

Form
AB-105

Producer Full-Service Retail Sales Application

Date
05/11/2026

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 <input type="checkbox"/> Brewery <input checked="" type="checkbox"/> Winery <input type="checkbox"/> 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
<input type="checkbox"/> Less than 250 barrels	<input type="checkbox"/> Less than 1,500 liters	<input type="checkbox"/> Less than 1,000 gallons
<input type="checkbox"/> 250 - 2,499 barrels	<input type="checkbox"/> 1,500 - 4,999 liters	<input type="checkbox"/> 1,000 - 4,999 gallons
<input type="checkbox"/> 2,500 - 7,499 barrels	<input type="checkbox"/> 5,000 - 34,999 liters	<input checked="" type="checkbox"/> 5,000 - 24,999 gallons
<input type="checkbox"/> 7,500 or more barrels	<input type="checkbox"/> 35,000 or more liters	<input type="checkbox"/> 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 <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> 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 <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. What alcohol beverages will be offered for sale? (check all that apply) <input type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
22. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
23. How will customers be served? (check all that apply) ... <input checked="" type="checkbox"/> Samples <input checked="" type="checkbox"/> On-premises consumption <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. What alcohol beverages will be offered for sale? (check all that apply) <input type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
20. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
21. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input checked="" type="checkbox"/> On-premises consumption <input checked="" type="checkbox"/> Off-premises consumption		

Part F: Attestation

Who must sign this application?

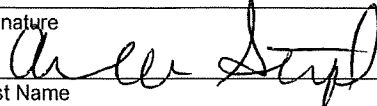
- sole proprietor • general partner of a partnership • corporate officer • member of an LLC

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.

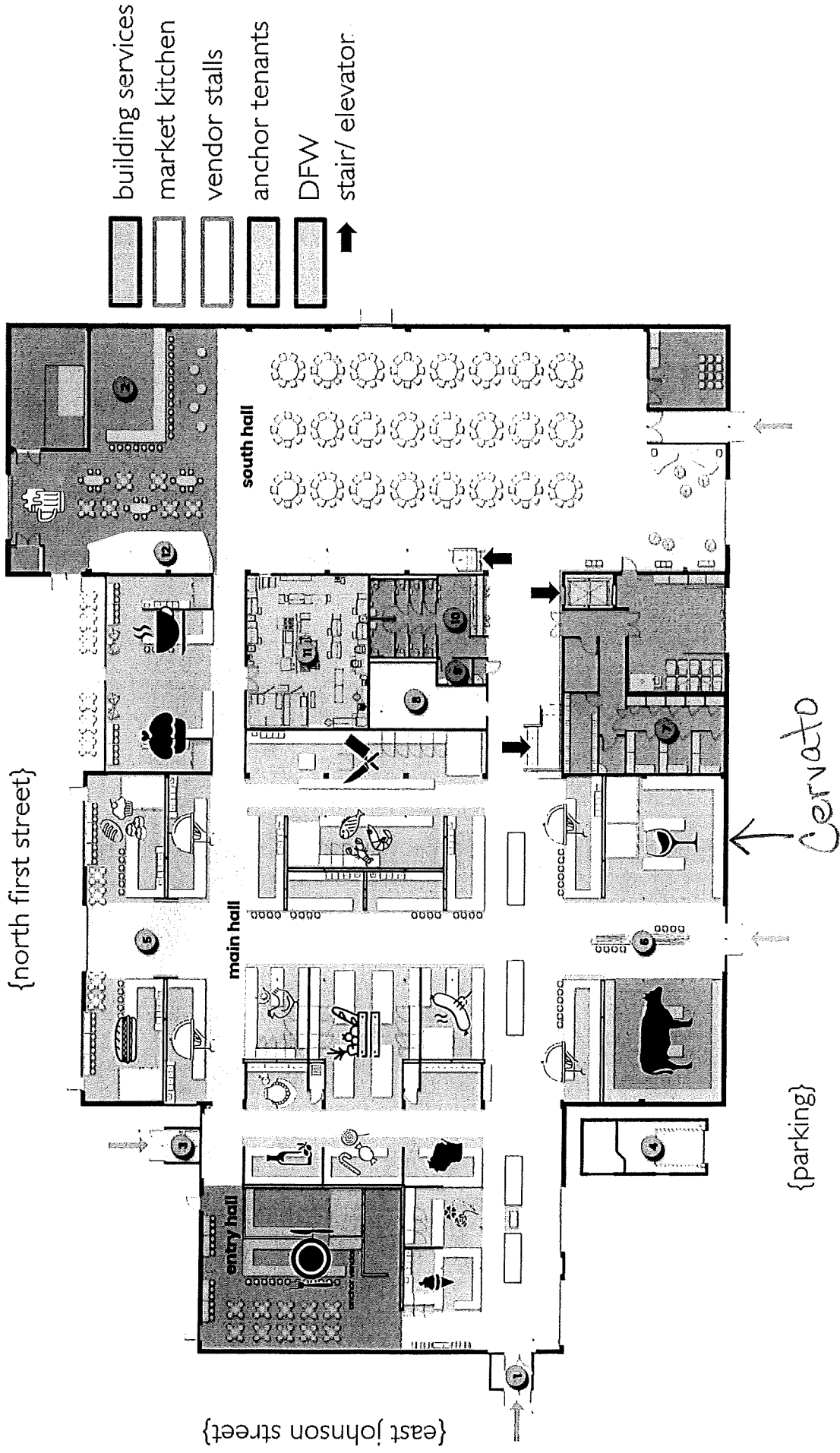
Signature 		Date 05/11/2026	
Last Name Stefl		First Name Amanda	M.I.
Title Manager	Email info@timberhillwinery.com		Phone (515) 238-8400

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? <input type="checkbox"/> Yes <input type="checkbox"/> 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	

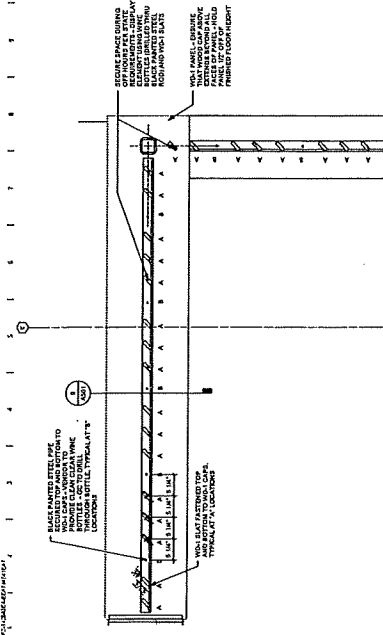
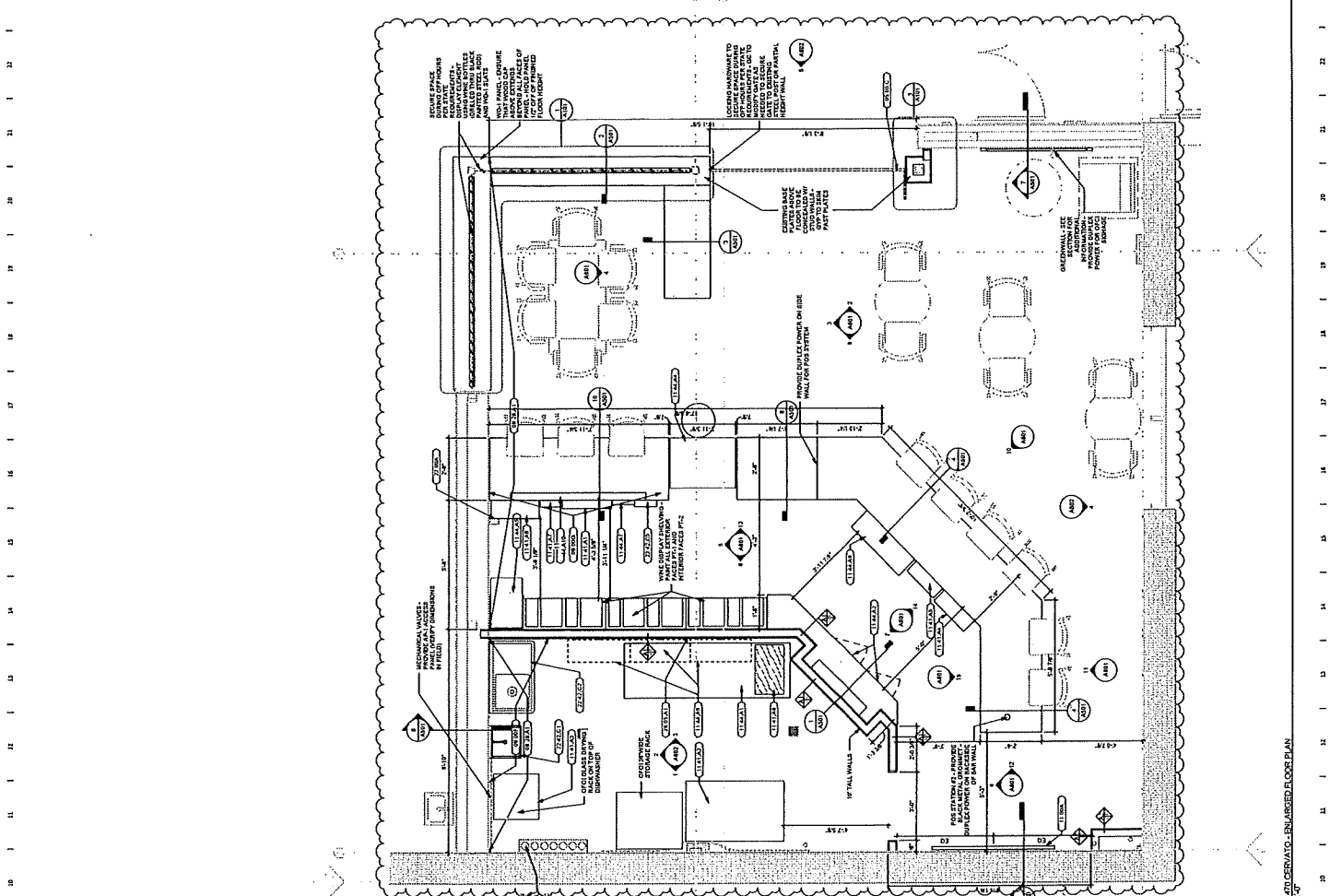
Madison Market

level one plan: programming plan



- GENERAL NOTES (FLOOR PLAN)**
1. REFER TO ALL NOTES ON ALL OTHER SHEETS FOR COMPLETE INFORMATION.
 2. ALL DIMENSIONS ARE UNLESS OTHERWISE NOTED.
 3. FINISHES ARE AS NOTED OR AS SHOWN ON THE FINISH SCHEDULE.
 4. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2021 INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND ALL APPLICABLE LOCAL ORDINANCES.
 5. ALL ELECTRICAL SHALL BE INSTALLED IN ACCORDANCE WITH THE 2021 NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL ORDINANCES.
 6. ALL MECHANICAL SHALL BE INSTALLED IN ACCORDANCE WITH THE 2021 INTERNATIONAL MECHANICAL CODE BOOK (IMC) AND ALL APPLICABLE LOCAL ORDINANCES.
 7. ALL PLUMBING SHALL BE INSTALLED IN ACCORDANCE WITH THE 2021 INTERNATIONAL PLUMBING CODE (IPC) AND ALL APPLICABLE LOCAL ORDINANCES.
 8. ALL WORK SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE LOCAL BUILDING DEPARTMENT.

- REVISIONS**
- | NO. | DATE | DESCRIPTION |
|-----|----------|--|
| 1 | 10/15/24 | ISSUE FOR PERMIT |
| 2 | 10/15/24 | REVISED TO SHOW NEW PLUMBING AND ELECTRICAL WORK |
| 3 | 10/15/24 | REVISED TO SHOW NEW MECHANICAL WORK |
| 4 | 10/15/24 | REVISED TO SHOW NEW FINISHES |
| 5 | 10/15/24 | REVISED TO SHOW NEW STRUCTURAL WORK |
| 6 | 10/15/24 | REVISED TO SHOW NEW EXTERIOR WORK |
| 7 | 10/15/24 | REVISED TO SHOW NEW INTERIOR WORK |
| 8 | 10/15/24 | REVISED TO SHOW NEW LANDSCAPE WORK |

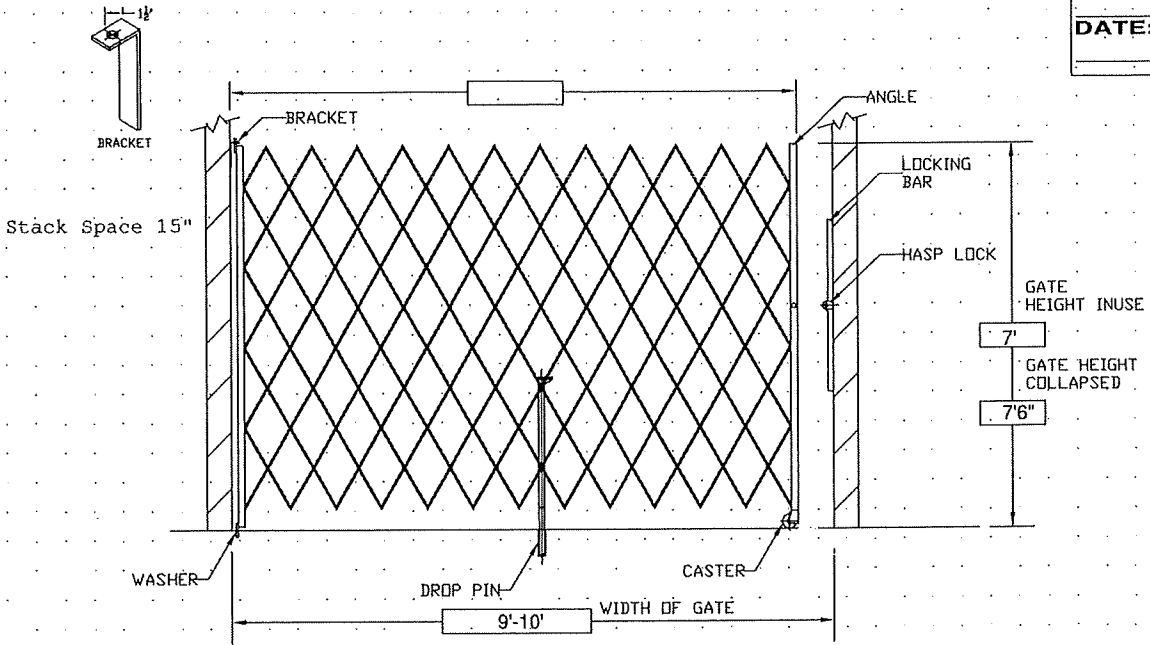


Powder Coat: Black

QUOTE NO.:

BY:

DATE:



PLEASE SIGN:

FINISH:	PADLOCK:	HEAVY DUTY:
DEALER:	SITE:	
CONTACT:	CONTACT:	
PHONE:	PHONE:	

