

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/2021 ending: 6/30/2022
(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 <u>[REDACTED]</u>	
FEIN Number <u>[REDACTED]</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Holidays Pub, ~~LLC~~ 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 <u>Grishaber</u>	(First) <u>Scott</u>	(Middle Name) <u>Thomas</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W6342 Ravine Ct, Menasha, WI 54952</u>
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)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Bringman</u>	(First) <u>Corey</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>712 N. Hawthorne Dr. Appleton 54915</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Holidays Pub & Grill Business Phone Number _____
 2. Address of Premises 3950 N. Richmond St. Post Office & Zip Code Appleton 54913

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.)
Main floor, second floor, and basement area of Holidays Pub as part of a multi-tenant retail center.

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
Agent will also bartend.
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 _____ 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
It is a disregarded entity under Tomsons of Appleton, Inc
- (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
Holidays Pub in Fox Crossing and Sheboygan.
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>Grishaber, Scot T.</i>	Title/Member <i>President</i>	Date <i>1/6/2022</i>
Signature <i>Scot Grishaber</i>	Phone Number 	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>1-17-22</i>	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

Alcohol License Questionnaire

1. Name of Applicant: Scot Grishaber

2. Name of Business: Holidays Pub & Grill

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

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

3. Address of Business: 3950 N. Richmond St.

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:

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.

<u>Scot</u>	<u>T</u>	<u>Grishaber</u>	<u> </u>
First name	M.I.	Last name	Date of Birth
			/ /

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

Name: N/A

First name Middle Initial Last name

Address: _____

City State ZIP

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

Name: IBS - Valley Ins.

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) Insurance

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

Yes 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 400 Outside 25

11. Operating hours (Inside the building): 10am - 2am
Operating hours (Outdoor seating areas): 10am - 2am

12. Employees/Staff

Number of floor personnel 15 Number of door checkers 0

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

- a. Gross floor building area of the premises to be licensed: 8000-12,000 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 300 square feet.
- c. Below, identify the operational details of the proposed establishment:

Bar/restaurant/Entertainment Center

Scott Lushak
Signature

1/17/2022
Date

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 Outagamie
 City

The undersigned duly authorized officer/member/manager of Holidays Pub, 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 Holidays Pub and Grill
(Trade Name)

located at 3950 N. Richmond St.

appoints Corey Bringman
(Name of Appointed Agent)
712 N. Hawthorne Dr. Appleton, WI 54915
(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).

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? 37

Place of residence last year 712 N. Hawthorne Dr. Appleton, WI 54915

For: Holidays Pub, LLC.
(Name of Corporation / Organization / Limited Liability Company)

By: Scott J. Grishaber
(Signature of Officer / Member / Manager)

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, COREY BRINGMAN, 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.

Corey Bringman 1/6/2022
(Signature of Agent) (Date)

Agent's age 37

712 N Hawthorne Dr Appleton WI 54915
(Home Address of Agent)

Date of birth 01/06/1985

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

KEY NOTE LEGEND

1	WORKING DRAWING
2	REVISION
3	AS NOTED
4	AS SHOWN
5	AS NOTED AND SHOWN
6	AS NOTED AND SHOWN WITH NOTES
7	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS
8	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES
9	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS
10	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES
11	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS
12	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS
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17	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL
18	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION
19	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION AND HANDOVER
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24	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION AND HANDOVER AND PROJECT AND CLOSEOUT AND ARCHIVE AND RETENTION AND DELIVERY
25	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION AND HANDOVER AND PROJECT AND CLOSEOUT AND ARCHIVE AND RETENTION AND DELIVERY AND INSTALLATION
26	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION AND HANDOVER AND PROJECT AND CLOSEOUT AND ARCHIVE AND RETENTION AND DELIVERY AND INSTALLATION AND TESTING
27	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION AND HANDOVER AND PROJECT AND CLOSEOUT AND ARCHIVE AND RETENTION AND DELIVERY AND INSTALLATION AND TESTING AND COMMISSIONING
28	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION AND HANDOVER AND PROJECT AND CLOSEOUT AND ARCHIVE AND RETENTION AND DELIVERY AND INSTALLATION AND TESTING AND COMMISSIONING AND OPERATIONAL
29	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION AND HANDOVER AND PROJECT AND CLOSEOUT AND ARCHIVE AND RETENTION AND DELIVERY AND INSTALLATION AND TESTING AND COMMISSIONING AND OPERATIONAL AND MAINTENANCE
30	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION AND HANDOVER AND PROJECT AND CLOSEOUT AND ARCHIVE AND RETENTION AND DELIVERY AND INSTALLATION AND TESTING AND COMMISSIONING AND OPERATIONAL AND MAINTENANCE AND REPAIR
31	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION AND HANDOVER AND PROJECT AND CLOSEOUT AND ARCHIVE AND RETENTION AND DELIVERY AND INSTALLATION AND TESTING AND COMMISSIONING AND OPERATIONAL AND MAINTENANCE AND REPAIR AND REPLACEMENT
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34	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION AND HANDOVER AND PROJECT AND CLOSEOUT AND ARCHIVE AND RETENTION AND DELIVERY AND INSTALLATION AND TESTING AND COMMISSIONING AND OPERATIONAL AND MAINTENANCE AND REPAIR AND REPLACEMENT AND UPGRADE AND RENOVATION AND RESTORATION
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36	AS NOTED AND SHOWN WITH NOTES AND DIMENSIONS AND FINISHES AND MATERIALS AND SCHEDULES AND SPECIFICATIONS AND CONTRACT DOCUMENTS AND PERMITS AND APPROVALS AND RECORDS AND AS-BUILT AND FINAL AND COMPLETION AND HANDOVER AND PROJECT AND CLOSEOUT AND ARCHIVE AND RETENTION AND DELIVERY AND INSTALLATION AND TESTING AND COMMISSIONING AND OPERATIONAL AND MAINTENANCE AND REPAIR AND REPLACEMENT AND UPGRADE AND RENOVATION AND RESTORATION AND PRESERVATION AND REPAIR
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NOTE:

1. WORKSET IS INTENDED TO BE A LAMINATED GLASS PANEL WITH AN INTERIOR SURFACE FINISH AND AN EXTERIOR SURFACE FINISH. THE FINISHES ARE TO BE DETERMINED BY THE ARCHITECT AND THE MANUFACTURER.
2. ALL GLASS PANELS SHALL BE SUPPLIED BY THE MANUFACTURER AND SHALL BE DELIVERED TO THE PROJECT SITE IN A PROTECTED CONDITION.
3. NOT ALL TELEVISIONS ARE VISIBLE IN VIEW.
4. ALL WALLS SHALL RECEIVE STRUCTURAL SUPPORT. SEE DETAILS FOR SUPPORTING WALLS.
5. SEE NOTE 1 ABOVE.
6. SEE NOTE 2 ABOVE.
7. SEE NOTE 3 ABOVE.
8. SEE NOTE 4 ABOVE.
9. SEE NOTE 5 ABOVE.
10. SEE NOTE 6 ABOVE.
11. SEE NOTE 7 ABOVE.
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36. SEE NOTE 32 ABOVE.
37. SEE NOTE 33 ABOVE.
38. SEE NOTE 34 ABOVE.
39. SEE NOTE 35 ABOVE.
40. SEE NOTE 36 ABOVE.

FURNISHINGS LEGEND

01	SEATING
02	TABLES
03	BAR SEATING
04	STAIRS
05	ELEVATORS
06	RECEPTION
07	RECEPTION
08	RECEPTION
09	RECEPTION
10	RECEPTION
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