

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
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 _____ and date _____ 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
- Rivenshaw Bon + Bull Appleton WISC
C/O hours Beach Club Oshkosh WISC
Molly Margaret Oshkosh WISC
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.) <i>Jan Dinter</i>	Title/Member <i>owner</i>	Date <i>4-16-21</i>
Signature <i>[Signature]</i>	Phone Number <i>[Redacted]</i>	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: Genevieve Van Dinter

2. Name of Business: Genevieve Van Dinter

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

- Both →
- Restaurant
 - Tavern/Night Club/Wine Bar
 - Microbrewery/Brewpub
 - Painting/Craft Studio
 - Other (describe) _____

3. Address of Business: 212 S Old Orchard St Appleton WI 54915

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No

AND/OR been convicted of a felony? Yes _____ No

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.

<u>Genevieve</u>	<u>T.</u>	<u>Van Dinter</u>	<u> </u> / <u> </u> / <u> </u>
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth

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

Name: Angelo K Franz
First name Middle Initial Last name

Address: 70 Santa Rita Drive Walmart Creek Cd.
City State ZIP 94596

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

Name: Union Jacks

(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 X 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?

Dec. 2020 months ago.

10. Seating capacity: Inside 75 Outside 50?

11. Operating hours (Inside the building): 11-2:30
Operating hours (Outdoor seating areas): 11-2:30

12. Employees/Staff
Number of floor personnel 3 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 1,480 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 800 square feet.
- c. Below, identify the operational details of the proposed establishment:

1,480 Sqft Block Building / First floor to open
1,480 Sqft Block concrete Basement 800 -
- BEEN GRANTED to comply with stipulation of
Special Use Permit #21-05

[Signature]
Signature

4-16-21
Date