

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning May 20 17 ;
ending June 30 20 17

TO THE GOVERNING BODY of the: Town of } Appleton
 Village of }
 City of }

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

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Board and Brush Creative Studio - 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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Owner/Operator Katie M. Forner</u>	<u>1778 Roberts Ln</u>	<u>Abrams 54101</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Katie M. Forner</u>	_____	_____
Directors/Managers	_____	_____	_____

3. Trade Name Board and Brush Creative Studio Business Phone Number _____
4. Address of Premises 109 N. Durkee St Appleton Post Office & Zip Code Appleton 54911

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No *Completed 5-16*
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 4-29-16 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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 \rightarrow

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) 2,000 sq. ft. Studio space at 109 N. Durkee, adjoining 105 restaurant space.

10. Legal description (omit if street address is given above): _____
11. (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? _____

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 28 day of April, 2017

Cathy Bolwerk
CATHY BOLWERK
Notary Public, State of Wisconsin

My commission expires My Commission Expires January 23, 2021

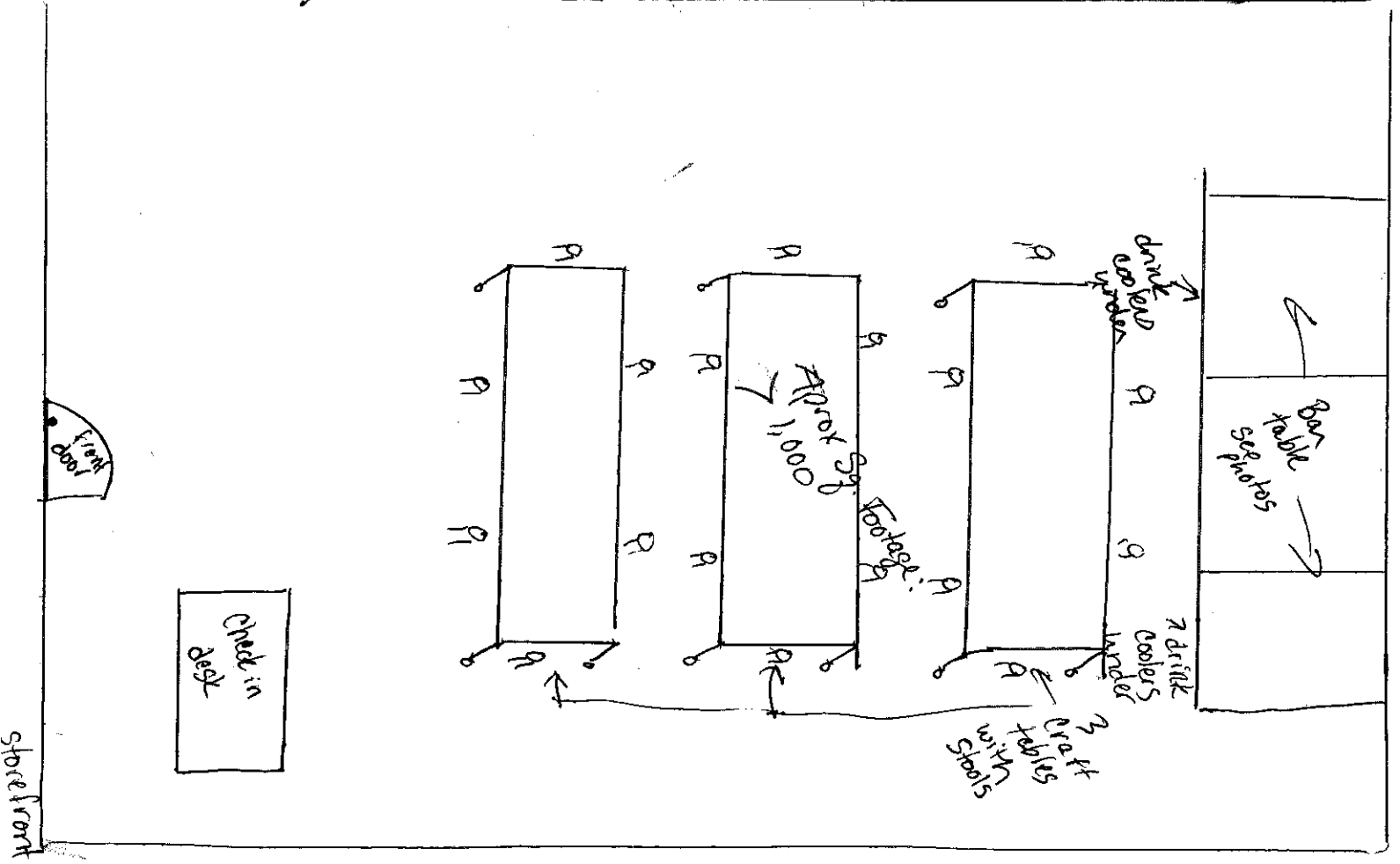
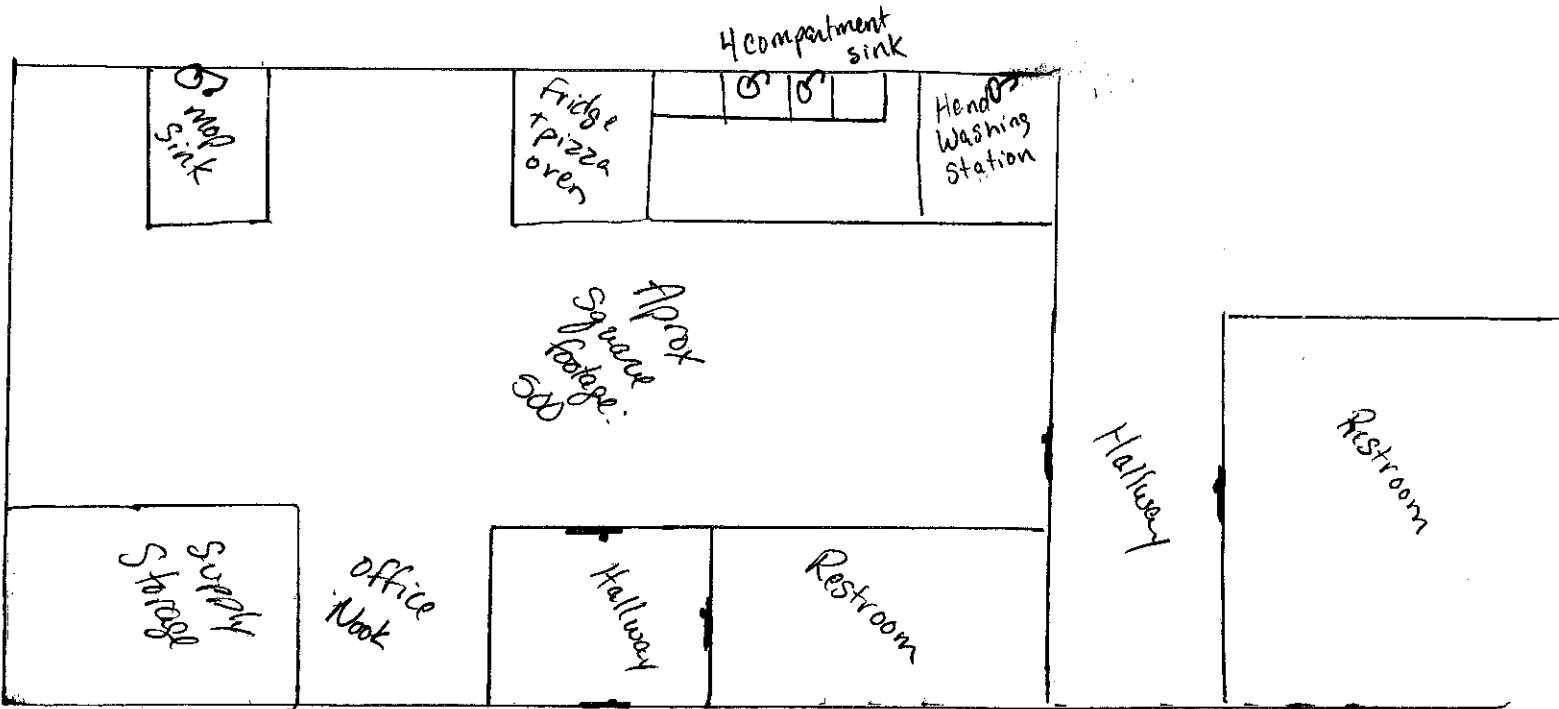
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

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: Katie M. Forman

2. Name of Business: Board and Brush Creative Studio

3. Address of Business: 109 N. Durkee St. Appleton, WI 54911

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

AND/OR been convicted of a felony? Yes _____ No X

If yes to either question, please explain in detail: _____

N.A.

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

First name	Initial	Last name	Date of Birth
<u>Katie</u>	<u>M.</u>	<u>Forman</u>	<u>[REDACTED]</u>
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

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

Name: Chris Winter - CW Properties, LLC

Address: 3315A N. Ballard Rd.

City, State, Zip: Appleton, WI 54911

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

Former yoga studio

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

9. Are alcohol sales a new use in this building? Yes X No _____
If yes, please contact the Community Development Department at 832-6468 to obtain a
Special Use Permit. Working with Don Harp. Special Use Permit Application
Filed 4-20-17.

10. Is your primary business restaurant? Yes _____ No _____

11. Seating capacity: Inside 18 Outside 0

12. Operating hours: M-F 6:30-10:00 PM S-9:00 AM-10:00 PM Su-closed

13. Number of floor personnel 3 Number of door checkers 1

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

>1,000 sq. ft. retail storefront. Operate a DIY creative woodworking
studio to include: weekly workshops open to the public and private
parties. Sale of beer, wine, soda, water and food onsite. Adjoining
room has ^{existing} stainless steel commercial sink, mop sink, and handwashing
station (to be installed). Customers will have access to two bathrooms.

4-29-17
Date

K. J. Jorman
Signature

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