Warch

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	25-26

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

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ 100
- ☐ "Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☑ Reserve "Class B" Liquor $ 500
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 600
Background Check Fee	$ 0
Publication Fee	$ 60
Total Fees	$ 660

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
American Food & Vending Corporation

2. Business Trade Name or DBA
American Dining Creations

3. FEIN

4. Wisconsin Seller's Permit Number
456-1026386551-02

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

6. State of Organization
NY

7. Date of Organization
09/26/1990

8. Wisconsin DFI Registration Number
A056771

9. Premises Address
711 E. Boldt Way

10. City
Appleton

11. State
WI

12. Zip Code
54915

13. County
Outagamie

14. Governing Municipality: ☑ City ☐ Town ☐ Village
of: Appleton

15. Aldermanic District

16. Premises Phone
(920) 238-3402

17. Premises Email
knoel@afvusa.com

18. Website
https://adc-us.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.
Warch Campus Center licensed area is approx.. 94,600 sq. ft Entire Basement and Floors 1-4 of Warch Campus Center. Storage is within single interior room on basement level. Sales and Consumption allowed on: 1st Floor – Andrews Commons Café dining and serving area and adjacent conference rooms off of main dining area. Schumann, Parrish, and Perille Rooms. Single Interior room for document storage on 1st Floor. 2nd Floor – Hurvis and Mead Witter Rooms. 3rd Floor – Kraemer, Art Gallery, Pusey, and Somerset Rooms. 4th Floor – Arthur Vining Davis and Runkel Rooms.

20. Mailing Address (if different from premises address)
124 Metropolitan Park Drive

21. City
Syracuse

22. State
NY

23. Zip Code
13088

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? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed _____ Was sentence completed? . . . . . ☐ Yes ☐ 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
Wells	Martin	President	
Wells	Steven	VP & Secretary	
Wells	Joshua	VP, Sec. & COO	
Noel	Kelly	Agent	

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	First Name	M.I.
Wells	Martin	

Title	Email	Phone
President		

Signature	Date
	5/19/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/21/25			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)