

Banta Bowl

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	

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

- ☐ Class "A" Beer \$ _____
☐ "Class A" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____
☒ "Class C" Liquor (wine only) \$ 100
- ☒ Class "B" Beer \$ 100
☐ "Class B" Liquor \$ _____
☐ Reserve "Class B" Liquor \$ _____
- Deposit \$50

Fees	
License Fees	\$ 200
Background Check Fee	\$ 0
Publication Fee	\$ 60
Total Fees	\$ 260

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) American Food & Vending Corporation			
2. Business Trade Name or DBA American Dining Creations			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1026386551-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization NY		7. Date of Organization 09/26/1990	
8. Wisconsin DFI Registration Number A056771			
9. Premises Address 1201 E John Street			
10. City Appleton		11. State WI	12. Zip Code 54915
13. County Outagamie		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton	
15. Aldermanic District		16. Premises Phone (920) 238-3402	
17. Premises Email knoel@afvusa.com		18. Website https://adc-us.com/	
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. Banta Bowl licensed area is approx. 18,505 sq. ft. Entire premises of Banta Bowl site. Sales are limited to plaza adjacent to Ron Roberts Field and interior of building on plaza. Storage is within interior room of building located on plaza. Consumption within interior of building on plaza, on plaza and all seating areas at Ron Roberts Field.			
20. Mailing Address (if different from premises address) 124 Metropolitan Park Drive			
21. City Syracuse		22. State NY	23. Zip Code 13088

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 or beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Wells	Martin	President	
Wells	Steven	VP & Secretary	
Wells	Joshua	VP, Sec. & COO	
Noel	Kelly	Agent	
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	First Name	M.I.	
Noel	Kelly	A	
Title	Email	Phone	
Resident District Manager			
Signature	Date		
Kelly Noel	5/14/25		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/21/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-101

**Alcohol Beverage
Appointment of Agent**

Date
05/14/2025

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)

American Food & Vending Corporation

2. Business Trade Name or DBA

American Dining Creations

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.

N/A

Part B: Agent Information

1. Last Name

Noel

2. First Name

Kelly

3. M.I.

A.

4. Email

5. Phone

6. Home Address

1242 Stine Way

7. City

De Pere

8. State

WI

9. Zip Code

54115

10. Date of Birth

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?
Submit proof of completion.

☒ Yes ☐ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?

☒ Yes ☐ No

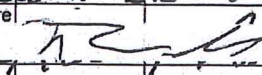
3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.

☒ Yes ☐ No

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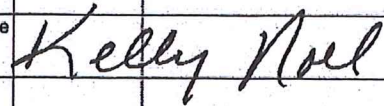
Part D: Business Attestation

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 Wells	First Name Martin	M.I.
Title President	Email	Phone
Signature 		Date 5/19/25

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 Noel	First Name Kelly	M.I. A.
Signature 		Date 5/14/25



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: American Food & Vending Corporation
2. Business Name: American Dining Creations

Date the LLC/corporation/partnership/sole proprietorship commenced: 09/26/1990
NOTE: A copy of a business's Wisconsin Department of Revenue Seller's Permit is required to be submitted with an alcohol license application.

3. Business Address: 1201 E John Street

4. Primary Business Activity:

- ☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Painting/Craft Studio
☒ Other (describe) Sports complex with catering.

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: The Banta Bowl Stadium

If existing building, will there be construction or renovations? ☐ Yes ☒ No

If yes, explain _____

NOTE: Contact the Inspections department (920-832-6411) for information on building codes and permits.

N/A - occupying space under an agreement with Lawrence University.

6. Do you lease or own the building? ☐ Lease ☐ Own

NOTE: Proof of control of premises is required to be submitted with an alcohol license application. Acceptable documents include a lease or purchase agreement.

What is the date of purchase or the date the lease began? N/A

7. Did you purchase the business from another individual or entity? ☐ Yes ☐ No N/A

If yes, is your acquisition of the business based upon an "arm's length transaction"?

An arm's length transaction is defined as an open market sale in which the owner is willing but not obligated to sell, and the buyer is willing, but not obligated to buy.

☐ Yes ☐ No

If yes, are you related to the former business owner/licensee by blood, adoption, or marriage?

☐ Yes ☐ No

Did you hold ANY interest in the previously licensed business, or related real estate or equipment used by the previous business?

☐ Yes ☒ No If yes, explain: _____

8. Anticipated date of opening? Currently serving as the food provider at Lawrence University. Would like to begin liquor services by 6/15/25.

9. Will your business sell or serve food?

Yes ☒ If yes, please describe the type of food offerings available Catering food, Buffets, served meals, or reception events

No ☐

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

Seating Capacity:

Inside: N/A

Outside: 3,676

Operating Days/Hours:

Inside: N/A

Outside: 7am - 11pm daily - based on catering events.

Employees/Staff (per shift/day)

Number of Personnel: Varies based on needs

Approximate floor building area of the premises to be licensed: 100 sq. ft.

Approximate outdoor area of the premises to be licensed: 18,405 sq. ft.

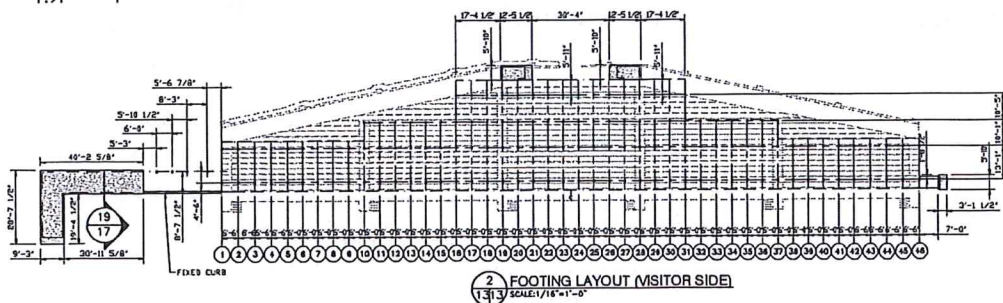
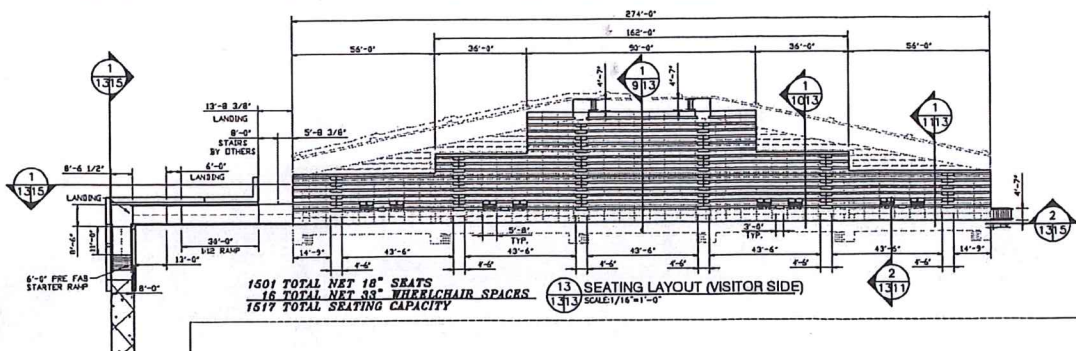
Summarize the day-to-day operations of the business in the space below:

Sports complex with catering requests before and after games during university events.

I, the applicant, understand that providing materially false information on this or any application for a license or permit under State Statute §125 is subject to civil, monetary, and license penalties. I understand that providing false information to a police officer in conjunction with the required background check for this application is subject to criminal and civil prosecution as "obstructing an officer".

Kelly Noel
Signature

5/14/25
Date



LOADS DESCRIPTION

NOTE: DESIGN LOADS @ EACH COLUMN LOCATION	
D = (DEAD LOAD)	VERTICAL LOAD - DOWN
L = (LIVE LOAD)	VERTICAL LOAD - DOWN
H = (HORIZONTAL WIND LOAD)	HORIZONTAL WIND LOAD PERPENDICULAR TO FACE OF WALL
S = (SEISMIC LOAD)	SEISMIC LOAD PERPENDICULAR TO FACE OF WALL
S _h = (LONGITUDINAL SEISMIC LOAD)	SEISMIC LOAD PARALLEL TO FACE OF WALL
S _v = (VERTICAL SEISMIC LOAD)	SEISMIC LOAD PARALLEL TO FACE OF WALL

15 ROW (VISITOR SIDE)				
ROW "A"	ROW "B"	ROW "C"	ROW "D"	
D 0.8'	0.8'	0.8'	0.8'	
L 5.8'	7.0'	6.2'	6.8'	
H 2.8'	N/A	N/A	N/A	
S 1.0'	N/A	N/A	N/A	
S _h 0.8'	1.3'	1.3'	1.3'	
S _v 0.3'	0.3'	0.2'	0.3'	

9 ROW (VISITOR SIDE)			
ROW "A"	ROW "B"	ROW "C"	
D 0.8'	0.8'	0.5'	
L 5.8'	7.0'	3.3'	
H 2.0'	N/A	N/A	
S 0.6'	N/A	N/A	
S _h 0.8'	1.3'	0.6'	
S _v 0.3'	0.3'	0.1'	

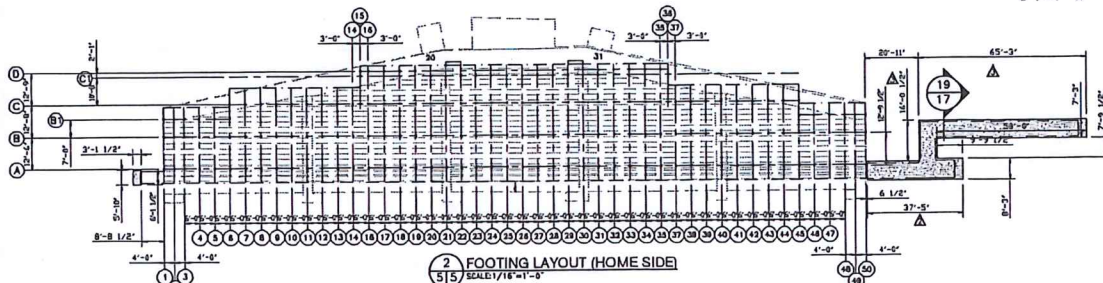
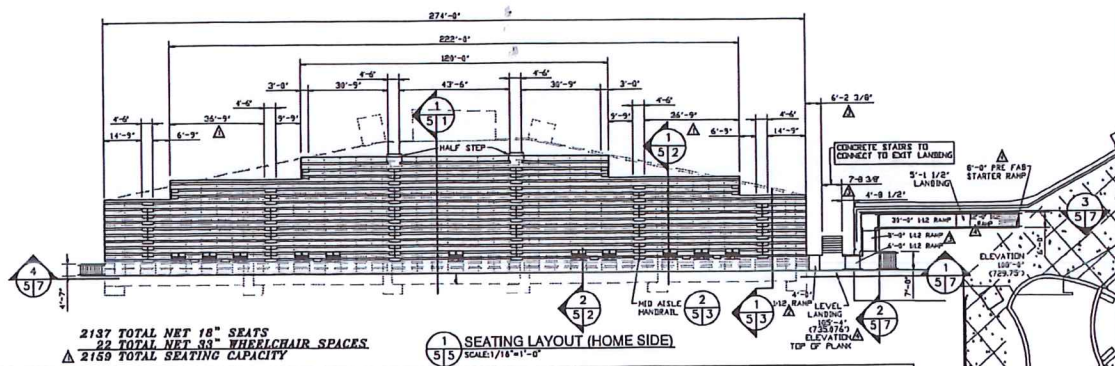
6 ROW (VISITOR SIDE)		
ROW "A"	ROW "B"	
D 0.8'	0.8'	
L 5.8'	5.8'	
H 1.7'	N/A	
S 0.4'	N/A	
S _h 0.5'	1.1'	
S _v 0.3'	0.3'	

ADLER CROPP
INCORPORATED
1000 W. MICHIGAN AVE.
MILWAUKEE, WISCONSIN 53233
TEL: 414-224-1100
FAX: 414-224-1101

LAWRENCE UNIVERSITY
SANTA BOWL
APPLETON, WISCONSIN

16080
13 17

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LOADS DESCRIPTION

NOTE: DESIGN LOADS @ EACH COLUMN LOCATION	
D =	(DEAD LOAD)
L =	(LIVE LOAD)
H =	(HORIZONTAL WIND LOAD)
S =	(SEISMIC LOAD)
E =	(EARTHQUAKE LOAD)
W =	(WIND LOAD)
U =	(UNIFORM LOAD)

16 ROW (HOME SIDE)			
ROW "A"	ROW "B"	ROW "C"	ROW "D"
0	0.9'	1.0'	1.0'
1	6.8'	7.6'	7.7'
2	3.0'	N/A	N/A
3	1.0'	N/A	N/A
4	0.8'	1.5'	1.5'
5	0.3'	0.3'	0.3'

13 ROW (HOME SIDE)		
ROW "A"	ROW "B"	ROW "C"
0	0.9'	1.0'
1	6.8'	7.6'
2	3.0'	N/A
3	1.0'	N/A
4	0.8'	1.5'
5	0.3'	0.3'

10 ROW (HOME SIDE)		
ROW "A"	ROW "B"	ROW "C"
0	0.9'	1.0'
1	6.8'	7.6'
2	3.0'	N/A
3	1.0'	N/A
4	0.8'	1.5'
5	0.3'	0.3'

SEATING LAYOUT (HOME SIDE)
SCALE: 1/16" = 1'-0"

FOOTING LAYOUT (HOME SIDE)
SCALE: 1/16" = 1'-0"

LOADS DESCRIPTION

16 ROW (HOME SIDE)

13 ROW (HOME SIDE)

10 ROW (HOME SIDE)

16080

5

17

SEATING LAYOUT (HOME SIDE)
SCALE: 1/16" = 1'-0"

FOOTING LAYOUT (HOME SIDE)
SCALE: 1/16" = 1'-0"

LOADS DESCRIPTION

16 ROW (HOME SIDE)

13 ROW (HOME SIDE)

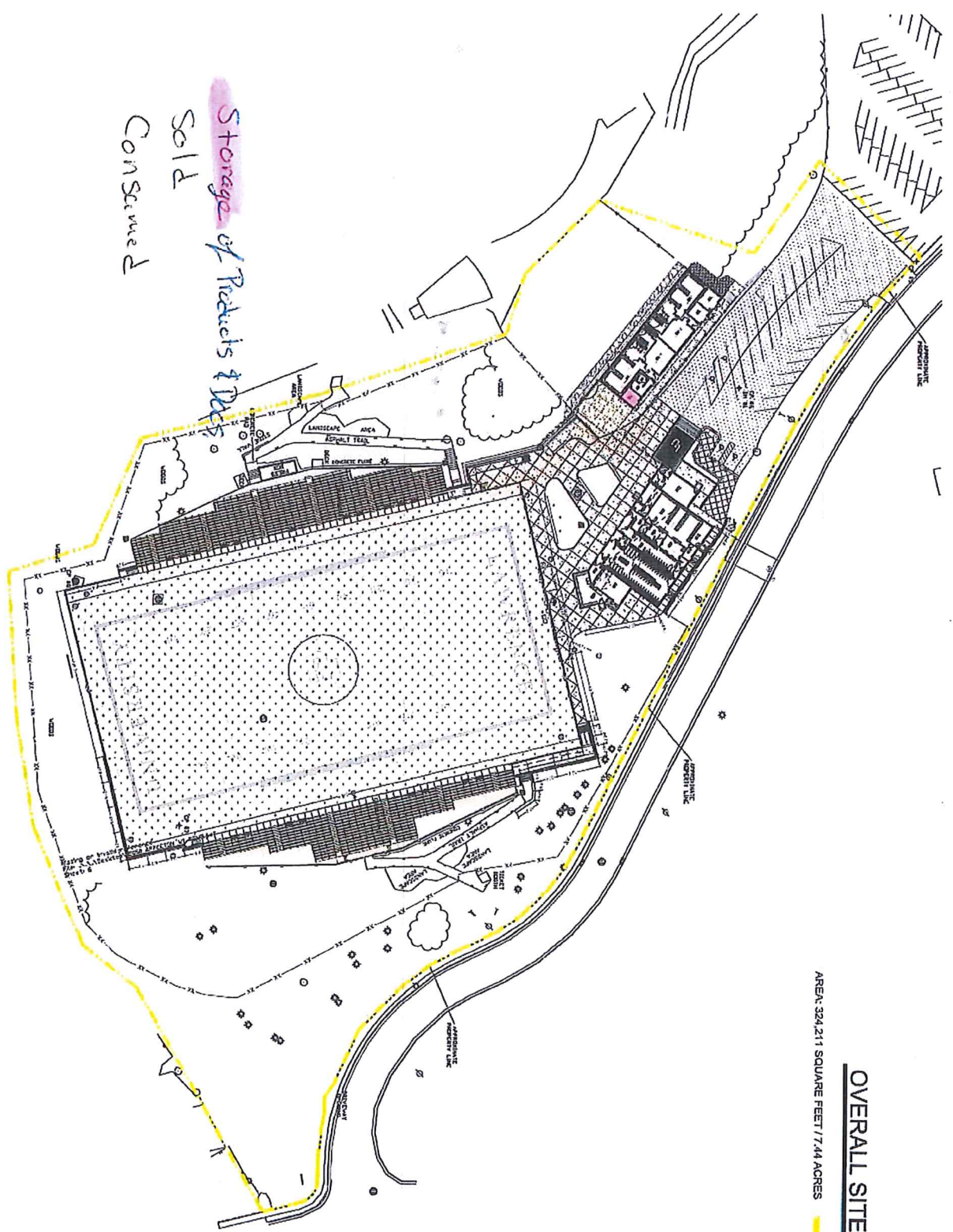
10 ROW (HOME SIDE)

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17

Storage of Products & Debris
Sold
Conserved



AREA: 324,211 SQUARE FEET / 7.44 ACRES

OVERALL SITE AREA