

## Retail License Transfer – Person to Person

Application for transfer of license under Section 125.04(12)(b), Wis. Stats., for the sale of fermented malt beverages or intoxicating liquor or both from one person to another during the license year only, under the following circumstances:

- ①. Death of licensee
2. Formal bankruptcy (Chapter 7)
3. Assignment for the benefit of creditors
4. Foreclosure

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

To the  City Council  
 Village Board of Appleton County of Outagamie, Wisconsin.  
 Town Board

A request is being filed applying for the transfer of the Class B license from

Kenneth G. Vandeyacht  
(Name of Licensee)

To the: 1. Michelle M. Vandeyacht, P.R.  
(Personal Representative or Surviving Spouse)

2. \_\_\_\_\_  
(Trustee in Bankruptcy)

3. \_\_\_\_\_  
(Receiver – Benefit of Creditors)

4. \_\_\_\_\_  
(Receiver – Court Appointed – Foreclosure)

on or about 02/11/2023  
(Date)

a. Address of premises 7621 N Oneida St Appleton, WI 54911

b. Trade name of establishment The Grand Meridian, Inc

The municipal clerk must amend the license or issue a new one to reflect the transfer. The municipality may require completion of Forms AT-106 and AT-103 by the transferee.

### SALE OR ASSIGNMENT BY TRANSFEREE:

If the business is sold or assigned, the license may be transferred to the successor owner or assignee at no charge if the person is qualified to hold a license and is acceptable to the governing body. In this case, an original alcohol beverage license application should be completed.

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2022 ending: 06/30/2023  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Appleton  
 Village of }  
 City of }

County of Outagamie Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-0002260947-03</u>	
FEIN Number <u>02-0726780</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Grand Meridian, Inc.

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Vandeyacht</u>	(First) <u>Michelle</u>	(Middle Name) <u>Marie</u>	Home Address (Street, City or Post Office, & Zip Code) <u>206 Edwards St. combined Locks WI 54113</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Vandeyacht</u>	(First) <u>Christopher</u>	(Middle Name) <u>Michael</u>	Home Address (Street, City or Post Office, & Zip Code) <u>830 W. Lake St #222, Sheboygan WI 53081</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Grand Meridian Business Phone Number (920) 968-2621  
 2. Address of Premises 2621 N. Omeida Street Post Office & Zip Code 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)  
see attached

4. Legal description (omit if street address is given above): See attached

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? .....  Yes  No

(b) If yes, under what name was license issued? Kenneth Vandeyacht

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  
Christopher Vandeyacht, proposed new agent, is actively completing the course.
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 WI and date 2005 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
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.) <u>Vandeyacht Christopher M</u>	Title/Member <u>Agent</u>	Date <u>02/11/2023</u>
Signature- <u>[Signature]</u>	Phone Number <u>(920) 284-1335</u>	Email Address <u>CVandeyacht@Jonsenville.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>02/16/2023</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

**Question 3.** Description of the building, and areas of the building, where alcoholic beverages will be sold and stored

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The facility which is located at 2621 North Oneida Street is 100' wide and 134' 8" long. It is 13,400 sq. ft. and consists of a 20' x 100 ft kitchen on the west end of the building. Alcohol will be used and stored in the kitchen. To the west of the kitchen there is a walk in cooler where alcohol will be stored.

There is 1 large banquet hall that can be transformed into 2 smaller ones, adjacent and to the east of the kitchen, the overall dimensions of the banquet room are 100' x 77' 7" .. There is one bar that can be converted into 2 separate bars when the room is transformed into 2. alcohol will be stored & served and consumed in this room.

To the east of the banquet room is a corridor area measuring approximately 7' wide by 100' long. It is divided in the middle by a walk in cooler measuring 7' wide by 8' long. This cooler is an area where alcohol will be stored. Alcohol will also be consumed in this corridor area.

East of the corridor is a common foyer and public entrance to the facility. It also consists of two women's bathrooms, 2 men's bathrooms and a coat room. The overall dimensions of this area are 25' 6" wide by 100' long. This foyer area is an area where alcohol will be consumed.

Above the corridor is a mezzanine with an office area which will be used for storage of alcohol and records.

On the south side of the building adjacent to the kitchen is a cater staging & storage area. With an outside patio connected to the east. The storage area will be an area that alcohol will be stored and served to the guests who are using the patio. The patio is an area where alcohol will be served and consumed.

# 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 Grand Meridian, Inc.  
(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 The Grand Meridian, Inc  
(Trade Name)

located at 2621 ~~W~~ N. Oneida ST, Appleton, WI 54911

appoints Christopher M Vandevacht  
(Name of Appointed Agent)  
830 N Water ST #322 Sheboygan, WI 53081  
(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).

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? 7 years

Place of residence last year 830 N Water ST Apt 322 Sheboygan, WI 53081

For: The Grand Meridian  
(Name of Corporation / Organization / Limited Liability Company)

By: Susan D. James  
(Signature of Officer / Member / Manager)

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### ACCEPTANCE BY AGENT

I, Christopher M Vandevacht, 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.

Chris Vandevacht 02/11/2023 Agent's age 37  
(Signature of Agent) (Date)

830 N Water ST, Apt 322, Sheboygan, WI 53081 Date of birth 06/04/1985  
(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)