Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	APPLETON
License Period	26/27

Application Type *(check one)*

☐ Initial (New) ☒ Renewal

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

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

Fees	
License Fee(s)	$
Background Check Fee	$
Publication Fee	$ 00.00
Total Fees	$ 00.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
COLD SHOT L.L.C

2. Business Trade Name or DBA
SHERAY GALOW

3. FEIN

4. Wisconsin Seller's Permit Number

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ..... ☐ Yes ☒ No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization

8. Date of Organization

9. Wisconsin DFI Registration Number

10. Premises Address 633 B. W. WISCONSIN AVE

11. City APPLETON

12. State WI

13. Zip Code 54911

14. County OUTAGAMIE

15. Governing Municipality: ☒ City ☐ Town ☐ Village of: APPLETON

16. Aldermanic District

17. Premises Phone 920-740-7978

18. Premises Email SGTROUBLE69@YAHOO

19. Website

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☑

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

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 wholesaler? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☐ Yes ☒ No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

☐ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

☐ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

☐ *(For corporations, limited liability companies, and nonprofit organizations only)* I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

☐ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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.
GALOW	SHERRY	L

Title	Email	Phone
OWNER		

Signature	Date
Sherry Galow	6/10/26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

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

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*
☐ Initial (New) ☐ Renewal
License Period

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

*Status Definitions

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)
COLD SHOT LLC

2. Business Trade Name or DBA
SHERRY GALOW

3. FEIN

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
SHERRY L	GALOW	OWNER			

Form
AB-101

Alcohol Beverage Appointment of Agent

Date

Agent Type *(check one)*

☒ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
COLD SHOT LLC

2. Business Trade Name or DBA
SHERRY GALOW

3. Entity Type *(check one)*
☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☐ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
GALOW	SHERRY	L

4. Email

5. Phone

6. Home Address

7. City	8. State	9. Zip Code	10. Date of Birth

11. Driver's License/State ID Number	12. Driver's License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.
GALOW	SHERRY	L

Title	Email	Phone
OWNER		

Signature	Date
Sherry Galow	6/12/2026

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.
GALOW	SHERRY	L

Signature	Date
Sherry Galow	6/12/2026

City of Appleton

Alcohol License Questionnaire

1. **Applicant Name:** SHEARY GALOW

2. **Business Name:** COLD SHOT LLC

   Date the LLC/corporation/partnership/sole proprietorship commenced: _____
   NOTE: A copy of a business's Wisconsin Department of Revenue Seller's Permit is required to be submitted with an alcohol license application.

3. **Business Address:** 633 B W WISCONSIN AVE

4. **Primary Business Activity:**

   ☐ Restaurant
   ☒ Tavern/Night Club/Wine Bar
   ☐ Painting/Craft Studio
   ☐ Other (describe) _____

5. **Does the applicant or property have any outstanding financial obligations to the City of Appleton?** ☐ **Yes** ☒ **No**

   City Ordinance 9-23 requires payment of certain outstanding obligations prior to the issuance of an alcohol license to any individual or any location which has unpaid bills. This includes utility bills, invoices, special assessments, and delinquent real estate taxes. To avoid a potential delay in receiving your license and interruption of business, please give this your immediate attention. For questions on outstanding obligations, please contact the Finance Dept at 920-832-6442.

6. **Select the type of business premises:** ☒ **Existing Building** ☐ **New Construction**
   If existing building, please indicate the primary nature of the previous business that operated at this location: BAR

   If existing building, will there be construction or renovations? ☐ **Yes** ☒ **No**

   If yes, explain _____
   NOTE: Contact the Inspections department (920-832-6411) for information on building codes and permits.

7. **Do you lease or own the building?** ☒ **Lease** ☐ **Own**
   NOTE: Proof of control of premises is required to be submitted with an alcohol license application. Acceptable documents include a lease or purchase agreement.

   What is the date of purchase or the date the lease began? 2004

8. **Did you purchase the business from another individual or entity?** ☐ **Yes** ☐ **No**

   If yes, is your acquisition of the business based upon an "arm's length transaction"?
   An arm's length transaction is defined as an open market sale in which the owner is willing but not obligated to sell, and the buyer is willing, but not obligated to buy.

   ☐ **Yes** ☐ **No**

If yes, are you related to the former business owner/licensee by blood, adoption, or marriage?

☐ Yes ☐ No

Did you hold ANY interest in the previously licensed business, or related real estate or equipment used by the previous business?

☐ Yes ☐ No **If yes, explain:** _____

_____

9. **Anticipated date of opening?** _____

10. **Will your business sell or serve food?**

Yes ☒ If yes, please describe the type of food offerings available Frozen Pizza

_____

No ☐

11. **Fill in the information about operational details listed below. Attaching a copy of the floor plan is encouraged.**

Seating Capacity: Inside: _____

Outside: _____

Operating Days/Hours: Inside: _____

Outside: _____

Employees/Staff (per shift/day) Number of Personnel: 0

Approximate floor building area of the premises to be licensed: _____ sq. ft.

Approximate outdoor area of the premises to be licensed: _____ sq. ft.

Do you intend to utilize the amenity strip/sidewalk in your outdoor area? ☐ Yes ☐ No

Summarize the day-to-day operations of the business in the space below:

_____

_____

_____

I, the applicant, understand that providing materially false information on this or any application for a license or permit under State Statute §125 is subject to civil, monetary, and license penalties. I understand that providing false information to a police officer in conjunction with the required background check for this application is subject to criminal and civil prosecution as "obstructing an officer".

Signature _____ Date 6/12/2020