

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|----------|
| Municipality | Appleton |
| License Period | 24-25 |

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____ Class "B" Beer \$ 160
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 16,500
 "Class C" Liquor (wine only) \$ _____ Deposit \$50

| Fees | |
|----------------------|-----------------|
| License Fees | \$10,600 |
| Background Check Fee | \$ 7 |
| Publication Fee | \$ 60 |
| Total Fees | \$10,667 |

Part A: Premises/Business Information

| | | | |
|--|--|--|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>La Bodega Nightclub LLC</u> | | | |
| 2. Business Trade Name or DBA <u>La Bodega lounge</u> | | | |
| 3. FEIN | | 4. Wisconsin Seller's Permit Number | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>Wisconsin</u> | | 7. Date of Organization <u>12/16/2024</u> | 8. Wisconsin DFI Registration Number |
| 9. Premises Address <u>531 W College Ave</u> | | | |
| 10. City <u>Appleton</u> | | 11. State <u>WI</u> | 12. Zip Code <u>54911</u> |
| 13. County <u>Outagamie</u> | | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u> | 15. Aldermanic District |
| 16. Premises Phone <u>920-450-8592</u> | | 17. Premises Email <u>SantiJuaco@gmail.com</u> | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>The building is 2800 sqft. The Alcohol is stored down stairs on north side of building. Alcohol will be served upstairs. At the bar lounge area. The Alcohol will only be consumed upstairs.</u> | | | |
| 20. Mailing Address (if different from premises address) <u>531 W College Ave</u> | | | |
| 21. City <u>Appleton</u> | | 22. State <u>WI</u> | 23. Zip Code <u>54911</u> |

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

| | | |
|------------------------|--|------------|
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.
 Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|----------------------|------------|-------|-------|
| Santiago - Hernandez | Juan | Owner | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|-----------------------------------|--------------------|-----------|
| Last Name Santiago - Hernandez | First Name Juan | M.I. A |
| Title Owner | Email | Phone |
| Signature | Date 12-09-24 | |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 12/20/24 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

La Bodega Nightclub LLC

2. Business Trade Name or DBA

LA Bodega Lounge

3. Entity Type (check one)

- Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

New business

Part B: Agent Information

1. Last Name

Santiago-Hernandez

2. First Name

Juan

3. M.I.

A

4. Email

5. Phone

6. Home Address

1301 Maller St

7. City

Menasha

8. State

WI

9. Zip Code

54952

10. Age

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

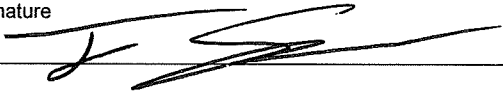
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →


Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|--|-------|---------------------------|-------------------------|------------------|
| Last Name <i>Santiago - Hernandez</i> | | First Name <i>Juan</i> | | M.I. <i>A</i> |
| Title <i>Owner</i> | Email | | Phone | |
| Signature  | | | Date <i>12-06-24</i> | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|---|--|---------------------------|-------------------------|------------------|
| Last Name <i>Santiago - Hernandez</i> | | First Name <i>Juan</i> | | M.I. <i>A</i> |
| Signature  | | | Date <i>12-06-24</i> | |



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: Juan A. Santiago Hernandez

2. Business Name: La Bodega Nightclub LLC

3. Business Address: 531 W College Ave, Appleton WI 54911

4. Primary Business Activity:

- Restaurant
- Tavern/Night Club/Wine Bar
- Painting/Craft Studio
- Other (describe) _____

5. Select the type of business premises: Existing Building New Construction

If existing building, please indicate the primary nature of the previous business that operated at this location. Night club, dance place, lounge

Anticipated date of opening? January 20th 2025

6. Will your business sell or serve food?

Yes If yes, please describe the type of food offerings available _____

No

7. Fill in the information about operational details listed below. Attaching a copy of the floor plan is encouraged.

Seating Capacity: Inside: 245
Outside: _____
Operating Days/Hours: Inside: Thursday - Sunday 8-2:30
Outside: _____
Employees/Staff (per shift/day) Number of Personnel: 5

Approximate floor building area of the premises to be licensed: 2800 sq. ft.
Approximate outdoor area of the premises to be licensed: 0 sq. ft.

Summarize the day-to-day operations of the business in the space below:
Lounge area & Drinks Available
Dance spot for community.
This will be available from Thursday - Sunday

Signature [Handwritten Signature]

Date 12-10-24