

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: 06-30-2020  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●●●●●●●●●	
FEIN number ●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
BILBAVON GREEN BAY LLC.

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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>VAN ABEL</u>	<u>PATRICK</u>	<u>LEE</u>	<u>W2823 OAKRIDGE DR. APPLETON 54915</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>VAN ABEL</u>	<u>JOSEPH</u>		<u>W5871 SWEET PEA DR. APPLETON 54915</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BRUECKER</u>	<u>TIM</u>		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name APPLETON AXE Business Phone Number 920 428-4878  
 2. Address of Premises 1400 W. COLLEGE AVE Post Office & Zip Code 54914

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.) BEER  
ALL ALCOHOL WILL BE SOLD FROM RECEPTION COUNTER  
WITHIN OUR SUITE. WE ARE PLANNING ON TAILING  
THE WESTERN PART OF THE FORMER BARSTON DIRECT SPACE.  
THE STORAGE SPACE WILL BE KEPT IN A ROOM IN NORTHWEST  
CORNER OF THE SUITE

4. Legal description (omit if street address is given above): \_\_\_\_\_

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? \_\_\_\_\_

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  
I HAVE MY SAFE SERVE CERTIFICATE ALREADY

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 2/24/20 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  
BREAKOUT GREEN BAY LLC, - VILLAGE OF ASHWAUBENON

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>Van ABER, Patrick L</u>	Title/Member <u>MEMBER</u>	Date <u>2.27.20</u>
Signature <u>Patrick L. Aabel</u>	Phone Number 	Email Address 

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



## City of Appleton Liquor License Questionnaire

1. Name of Applicant: BREAKOUT GREEN Bay LLC. PATRICK VAN ABER

2. Name of Business: APPLETON AXE

3. Address of Business: 1400 W. COLLEGE AVE

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes  No

AND/OR been convicted of a felony? Yes  No

If yes to either question, please explain in detail: JOE VAN ABER WAS CITED FOR OWI IN 2009.

5. List all partners, shareholders or investors. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

<u>PATRICK</u>	<u>L</u>	<u>VAN ABER</u>	
First name	Initial	Last name	Date of Birth
<u>TIM</u>		<u>BRUECKER</u>	
First name	Initial	Last name	Date of Birth
<u>JOSEPH</u>		<u>VAN ABER</u>	
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth

6. Name of person/corporation you are buying the premises and equipment from?

Name: N/A  
First name Initial Last name

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

7. What was the previous name and nature of the business operating at this location?

MULTI-TENANT BUILDING . BAR STOOLS DIRECT (TO THE BEST OF OUR KNOWLEDGE)

8. Are alcohol sales an existing use in this building? Yes \_\_\_\_\_ No   
If no, When did the operation cease? \_\_\_\_\_ months ago.

9. Are alcohol sales a new use in this building? Yes  No \_\_\_\_\_  
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes \_\_\_\_\_ No

11. Seating capacity: Inside 80 Outside \_\_\_\_\_

12. Operating hours: T, W, R, F, S, Su - 11AM TO 11PM

13. Number of floor personnel 3 Number of door checkers \_\_\_\_\_

14. In general, state the size, design and type of the proposed establishment and the operational details.

THE SPACE IS BEING PROPOSED FOR 3,500 SF.

WE WILL BE AXE THROWING FACILITY WHICH OFFERS <sup>LOCAL</sup> BEER,

SODIA & WATER. ALL BEVERAGES WILL BE SOLD IN CAN OR

BOTTLE FORMAT.

2-26-20  
Date

  
Signature

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.