

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor) Timber Hill Winery		
2. Business Name or DBA Cervato	3. Agent Name Amanda Stefl	
4. FEIN 47-3886901	5. Wisconsin Seller's Permit Number 456-1028611396-02	
6. Wisconsin Producer Permit Number 311346	7. Producer Type ☐ Brewery ☒ Winery ☐ Liquor Manufacturer/Rectifier	
8. Contact Person's First Name Amanda	9. Last Name Stefl	10. M.I.
11. Contact Person's Phone (515) 238-8400	12. Contact Person's Email info@timberhillwinery.com	

Part B: Production Quantity

Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.

Brewery	Manufacturer/Rectifier	Winery
☐ Less than 250 barrels ☐ 250 - 2,499 barrels ☐ 2,500 - 7,499 barrels ☐ 7,500 or more barrels	☐ Less than 1,500 liters ☐ 1,500 - 4,999 liters ☐ 5,000 - 34,999 liters ☐ 35,000 or more liters	☐ Less than 1,000 gallons ☐ 1,000 - 4,999 gallons ☒ 5,000 - 24,999 gallons ☐ 25,000 or more gallons
Calendar year:	Calendar year:	Calendar year: 2025
Quantity:	Quantity:	Quantity: 13708

Complete only ONE of Part C, D or E.**Part C: Request for Full-Service Retail Sales at the Production Premises**

1. Start Date	2. Production Premises Address		
3. City	4. State	5. Zip Code	
6. County	7. Governing Municipality ☐ City ☐ Town ☐ Village of: _____		

Part D: Request for Fixed Full-Service Retail Outlet

1. Are you transferring one fixed full-service retail outlet to a new location? ☐ Yes ☒ No If yes, complete boxes 2 through 9.			
2. Current Outlet Name Timber Hill Winery			
3. Current Outlet Premises Address 8220 N John Paul Rd			
4. City Milton	5. State WI	6. Zip Code 53563	
7. County Rock	8. Governing Municipality ☐ City ☒ Town ☐ Village of: Milton	9. Premises Phone Number (608) 580-0305	

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)			
New Fixed Retail Outlet Information (complete boxes 10 through 23)			
10. Start Date 06/30/2025		11. New Outlet Name Cervato	
12. New Outlet Premises Address 202 N First Street, #470			
13. City Madison		14. State WI	15. Zip Code 53704
16. County Dane	17. Governing Municipality ☒ City ☐ Town ☐ Village of: Madison		18. Premises Phone Number
19. Premises Description - Describe the building or buildings and any outside areas 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. Located in the Madison Market in vendor stall number 470. All alcohol beverages will be stored and served within the specific stall. The stall will consist of a small kitchen/storage area, a bar, and a seating area. There will be a 7' metal gate closing the stall off from the rest of the building. All records will be kept within the stall.			
20. Will you operate a restaurant on the premises? ☒ Yes ☐ No			
21. What alcohol beverages will be offered for sale? (check all that apply) ☒ Beer ☒ Wine ☒ Intoxicating Liquor (other than wine)			
22. What alcohol beverages does the permittee produce? (check all that apply) ☐ Beer ☒ Wine ☐ Intoxicating Liquor (other than wine)			
23. How will customers be served? (check all that apply) ... ☒ Samples ☒ On-premises consumption ☒ Off-premises consumption			

Part E: Request for Unlimited Transfer Full-Service Retail Outlet		
1. Name of Event (if applicable)		
2. Dates of Operation (attach a schedule, if necessary)		3. Hours of Operation
4. Premises Address		
5. City		6. State
		7. Zip Code
8. County		9. Governing Municipality ☐ City ☐ Town ☐ Village of: _____
10. Organizer of Event (if not the named applicant)		11. Email and/or Phone Number for Organizer of Event
12. Organizer Website		13. Event Website
14. Premises Description - Describe the building or buildings and any outside areas 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.		
15. On-Site Contact (Last Name, First Name)		16. On-Site Contact Phone
		17. On-Site Contact Email
18. Will you operate a restaurant on the premises? ☐ Yes ☐ No		
19. What alcohol beverages will be offered for sale? (check all that apply) ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)		
20. What alcohol beverages does the permittee produce? (check all that apply) ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)		
21. How will customers be served? (check all that apply) ... ☐ Samples ☐ On-premises consumption ☐ Off-premises consumption		

Part F: Attestation

Who must sign this application?

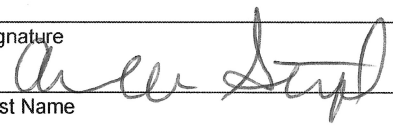
- sole proprietor • general partner of a partnership • corporate officer • member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, 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 authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin 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 05/11/2026	
Last Name Stefl		First Name Amanda	M.I.
Title Manager	Email info@timberhillwinery.com	Phone (515) 238-8400	

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)1. Will the municipality limit the scope of alcohol beverages offered for sale? ☒ Yes ☐ No2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? ☐ Yes ☐ No

3. Describe municipal restrictions indicated in questions 1 or 2 above.

4. Last Name of Municipal Official

5. First Name

6. M.I.

7. Signature of Municipal Official

8. Date

9. Date Application was Filed with Clerk

10. Date Full-Service Retail Outlet Approved by Governing Body