

GRANVILLE-HAVENWOODS ADVISORY COUNCIL

INDIVIDUAL QUESTIONNAIRE

Date 8/5/25

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

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

Your 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) <u>Next Level Auto Sales LLC</u>				
2. Business Trade Name or DBA <u>N/A</u>				
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 <u>Witte</u>		2. First Name <u>Ryan</u>		3. M.I. <u>J</u>
4. Relationship to Business (Title) <u>owner</u>		5. Email <u>ryanwitte1993@gmail.com</u>		6. Phone <u>414 400 2627</u>
7. Home Address <u>8115 Southview Ct</u>				
8. City <u>West Bend</u>		9. State <u>WI</u>	10. Zip Code <u>53090</u>	11. Date of Birth <u>11 03 1993</u>
12. Driver License/State ID Number <u>W300-7309-3403-04</u>			13. Driver License/State ID State of Issuance <u>WI</u>	

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?				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Years <u>31</u></td> <td>Months <u>0</u></td> </tr> </table>	Years <u>31</u>	Months <u>0</u>
Years <u>31</u>	Months <u>0</u>					
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.						
Previous Address 1 <u>None</u>		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 <u>WI</u>	County <u>Washington</u>	State <u>WI</u>	County	State		
State <u>WI</u>	County <u>Ozaukee</u>	State <u>WI</u>	County	State		

Continued ➡

Part D: Criminal History			
1. Have you ever been convicted of any offenses (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	
Signature 	Date 8/5/25