

Form AB-200

Alcohol Beverage License Application

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Mu	nicipal	ity			
1	ADE	leto	n		
Lic	ense P	eriod			
	λ	2 L	_		

License(s) Requested: (up to two boxes may b	Fees			
☐ Class "A" Beer	Class "B" Beer \$ 10	DO License	Fees	\$200
☐ "Class A" Liquor \$ ☐	"Class B" Liquor \$	Backgro	ound Check Fee	\$
☐ "Class A" Liquor (cider only) \$ ☐	Reserve "Class B" Liquor \$	Publica	tion Fee	\$ 60
"Class C" Liquor (wine only) \$ 100	Deposit \$50	Total F	ees	\$
10. City Cooleton	rietorship) LC 4. Wisconsin 456- Z Limited Liability Company 7. Date of Organization March 12033	11. State	Nonpropries Nonpropries DFI Registration	4
13. County	14. Governing Municipality: City of:	Town Villa	ige 15. Alderman	c District
16. Premises Phone 17. Premises Email 18. Website 19. Premises Description - Describe the building or buildings where alcohol beverages are boduced, 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. See a tracked 3300 Se ft Assuroom with up to 30 Seats 2 locked and sold to the conditional sheets of th				
20. Mailing Address (if different from premises address				
21. City		22. State	e 23. 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 co	mpleted?	Yes No
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence co	mpleted?	Yes No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes V No beverages.							
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 individuals or entities a restricted inve							N
If yes, provide the name of the restrict	ed investor and des	scribe the nature	of the intere	st.	i distribute	лг 🔲 т	es XNo
4. Is the applicant business owned by and	thar business entitle	·?				«П V	as Clabia
If yes, provide the name(s) and FEIN(s	of the business en	tity owners below	. Attach add	tional s	heets as n	ieeded.	es No
4a. Name of Business Entity		4b. Busines:	Entity FEIN				
5. Have the partners, agent, or sole propi	ietor satisfied the re	sponsible bevera	ge server tra	ining re	quiremen		[-]
this license period? Submit proof of co. 6. Is the applicant business indebted to a	`						es No
7. Does the applicant business owe past							7
	vace mariicipai prope	my taxes, assess	andres of or	ner leek			es X 110
Part C: Individual Information List the name, title, and phone number for each	nomen er entitu heldi	ng the following per	itiana la tha c	5.215/4/ !!st	hualaaa a	r businesses li	atad ia Dad B
Question 4: sole proprietor, all officers, director	s, and agent of a corpo	oration or nonprofit	organization,	all partne	ers of a part	nership, and a	Il members,
managers, and agent of a limited liability comp	-	-					
Include Form AB-100 for each person listed be		LLCs must appoint		ncluding	Form AB-1		
Last Name	First Name		Title			Phone	
Baller	Denoi		DUNE	<u>Y</u>		.	
Bayer	Diana		C COO	لمال	min		
				1 1 10	<u></u>		
on Market Double States And a set 100 feet of the department of the entire feet feet and a set of the set of t	Aport tillet förskelge utt tjonne stekte til ett på stillet för	en mantane en mantane en e		THEORY W	roverstanten	on the state of th	economia e de la composició de la compos
Part D: Attestation				is is all of the second of the	AMERICAN		
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: Und			•			member of a	
I am acting solely on behalf of the applicant b	usiness and not on bel	half of any other inc	dividual or ent	ity seek	ing the licer	se. Further, I	agree that the
rights and responsibilities conferred by the lice according to the law, including but not limited	ense(s), if granted, will to, purchasing alcohol	I not be assigned to I beverages from si	another indivate authorize	/idual or d whole:	entity. I ag salers. I un	ree to operate derstand that I	this business ack of access
to any portion of a licensed premises during in	spection will be deem	ed a refusal to allow	w inspection.	Such ref	iusal is a m	isdemeanor ar	nd 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 know-							
ingly 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.
BAKE A Title	 Email	Dengi				Phone	L
ow new	Linaii					Lilone	
Signature Date							
7/29/2025							
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk License Number Date License Granted Date License Issued							
T129125 Signature of Clerk/Deputy Clerk Date Provisional License Issued (if applicable)							
Signature of Clerk/Deputy Clerk				Date P	rovisional L	cense Issued	(it applicable)
AB-200 (R. 1-25)		- 2 -					

License Application Premises Description

Main Entertainment Area:

In the main shop area we will have seating for 20+ people to enjoy a beverage while watching 1 of 2 50" TV's of Sporting events and live breaks. Walk up to the counter and purchase sports and non sports boxes and packs to open as well. Speak with one of our associates about upcoming events and indoor tournaments. Book a party for your next fantasy draft in a private event or during shop hours.

Lounge Area:

In the lounge area enjoy watching your favorite sporting event, Playing Video Games, Watching Live break on our 85" TV and Surround System in shop hanging with friends and family. Enjoy an alcohol beverage, energy drink, soda or water while you hang out.

Storage for records, alcohol, merchandise and valuables will be held in 2 spots. There will be one storage closet in the main area for a smaller amount of products and drinks. We will also have a safe in there as well for keeping valuables. In the back storage/break rooms there will be locked up storage for all things of value and alcohol away from main areas. We have a main office for the ower and Admin that will have locked drawers and a lockable door as well.

Areas of alcohol consumption will be in the main shop area and the lounge areas only

Security:

The building will be equipped with 8 cameras. 7 inside and 1 outside all hard wired and saved to the cloud server. A Sensor Security System will be installed that will notify the police of any activity.

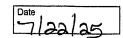
Fantasy Football Drafts
Private Parties
Special Events
TV Sporting events, UFC, Superbowl, World Series ect watch parties,
Live in shop breaks the customers will attend and be part of.
Birthday Parties,
Corporate Parties

updated

Save Print

Form AB-101

Alcohol Beverage Appointment of Agent



Agent Type (check one)			
☐ Original (no fee) ☐ Successor (\$10 fee for m		isees only)	
Part A: Business Information	<u> Hijarang</u> a		
1. Legal Business Name (individual name if sole proprietor)			
2. Business Trade Name or DBA			
BB Soorts Cards U.C.			:
3. Entity Type (check one) Limited Liability Company	у [] Corporation	☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)	5. If successo	or agent, provide Sta	ate Permit or Municipal Retail License Number
☐ Municipal Retail License ☐ State Permit 6. Describe the reason for appointing a successor agent, if successor			
4. Email	2. First Name		3. M.1. M 5. Phone
6. Home Address			
7. City	8. State	9. Zip Code	10. Date of Birth
Neonah	الما	54951	
11. Drivers License/State ID Number		12. Drivers Lice	ense/State ID State of Issuance
Part C: Agent Questions	Kitas yan		
Have you satisfied the responsible beverage server training Submit proof of completion.	ng requireme	nt?	Yes No
 Have you completed Form AB-100, Alcohol Beverage Indi Form AB-300, Alcohol Beverage Personal Questionnaire (vidual Quest permittee)?	ionnaire (licenses	e) or Yes No
Have you been a Wisconsin resident for at least 90 continu See instructions for exceptions.	uous days?.		····· Yes No
			Continued →

Part D: Business Attestation			200		
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.			
Paker	Diana	M			
Title	mail	Phone			
Owner / Admin	··· ·		4		
Signature		Dafe	ł		
Diana Baker		17122125			
			5 (25.27)		
Part E: Agent Attestation					
READ CAREFULLY BEFORE SIGNING: I, the A nonprofit organization, or limited liability compa on the premises for the above-named busines and affidavits in connection with this application application may be required to for	ny and assume full responsibility for the s. I further understand that I may be pr n, and that any person who knowingly pr	conduct of all alcohol beverage activitien cosecuted for submitting false statement	ts		
Last Name	First Name	M.I.	. 1		
Pry	Diana	M			
Signatura		Date			
Signature		المامه امما			
1)iano Baros		1-1199139			



City of Appleton Alcohol License Questionnaire

1.	Applicant Name: Dangi bakar
	Business Name: BB Sports Cards LLC
9)	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: 2310 W College Ave UnitA Appleton W 54914
	Primary Business Activity:
	☐ Restaurant ☐ Tavern/Night Club/Wine Bar ☐ Painting/Craft Studio ☐ Other (describe) Sports Gand and Extentaint Conter
5.	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: Flooring company
	If existing building, will there be construction or renovations? ☐ Yes ☒ No
	If yes, explain
5.	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?
7.	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

	☐ Yes ☐ No ☐ If yes, expl	ain:
8. A	anticipated date of opening?	800 00 8000 9/1/2025
9. W	Vill your business sell or serve	food?
Yes	If yes, please describe the	type of food offerings available
51 -		
No) [<u>]</u>	
	Fill in the information about ope	rational details listed below. Attaching <u>a copy of the floor plan</u> is
	Seating Capacity:	Inside:
		Outside:
	Operating Days/Hours:	Inside: Tues-Sat 10am · 8pm
		Outside:
	Employees/Staff (per shi	ft/day) Number of Personnel: 2
	Approximate <u>floor buildi</u>	ng area of the premises to be licensed: 3300 sq. ft.
	Approximate outdoor are	ea of the premises to be licensed:Sq. ft.
	Summarize the day-to-da	y operations of the business in the space below:
		rensic Entertainet area for sports
	Enthousit, Sport	s Comes town went, parties for Cent.
		to Buy sell; trade lardy and it as.
	Hong court in shop	and Enjoy Live Break 1 going all business hours
I, the	e applicant, understand that provi	ding materially false information on this or any application for a
providin	ng false information to a police offi	5 is subject to civil, monetary, and license penalties. I understand that cer in conjunction with the required background check for this
applicat	tion is subject to criminal and civil	prosecution as "obstructing an officer".

