

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06-30-2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Appleton
 Village of }
 City of }

County of Outagamie Aldermanic Dist. No. 11
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●	
FEIN Number ●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
The 513 Appleton, LLC ~~XXXXXXXXXXXXXXXXXXXX~~

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Knuth</u>	<u>Kolby</u>	<u>Ladwig</u>	<u>805 S State St, Appleton 54911</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Schmidt</u>	<u>Samuel</u>	<u>John</u>	<u>34 Bellair Ct, Appleton 54911</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Lindg</u>	<u>Teresa</u>	<u>Anne</u>	<u>805 S State St, Appleton, WI 54911</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Knuth</u>	<u>Kolby</u>	<u>Ladwig</u>	<u>805 S. State St, Appleton, WI 54911</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

- Trade Name The 513 Business Phone Number 920 209 6626
- Address of Premises 513 W College Ave Post Office & Zip Code Appleton 54911



3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

First Floor of 4,592 SF, Second floor of 3,485 SF and lower level of 4,592 SF for the sales and storage of alcohol beverages.
The first floor includes a bar area, warming kitchen, restrooms and assembly area. The second floor consists of assembly area, one private room and a restroom.

- Legal description (omit if street address is given above): _____
- (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
Reserve Class B Required → See completion page attached
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 11/14/2019 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Knuth, Kolby L</u>	Title/Member <u>Owner/Member/Agent</u>	Date <u>01/30/20</u>
Signature <u>Kolby Knuth</u>	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Liquor License Questionnaire

1. Name of Applicant: Kolby Knuth
2. Name of Business: The 513 Appleton LLC
3. Address of Business: 513 W College Ave, Appleton 54911
4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No X
 AND/OR been convicted of a felony? Yes _____ No X
 If yes to either question, please explain in detail: _____

5. List all partners, shareholders or investors. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

<u>Kolby</u>	<u>L</u>	<u>Knuth</u>	●/●/●●
First name	Initial	Last name	Date of Birth
<u>Samuel</u>	<u>J</u>	<u>Schmidt</u>	●/●/●●
First name	Initial	Last name	Date of Birth
<u>Teressa</u>	<u>A</u>	<u>Lindg</u>	●/●/●●
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth

6. Name of person/corporation you are buying the premises and equipment from?

N/A

Name: _____
First name Initial Last name

Address: _____

City, State, Zip: _____

7. What was the previous name and nature of the business operating at this location?

Riverview Gardens. Used for teaching,
Storage, community events.

8. Are alcohol sales an existing use in this building? Yes _____ No X
If no, When did the operation cease? N/A months ago.

9. Are alcohol sales a new use in this building? Yes X No _____
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes _____ No X

11. Seating capacity: Inside 553 Outside 0

12. Operating hours: 10 am - 1 am

13. Number of floor personnel 6 Number of door checkers 2

14. In general, state the size, design and type of the proposed establishment and the operational details.

The operating space is about 9,000 sq
over the first and second floors. It will
be used for events and contain a bar
and warming kitchen.

1/30/20
Date

[Signature]
Signature

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.