

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022
(mm dd yyyy) (mm dd yyyy)

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

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 ●●●●●●●●	
FEIN Number ●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>200</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input checked="" 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	\$ <u>60</u>
TOTAL FEE	\$ <u>260</u>

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

TRUE NORTH ENERGY, 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)
LYDEN	MARK	E.	18 COUNTRY PEPPER LN, PEPPER PIKE, OH 44124
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)
LYDEN	PATRICIA	G	2740 CONSEAR ROAD, LAMBERTVILLE, MI 48144
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
NIESE	DANIEL	J.	10203 WOODVIEW WAY, BRECKSVILLE, OH 44141
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
PAMPERIN	DANIEL	J.	396 TALUS CT., DE PERE, WI 54115
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name TRUE NORTH #822 Business Phone Number 440-792-4200

2. Address of Premises 3411 N BALLARD RD APPLETON 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.)

CONVENIENCE STORE WITH COOLERS. MANAGER'S OFFICE FOR STORE RECORDS, BEER
AND ALCOHOL IS SOLD AT FRONT COUNTER.

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? BALLARD GCS LLC DBA BALLARD GRAND CENTRAL

Legal Description

For

3411 N. Ballard Rd., Appleton, WI 54911

LOT 1 OF CERTIFIED SURVEY MAP NO. 6590 RECORDED IN THE OFFICE OF THE REGISTER OF DEEDS FOR OUTAGAMIE COUNTY, WISCONSIN ON FEBRUARY 04, 2013, IN VOLUME 39, PAGE 6590 AS DOCUMENT NO. 1974904, BEING ALL OF LOTS 2 AND 3 AND PART OF LOT 1 OF STEINMAN COMMERCIAL PLAT, BEING PART OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 13, TOWNSHIP 21 NORTH, RANGE 17 EAST, IN THE CITY OF APPLETON, OUTAGAMIE COUNTY, WISCONSIN.

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

7. Is the applicant an employee 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 _____ and date _____ 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? ☒ Yes ☐ No
If yes, explain.
SEE ATTACHED

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.) Howard, Ryan D.	Title/Member COO	Date 10-18-21
Signature 	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 10-18-21	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Airport Shell, Inc

GCS Operations, LLC
dba GCS Bellevue Crossing
dba GCS Menasha
dba Stadium Shell
dba Bellevue Grand Central
dba Lineville Travel Mart
dba Ledgeview
dba Riverside
dba 21 Shell
dba College
dba Winneconne Shell
dba East Troy Shell

C&D Shell LLC, dba Bay Beach

Depere Shell, Inc

Grand Central LLC
dba Grand East
dba Famous Dave's

Ballard GCS LLC

University Shell LLC

Voyageur Shell LLC dba Landing

GCS Holdings of Depere LLC
dba Scheuring



City of Appleton Alcohol License Questionnaire

1. Name of Applicant: True North Energy, LLC

2. Name of Business: True North Energy, LLC

(Check Applicable Box(s) to identify primary business activity)

- ☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Microbrewery/Brewpub
☐ Painting/Craft Studio
☒ Other (describe) Convenience store /gas station

3. Address of Business: 3411 N Ballard Rd, Appleton, WI 54911

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 below:

See attached

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

True North Holdings, Inc			/ /
First name	M.I.	Last name	Date of Birth
Equilon Enterprises, LLC			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

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

Name: Ballard GCS, LLC (business) Grand Central Appleton, LLC (real estate)

First name Middle Initial Last name

Address: 3411 N. Ballard Rd. Appleton WI 54911
City State ZIP

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

Name: Ballard GCS LLC d/b/a Ballard Grand Central

(Check Applicable Box(s) to identify primary business activity)

- ☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Microbrewery/Brewpub
☐ Painting/Craft Studio
☒ Other (describe) convenience store/gas station

8. Was this premise licensed for alcohol sales/consumption during the past license year?

Yes x If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.

No _____ If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.

9. If alcohol sales were a previous use in this building, when did the operation cease?

n/a months ago.

10. Seating capacity: Inside n/a Outside n/a

11. Operating hours (Inside the building): 24/7
Operating hours (Outdoor seating areas): n/a

12. Employees/Staff

Number of floor personnel n/a Number of door checkers n/a

13. In general, state the size and operational details of the proposed establishment:

- a. Gross floor building area of the premises to be licensed: 4864 square feet.
b. Gross outdoor seating areas of the premises to be licensed: n/a square feet.
c. Below, identify the operational details of the proposed establishment:

Gas Station/Convenience store

[Signature]
Signature

10-13-01
Date

Mark E. Lyden

01/25/1993 – Erie, Ohio
Offense: Reckless Operation of watercraft
Plea: NC/Guilty
Offense Code 1547.07

09/02/1993 – Erie, Ohio
Case Number: CRB9302757
Offense: Water Skier Observer
Plea: Guilty
Offense Code: 1547.15

07/20/1999 – Erie, Ohio
Offense: Under Age Operation watercraft
Case Number: CRB9903104
Plea: Guilty
Offense Code: 1547.41

11/18/2004 – Erie, Ohio
Offense: Reckless Operation
Case No.: TRC0404442
Plea: NOC
Disposition: Found Guilty
Offense Code 4510.15

6/9/2000 – Mahoning, Ohio
Offense: Speeding
Disposition: (AJ) Bond forfeiture
Offense Code: 4511.21_C

1/4/2012 – Cuyahoga, Ohio
Offense: Speeding
Pleas: Guilty-Waived
Disposition: Guilty
Offense Code 434.03

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 of Appleton County of Brown Outagamie
☒ City

The undersigned duly authorized officer/member/manager of True North Energy, LLC
(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

True North #822
(Trade Name)

located at 3411 N Ballard Rd Appleton, WI 54911

appoints Daniel J. Pamperin
(Name of Appointed Agent)

396 Talus Ct., De Pere, WI 54115
(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).
See attached

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? 61 years

Place of residence last year 396 Talus Ct., De Pere, WI 54115

For: True North Energy, LLC

By: (Signature of Officer / Member / Manager)
(Name of Corporation / Organization / Limited Liability Company)

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

ACCEPTANCE BY AGENT

I, Daniel J. Pamperin, 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.

(Signature of Agent) 10/13/2021 Agent's age 61 years
396 Talus Ct., De Pere, WI 54115 (Date)
(Home Address of Agent) Date of birth 0000

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 (Date) by (Signature of Proper Local Official) Title (Town Chair, Village President, Police Chief)

Attachment to Schedule of Appointment of Agent by Corporation / Nonprofit Organization
or Limited Liability Company

Green Bay, WI
De Pere, WI
East Troy, WI
Green Bay, WI
Appleton, WI
Neenah, WI
Winneconne, WI
Oshkosh, WI