

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 } 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 ●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<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	\$ <u>60 + 21</u>
TOTAL FEE	\$ <u>281</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Meraki Tea Bar 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>Bies</u>	<u>Colleen</u>		<u>1338 Nature Trail Dr</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Sones</u>	<u>Allyssa</u>	<u>Sirisakitong</u>	<u>3610 Anderson St, Oshkosh, 54901</u>
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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>Ag # 10</u>
<u>Anderson</u>	<u>Ashon</u>	<u>Pernell</u>	<u>1401 S Nicolet Rd, Appleton 54914</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Fika Tea Bar Business Phone Number 920-401-1424
 2. Address of Premises 207 W College Ave 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.)
887 sq ft building, Alcohol will be sold/serve in that
space at register. Alcohol will be stored in back kitchen on
wire racking

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
Ashen Anderson already has beverage server training
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 8/14/19 12/18 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.) <i>Anderson Ashen P</i>	Title/Member <i>Agent</i>	Date <i>08/14/19</i>
Signature <i>Ashen Anderson</i>	Phone Number <i>[REDACTED]</i>	Email Address <i>FikaTenbar@gmail.com</i>

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: Ashon Anderson

2. Name of Business: Fika Tea Bar

3. Address of Business: 207 W college ave

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: _____

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

<u>Colleen</u>		<u>Bies</u>	<u> </u>
First name	Initial	Last name	Date of Birth
<u>Abssn</u>	<u>S</u>	<u>Bones</u>	<u> </u>
First name	Initial	Last name	Date of Birth
_____	_____	_____	_____
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: _____
First name Initial Last name

Address: _____

City, State, Zip: _____

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

Crafty wood maker?

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

9. Are alcohol sales a new use in this building? Yes X ^{Beer} 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 X

11. Seating capacity: Inside 15 Outside _____

12. Operating hours: 10 am - 9 pm

13. Number of floor personnel — Number of door checkers —

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

887 sq ft building, Alcohol will be served/sold in
that area at register. Alcohol will be stored in back on wire
rackets.

08/14/19
Date

[Signature]
Signature

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

**ONSITE ALCOHOL CONSUMPTION
PLAN OF OPERATION AND LOCATIONAL INFORMATION**

Business information:

Name of Business: Fika Tea Bar

Years in operation: <1

Type of the proposed establishment (detailed explanation of business): tea, beverages, wine and beer if licences is permitted and light snacks like salads

Proposed Hours of Operation for Indoor Uses:

Day	From	To
Week Day	10:00 am	9:00 pm
Friday	10:00 am	9:00 pm
Saturday	10:00 am	9:00 pm
Sunday	closed	closed

Building capacity and area:

Maximum number of persons permitted to occupy the building or tenant space as determined by the International Building Code (IBC) or the International Fire Code (IFC), whichever is more restrictive: _____ persons.

Gross floor area of the existing building(s): 887 sq ft

Gross floor area of the proposed building(s): 887 sq ft

Crowd and parking lot control methods: _____

Describe any potential noise emanating from the proposed use:

A. Describe the noise levels anticipated from all equipment: No anticipated noise

B. How will the noise be controlled? N/A

Outdoor uses:

Location, type, size and design of outdoor facilities: _____ N/A _____

Type and height of screening of plantings/fencing/gating: _____ N/A _____

Is there any alcohol service incorporated in this outdoor facility proposal? Yes ___ No ___

Are there plans for outdoor music/entertainment? Yes ___ No ___

If yes, describe how will the noise be controlled: _____

Is there any food service incorporated in this outdoor facility proposal? Yes ___ No ___

Proposed Hours of Operation for Outdoor Uses:

Day	From	To
Week Day	N/A	N/A
Friday	N/A	N/A
Saturday	N/A	N/A
Sunday	N/A	N/A

Outdoor lighting:

Type: _____

Location: _____

Off-street parking:

Number of spaces existing: _____.

Number of spaces proposed: _____.

Other Licensed Premises:

The number of licensed premises within the immediate geographic area of the proposed location will be considered in order to avoid an undue concentration that may have the potential of creating public safety problems or deterring neighborhood development.

List nearby licensed premises: _____

Number of Employees:

Number of Existing Employees: 12

Number of Proposed Employees: 12

Number of Employees scheduled to work on the largest shift: 3