Event:

- Address of where the event will take place:

- Email Address:

Phone Number:

- Hours during which amplification will be used:

From ____ : ____ a.m./p.m. to ____ : ____ a.m./p.m.

- Requested duration or date of the permit (e.g. May-Oct)

- What type of music will be playing?

Live Band

Recorded Music

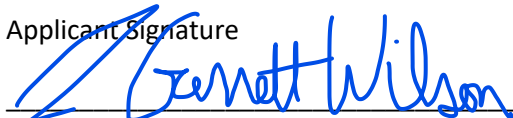
Acoustic

Other: _____

- Type of amplification:

- Applicant Signature

Signature



Date

Approval:

Police Chief Signature

Date



7669 County Highway PD, Verona, WI 53593-1035
Phone: (608) 845-7187 Fax: (608) 845-7143

CYCLE ROAD EVENT PERMIT

Application must be submitted no less than 45 days prior to Event.
(For more information, see Town of Verona Ordinance 2016-1)

Issue Date _____

Name of Event Wisconsin Triterium Triathlon

Requested By (Organization Name) Race Day Events

Address 2829 Royal Ave. Suite 100 City Monona State WI Zip 53713

Name of Person in Charge Garrett Wilson

Phone _____ E-mail _____
(Please include contact # for use during event)

Event Date Saturday, June 27, 2026 Start/End Time 7:00 AM - 11:00 AM Approximate # of Attendees ~600

Description of Route (include portion(s) of roadway(s) and right-of-way(s) to be impacted by the event) Cycling portion begins at Fireman's Park in Verona. Riders head South on Hwy 69 to Valley Rd. (will use both EB and WB lanes). Riders continue to Fritz Rd. with Sprint distance riders making a U-Turn at Fritz/ Schaller and returning. Olympic distance continues on Schaller to Hwy A, up Observatory Hill, and then West on Paoli Rd., and West again on Schaller Rd. to the Fritz Rd. intersection. Olympic riders will do an additional loop before returning. Roads will remain open to traffic and riders will obey traffic laws. Deputies will be on duty to control traffic at intersections.

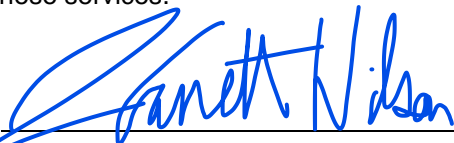
Town residents will be notified.

Copy of a Certificate of Liability Insurance in the name of the Town of Verona is enclosed

Map of route and traffic safety plan enclosed

Rules have been provided to participants

I agree to reimburse the Town for all fees and costs incurred by the Town for cleanup, damages, or provision of these services.

Signed  Date 04/14/2026

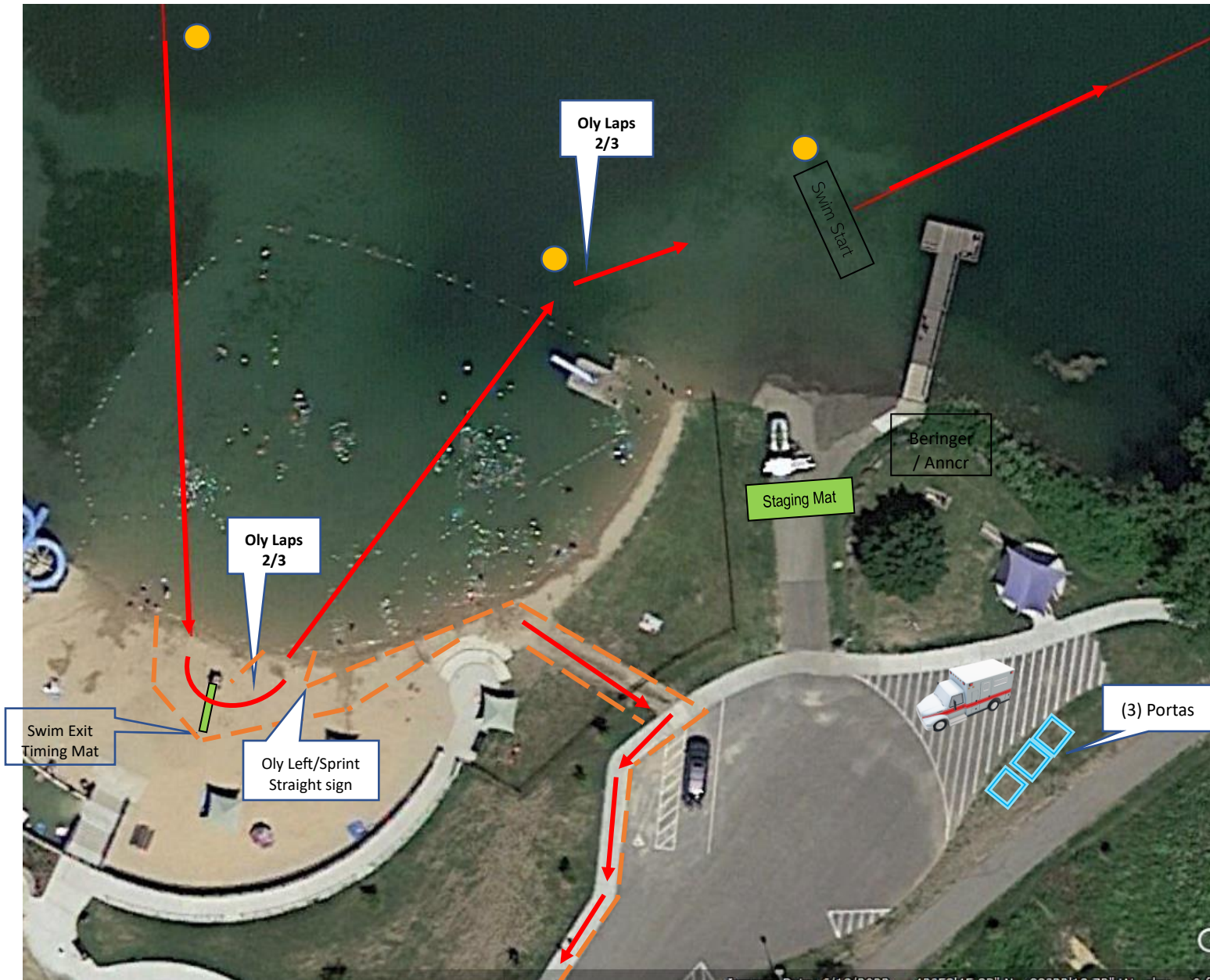
OFFICE USE ONLY: Application Received _____ Application Approved _____

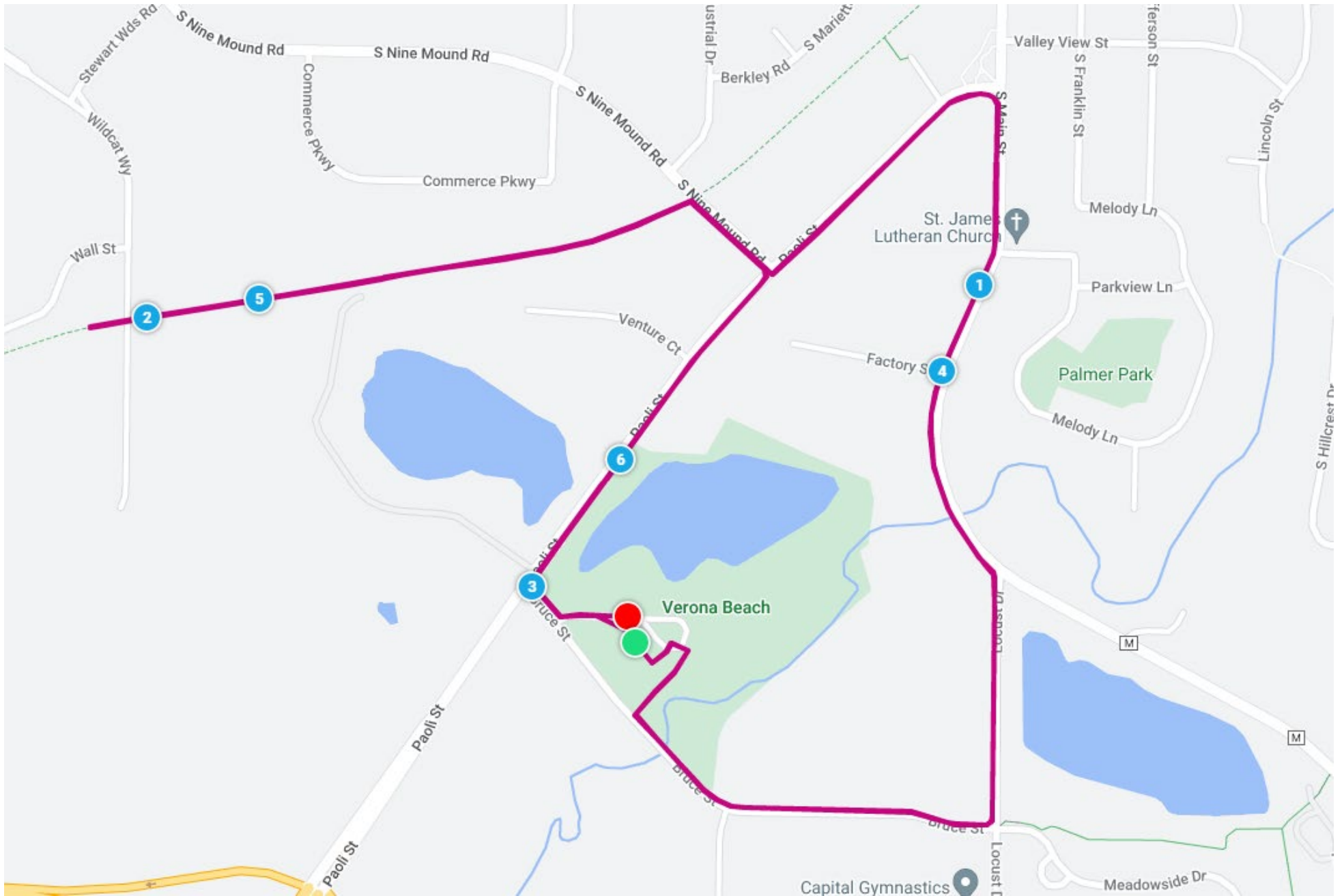
CYCLE ROAD EVENT PERMIT REQUIREMENTS (Per Town of Verona Ordinance 2016-1)

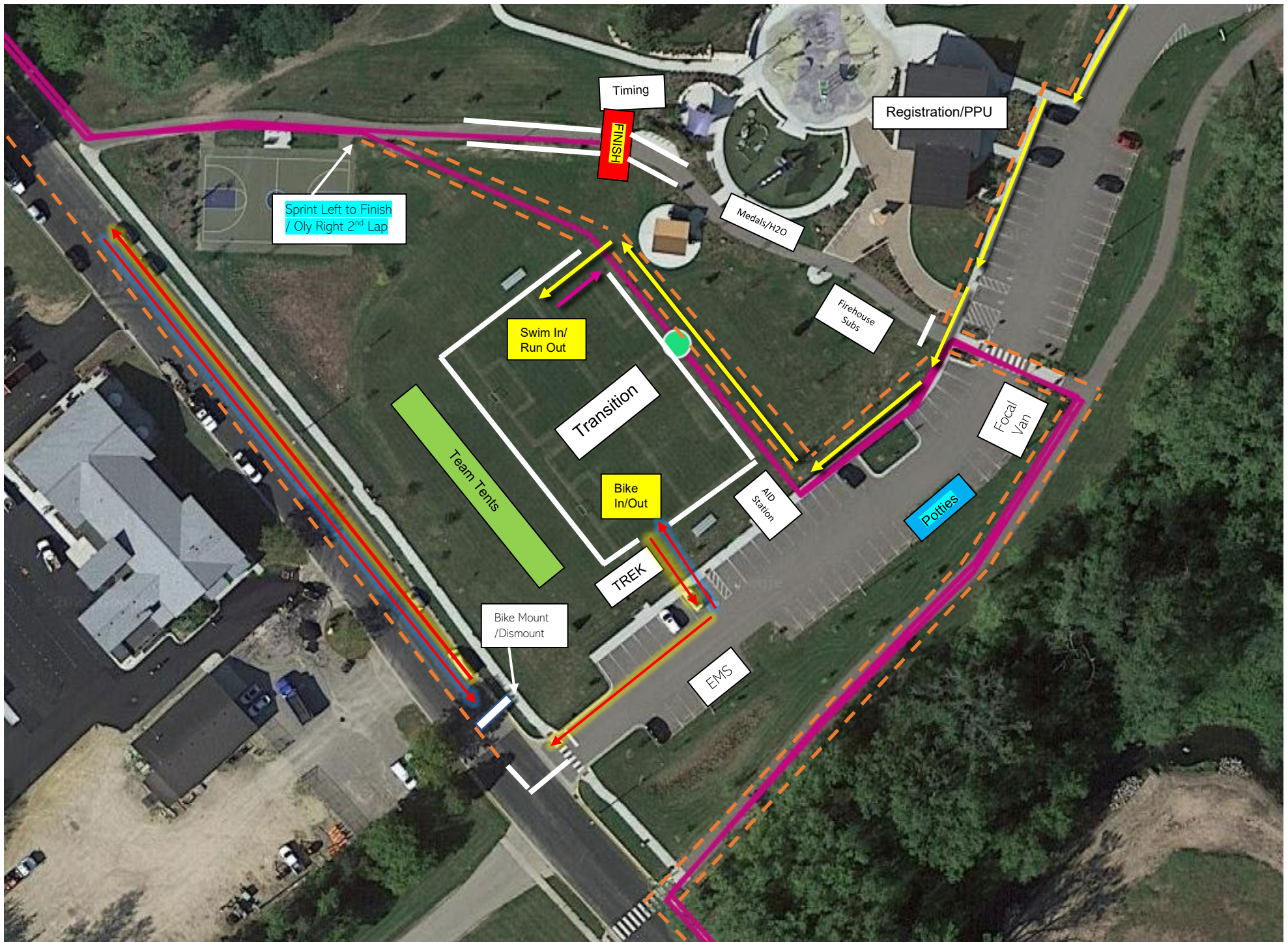
A person seeking to hold a cycling even on roadways under the jurisdiction of the Town of Verona shall file a Cycle Road Even Permit as follows:

1. The name(s), address, telephone number, and email address of the individual or organization requesting the use of Town roads.
2. The name(s), address, telephone number, and email address of the individual(s) who will be responsible for operating the event. A method for contacting the responsible individual(s) during the hours of the event must also be provided.
3. A description of the event.
4. The date and duration of time during which the cycling event is to occur.
5. The approximate number of participants in the event.
6. An accurate description of the portions(s) of the roadway(s) and right-of-way(s) to be impacted by the event.
7. A traffic safety plan including:
 - a. Course map with impacted roadways and intersections clearly marked.
 - b. Method for identifying participants in the event.
 - c. Method for identifying the event course. Route marking signage may only consist of paper or plastic and be placed on the shoulder of the roadway in the direction of travel. Signage must be removed by event organizers within 24 hours of the end of the event. Other forms of non-permanent route markings may be used with approval of the Town Chair or other designated Town official or employee. The use of paint on any Town roadway is strictly disallowed.
 - d. Method for informing and alerting traffic that an event is in progress and that extra caution is needed.
 - e. Whether or not the event will utilize Road Marshals or flagging personnel along the course and at impacted intersections, and how these individuals will be identified.
 - f. Proposed method for advance notification of Town residents who will be directly impacted by the event.
 - g. Copy of rules provided to all participants, including acknowledgment that participants will fully abide by the Rules of the Road, unless an exception to this provision is sought and granted by the Town Chair or other designated Town official or employee.
8. Special services requested from the Town by the event organizers, including assistance with resident notification and street sweeping of excess gravel. The event must reimburse the Town for any costs incurred for provision of these services.
9. A statement signed by the applicant, either individually or as an agent of the sponsoring organization, agreeing to pay all fees and costs incurred by the Town for cleanup, damages, or provision of special services.
10. A certificate of insurance naming the Town of Verona as an additional insured.
11. Any other information that the Town of Verona deems necessary or appropriate.



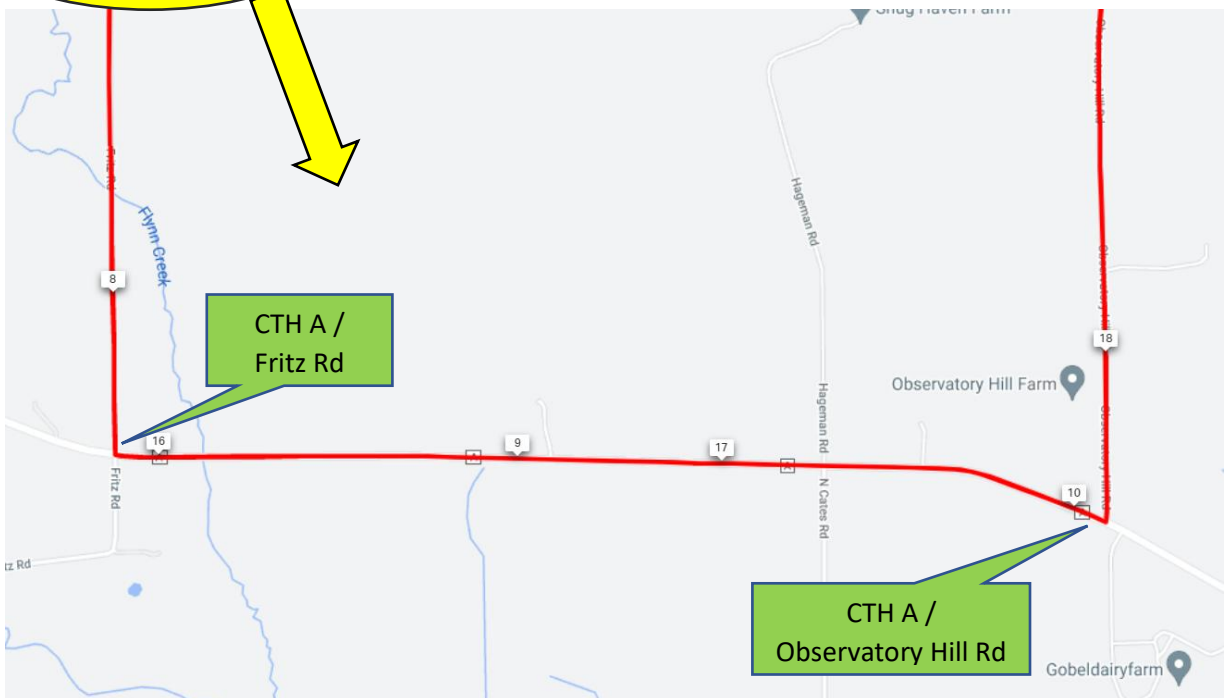
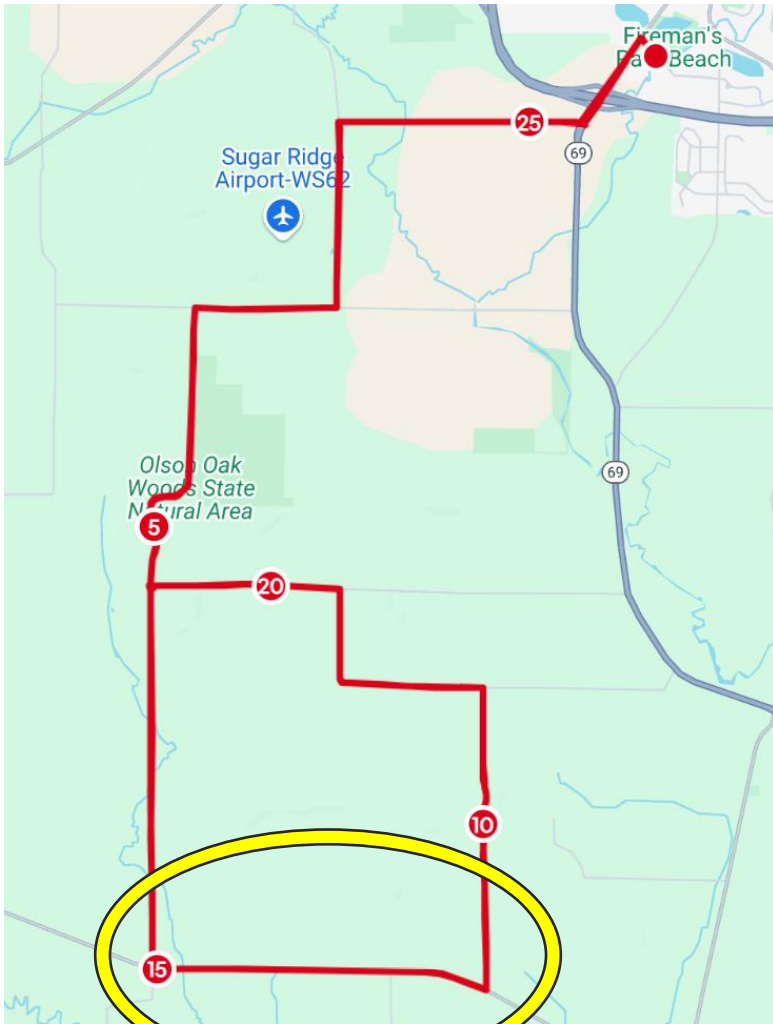






TRITERIUM TRIATHLON BIKE COURSE (Olympic) – June 27th, 2026

Race Day Events, LLC





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Robertson Ryan - Madison, 330 East Kilbourn Avenue, Suite 850, Milwaukee, WI 53202. CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Skeleton Skamper 5k, Wisconsin Triterium Triathlon and Arthritis Foundation's Oktoberfest Ride, Cottontail Classic 5K & 10K

City of Verona is listed as additional insured with respect to the General Liability policy when required as per written contract.

CERTIFICATE HOLDER CANCELLATION

City of Verona, 111 Lincoln Street, Verona, WI 53593. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE signature.

Form **AB-200**

Alcohol Beverage License Application

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ 10,000
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ _____
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>10</u>
Total Fees	\$ _____

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Ian's Pizza Verona LLC

2. Business Trade Name or DBA
Ian's Pizza Verona

3. FEIN: [REDACTED] 4. Wisconsin Seller's Permit Number: [REDACTED]

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization: **W** 7. Date of Organization: **07/07/2025** 8. Wisconsin DFI Registration Number: [REDACTED]

9. Premises Address
303 W Verona Ave

10. City: **Verona** 11. State: **WI** 12. Zip Code: **53593**

13. County: **Dane** 14. Governing Municipality: City Town Village
of: **Verona** 15. Aldermanic District: **1**

16. Premises Phone: **608-257-9248** 17. Premises Email: **verona@ianspizza.com** 18. Website: **ianspizza.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.
Premises include a bar, interior dining area surrounding bar, a multi use dining lower level, a ground level patio enclosed by a rock slab

20. Mailing Address (if different from premises address)

21. City: _____ 22. State: _____ 23. Zip Code: _____

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	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.

A Member of the Applicant, Stream Drifting LLC, owns a <10% interest in State Line Distillery. Stream Drifting LLC and its sole owner, Nicholas Martin, are not involved in any day-to-day activities, managerial or

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
Eich	Jeff	General Manager/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 Eich	First Name Jeff	M.I. T
Title Agent	Email [REDACTED]	Phone [REDACTED]
Signature 	Date 04/06/2026	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/7/26	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

AB-200 Part B, #3

A Member of the Applicant, Stream Drifting LLC, owns a <10% interest in State Line Distillery. Stream Drifting LLC and its sole owner, Nicholas Martin, are not involved in any day-to-day activities, managerial or otherwise, with regard to State Line Distillery. Stream Drifting LLC is a silent investor in the distillery only.

A Member of the Applicant, Jack Thurnblad, owns a <1% interest in State Line Distillery. Jack Thurnblad is not involved in any day-to-day activities, managerial or otherwise, with regard to State Line Distillery. Jack Thurnblad is a silent investor in the distillery only.

AB-200 Part B, #4

Ian's Pizza Holdings LLC: 3 [REDACTED]

Cheesy Does it Pizza LLC: [REDACTED]

Mix Holdings LLC: [REDACTED]

Stream Drifting LLC: [REDACTED]

AB-200 part C.

Eric Borota (Ians Pizza Holdings LLC), member, [REDACTED]

Aaron Brown, member, [REDACTED]

Catherine Cubik, member, [REDACTED]

Travis Dettinger, member, [REDACTED]

Brandon Donkersgoed, member, [REDACTED]

Elizabeth Olson, member, [REDACTED]

Jeffery Eich, member, agent, [REDACTED]

Brandon Franck, member, [REDACTED]

Staci Fritz, member, [REDACTED]

Lane Manning, member, [REDACTED]

Nicholas Martin (Stream Drifting LLC), member, manager, [REDACTED]

Aaron Mix (Mix Holdings LLC), member, [REDACTED]

Adam Nagy, member, [REDACTED]

Joseph Napier, member, [REDACTED]

Erica Neher (Cheesy Does it Pizza LLC), member, [REDACTED]

Todd Riebau, member, [REDACTED]

Leslie Selby, member, [REDACTED]

Marjorie Spensley, member, [REDACTED]

Nicholai Stratman, member, [REDACTED]

Jack Thurnblad, member, [REDACTED]

Casey Varecka, member, [REDACTED]

Leela Vaughn, member, [REDACTED]

William Wing, member, [REDACTED]

*All silent
Partners.*

*Not involved
in the day to
day.*

*Not doing Background
checks*

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) Ian's Pizza Verona LLC	
2. Business Trade Name or DBA Ian's Pizza	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Eich		2. First Name Jeffrey		3. M.I. T
4. Relationship to Business (Title) Member - Agent		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City Madison		9. State WI	10. Zip Code 53713	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History					
1. Do you currently 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 13	Months 6
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	
[REDACTED]		Fitchburg	WI	53711	
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
IL	Dekalb	IL	Dupage		
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 OWI	Location Kane, IL	Conviction Date 09/2010
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Penalty Imposed Court Supervision	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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>Jeff Eich</i>	Date 2/20/2026
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Form
AB-101

Alcohol Beverage Appointment of Agent

Date
04/06/2026

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)

Ian's Pizza Verona LLC

2. Business Trade Name or DBA

Ian's Pizza Verona

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.

Part B: Agent Information

1. Last Name

Eich

2. First Name

Jeff

3. M.I.

T

4. Email

[Redacted]

5. Phone

[Redacted]

6. Home Address

[Redacted]

7. City

Madison

8. State

WI

9. Zip Code

53713

10. Age

38

11. Drivers License/State ID Number

[Redacted]

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

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


2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.

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 Eich		First Name Jeff		M.I. T
Title Owner/General Manager	Email [REDACTED]		Phone [REDACTED]	
Signature 			Date 04/06/2026	

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 Eich		First Name Jeff		M.I. T
Signature 			Date 04/06/2026	

OFFICIAL USE ONLY

Applicant Name: Jeffrey Eich

- Valid _____ DL Revoked WI DL
State
- RMS Checked
- CCAP Checked
- WI criminal history Yes / No

Notes about the applicant:

RECOMMENDATION: APPROVE DENY


Signature of Chief of Police or designated person

4/20/2020
Date



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Jeff Eich

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
04/06/2026



Expiration Date
04/05/2028



Certificate #
WI-00648244

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.

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