

Form  
AT-106

## Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	Appleton
License Period	2023-2024

**License(s) Requested**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Class "A" Beer ..... \$ <u>250</u><br><input type="checkbox"/> Class "B" Beer ..... \$ _____<br><input type="checkbox"/> "Class C" Wine ..... \$ _____<br><input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input checked="" type="checkbox"/> "Class A" Liquor ..... \$ <u>450</u><br><input type="checkbox"/> "Class B" Liquor ..... \$ _____<br><input checked="" type="checkbox"/> "Class A" Liquor (Cider Only) \$ <u>0</u><br><input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____ |
|--|---|

Tobacco License      \$100

License Fees	\$ 700
Publication Fee	\$ 60
Background Check	\$ 28
<b>Total Fees</b>	<b>\$ 888</b>


**Part A: Premises/Business Information**

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <b>Indianhead Oil Co., LLC</b>		
2. Trade Name or DBA <b>Circle K #2746526</b>		
3. Premises Address <b>1935 E Calumet St</b>		
4. County <b>Outagamie</b>	5. Municipality <b>Appleton</b>	6. Aldermanic District
7. Mailing Address (if different from premises address) <b>P.O. BOX 347 Columbus, IN 47202</b>		
8. FEIN 	9. Wisconsin Seller's Permit Number <b>456-0000432420-04</b>	
10. Premises Phone <b>920-714-3997</b>	11. Premises Email <b>HolidayLicenses@HolidayCompanies.com</b>	
12. 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		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.  <b>Sold at POS.          Stored in Backroom. Cold Vault (Walk-In Beer Cave). Fixtures on the Floor.          Wine Wall. Beer Platform. 12' in line liquor. Beer Trough. Liquor behind POS.</b>		

**Part B: Questions**

- |  |
|--|
| 1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| 2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, please explain using the space below. Attach additional sheets if necessary. |




**Part C: For Corporate/LLC Applicants Only**

1. State of Registration Wisconsin		2. Date of Registration 09/17/64	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Parent Company Holiday Stationstores, LLC		FEIN of Parent Company 41-0880942	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.			
5. Agent's Last Name Larson		Agent's First Name Brad	Phone 

**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.




List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Cunnington	Kathleen	President/Treasurer	
Brant	Gary	V.P. of Operations	
Duncan	Melissa	Assistant Secretary	

**Part E: Attestation**

Who must sign this application?  
 sole proprietor     one general partner of a partnership     one corporate officer     one managing 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.

Signature 		Date 02/09/2024	
Name (Last, First, M.I.) Duncan, Melissa, A			
Title Assistant Secretary		Email 	Phone 

**Part F: For Clerk Use Only**

Date application was filed with clerk 2.16.2024	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		



# City of Appleton

## Alcohol License Questionnaire

1. Name of Applicant: Indianhead Oil Co., LLC

2. Name of Business: Circle K #2746526

(Check Applicable Box(s) to identify primary business activity)

- Restaurant  
 Tavern/Night Club/Wine Bar  
 Microbrewery/Brewpub  
 Painting/Craft Studio  
 Other (describe) Gas Station/ Convenience Store

3. Address of Business: 1935 E Calumet St

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 below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Sole Member	Holiday Stationstores, LLC	100% ownership	/ /	
	First name	M.I.	Last name	Date of Birth
President	Kathleen K. Cunnington			[REDACTED]
	First name	M.I.	Last name	Date of Birth
V.P. of Operations	Gary M. Brant			[REDACTED]
	First name	M.I.	Last name	Date of Birth
Assistant Secretary	Melissa A. Duncan			[REDACTED]
	First name	M.I.	Last name	Date of Birth

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

Name: \_\_\_\_\_  
First name Middle Initial Last name

Address: \_\_\_\_\_  
City State ZIP

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

Name: N/A

(Check Applicable Box(s) to identify primary business activity)

- Restaurant  
 Tavern/Night Club/Wine Bar  
 Microbrewery/Brewpub  
 Painting/Craft Studio  
 Other (describe) \_\_\_\_\_

**8. Was this premise licensed for alcohol sales/consumption during the past license year?**

Yes \_\_\_\_ *If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.*

No  *If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.*

**9. If alcohol sales were a previous use in this building, when did the operation cease?**

\_\_\_\_\_ months ago.

**10. Seating capacity:** Inside 4 Outside N/A

**11. Operating hours (Inside the building):** 24/7/365

**Operating hours (Outdoor seating areas):** 24/7/365

**12. Employees/Staff**

Number of floor personnel 20 Number of door checkers N/A

**13. In general, state the size and operational details of the proposed establishment:**

a. Gross floor building area of the premises to be licensed: 5200 square feet.

b. Gross outdoor seating areas of the premises to be licensed: N/A square feet.

c. Below, identify the operational details of the proposed establishment:

Gas Station/ Convenience Store

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Signature

02/09/2024

Date

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of Appleton County of Outagamie

The undersigned duly authorized officer/member/manager of INDIANHEAD OIL CO., LLC  
*(Registered Name of Corporation / Organization or Limited Liability Company)*

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Circle K #2746526  
*(Trade Name)*

located at 1935 E Calumet St Appleton, WI 54915

appoints Brad Larson  
*(Name of Appointed Agent)*

W2505 PEARL ST SEYMOUR, WI 54165  
*(Home Address of Appointed Agent)*

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
Indianhead Oil Co., LLC DBA Circle K #2746510 in Ledgeview, WI

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? \_\_\_\_\_

Place of residence last year \_\_\_\_\_

For: Indianhead Oil Co., LLC  
*(Name of Corporation / Organization / Limited Liability Company)*

By: Gary Brant Gary Brant, V.P. of Operations  
*(Signature of Officer / Member / Manager)*

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

### ACCEPTANCE BY AGENT

I, Brad Larson, hereby accept this appointment as agent for the  
*(Print / Type Agent's Name)*

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 2/16/24 Agent's age [Redacted]  
*(Signature of Agent)* *(Date)*  
W2505 PEARL ST SEYMOUR, WI 54165 Date of birth [Redacted]  
*(Home Address of Agent)*

### APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
*(Date)* *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*