## Alcohol License Premises Amendment Request Form CASH OR CHECK ONLY!



\*Please allow 4 weeks for application processing\*

FEES ARE NON-REFUNDABLE					
		Date Recv'd 2 17 25			
K	License Fee - \$10.00/event	Total \$ 10.00			
`	(CLCAGP)	Receipt #: 8092 - 1			

SECTION 1 – ESTABLISHMENT INFORMATION							
Name of Establishmen	10 + 1	egui	la Bar	Establishment Phone Number 920 - 257 - 4580			
Address of Establishment 129 6 Memorial Dr. Appleton, WI 54911							
Agent Name (Required)  Agent Phone Number (Required)							
SECTION 2 – PREMISES AMENDMENT - A drawing/diagram of the proposed area must be submitted with this application							
Is this Premises Amendment Permanent?   YES   NO							
Please describe the change in Premises: <u>literating premise to cover 715-727</u> WLAWRENCE St. to cover street closure.							
If temporary, please specify the reason for the amendment: <u>ANNUAL CINCO de MAYO BIOCK PARY.</u> requesting street closure							
reallesting	Stroot	+ ala	CILVA	1 1 200 10 10 10 10 10 10 10 10 10 10 10 10 1			
109/112311119	011201	CIV	aut				
If temporary, please lis	t the date(s) a	nd time(s	s) that this premises ame	endment will be utilized:			
MAIL LITH	2025	lin	m-gpm				
1-114y 1	10000	1101	III. apm				
SECTION 3 - PENA	TV NOTICE						
SECTION 3 – PENALTY NOTICE  I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.							
Under penalty of law, I	swear that the	e informa	ation provided in this app	olication is true and correct to the best of my knowledge and belief.			
			1				
Signature of Applica	nt: <u>(</u>	ML					
FOR OFFICE USE O			V-1-44				
Department	Approve	Deny	Staff Member	Reason			
Police							
Fire							
Fire Health							
Health							
Health Community Development							
Health Community Development Inspections	:		Recommendation:	Common Council Date: Recommendation:			
Health Community Development Inspections Finance	: Date Approve	d	Recommendation:  Date Issued	Common Council Date: Recommendation:  Expiration Date License Number			
Health Community Development Inspections Finance Safety and Licensing Date		d					

Cinco de Mayo

