RETAIL LICENSE TRANSFER - PREMISES TO PREMISES

Wisconsin Department of Revenue

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APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

	Appleton, Wisconsin
	<u>Februar, 20</u> , 20 18
To the g	governing body of the City Village Town of Appleton
County	of Outagamie Wisconsin.
<u> </u>	undersigned hereby applies for a transfer of Class Signature Signature
on or ak	pout March 27 of 2018.
1. AP	PLICANT: (print name and address plainly)
(a)	Full name of applicant Conrado Lopez Mendez
(b)	Address 3117 W Grenook VI # 1 Appleton, WI 54919
	CATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: scribe building or buildings where alcohol beverages are to be sold, served, consumed, and stored. Street number 577 W College Ave
(b)	Trade name of establishment IL Angolo Resto Day
(c)	Physical description of building, buildings and/or land area comprising licensed premises.
(d)	Legal description (omit if street address is given above.)
(e)	Is any other business conducted on same premises?
(f)	Was this location licensed for beer or liquor during the past year? Yes No
(g)	Give name and address of previous licensee. Obs Brack hass
(h)	Will the previous licensee surrender its license? ☐ Yes ☑ No

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING: If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or 3. rectifier will hold in the premises for which you are applying 4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held Signature) State of Wisconsin County of OUTagam (l) (We) being first duly sworn on oath says that (he/she is) (they are) the person(s) above named and that the answers to the questions in each instance are complete and true. Subscribed and sworn to before me this Notary Public, CATHY BOLWERK My Commission Expires Notary Public, State of Wisconsin My Commission Expires January 23, 2021 CLASS OF BUSINESS Submitted to Council or Board Date Date Treasurer's Receipt No. Proposed Location Original Location License No. Name