

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	25-26

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☒ Reserve "Class B" Liquor \$ 10,500
- ☐ "Class C" Liquor (wine only) \$ _____
- Deposit \$50

Fees	
License Fees	\$10,600
Background Check Fee	\$ 140
Publication Fee	\$ 60
Total Fees	\$10,800

Part A: Premises/Business Information

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

The Trout Museum of Art

2. Business Trade Name or DBA

The Trout Museum of Art

3. FEIN

4. Wisconsin Seller's Permit Number

456-0000163373-02

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

05/01/1961

8. Wisconsin DFI Registration Number

18399-800

9. Premises Address

325 E. College Ave.

10. City

Appleton

11. State

WI

12. Zip Code

54911

13. County

Outagamie

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Appleton

15. Aldermanic District

1

16. Premises Phone

(920) 733-4089

17. Premises Email

info@troutmuseumart.org

18. Website

troutmuseumart.org

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.

See attached.

20. Mailing Address (if different from premises address)

NA

21. City

22. State

23. Zip Code

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? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.
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
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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
See attached.			

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 Turner	First Name Christina	M.I. S.
Title Executive Director	Email	Phone
Signature Christina Turner		Date 3-19-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3/21/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Part A: Premises/Business Information

19.

The premises at 325 E College Ave., Appleton, WI 54911, encompass approximately 30,000 square feet. Alcohol service will primarily take place within the Community Gathering Space, particularly in the Drinkery seating area. Additionally, alcohol may be permitted in other rooms hosting programmatic activities, which are occasionally rented to the public. To ensure compliance with regulations, all alcohol will be securely stored in the prep kitchen and catering kitchen.

Part C: Individual Information

Karen Cain | Chair | Development Committee

13 Tilbury Ct, Appleton, WI 54913

Beth Zinsli PhD | Vice Chair | Exhibition Committee

224 E Cir St, Appleton WI 54911

Jon Brogan | Treasurer | Finance Committee

264 W Wisconsin Ave, Kaukauna, WI 54130

Leila Mousai | Secretary | Exhibits Committee
905 E Woodcrest Dr, Appleton, WI 54915

Eric Breiland | Chair Appointed | Strategic Engagement Committee

4708 N Crescent Ln, Appleton, WI 54913

Marissa Downs | Development Committee

2520 E. Apple Hill Blvd, Appleton, WI 54913

Kristi Schroeder | Strategic Engagement Committee

W6815 Appletree Ct, Greenville, WI 54942

Ana Burkhams | Exhibition Committee

321 Castlebury Ln, Appleton, WI 54913

Clint Dusenbery | Facilities Committee

505 E. 17th St, Kaukauna, WI 54130

Dennis Hietpas | Finance Committee

1223 Fairview Ct, Little Chute WI 54140

Maria Donovan Harland | Education Committee

2425 W Prospect Av, Appleton, WI 54914

Li-Hsuan Hsu PhD | Education Committee - On a 1 year leave from the Board, starting Feb. 2025.

247 N Main St, Apt 5, Oshkosh, WI 54901

Holly Kowalski | Exhibition Committee

5583 Waterford Lane, Suite E, Appleton, WI 54914

Renee Ulman | Education Chair

519 N Sampson St., Appleton, WI 54911

Dan Van Daalwyk | Development Committee

256 N Park Avenue, Neenah, WI 54956

Steve Wille | Facilities Committee

122 E College Ave, Appleton 54911

Neo Medina | Artist | Education Committee

2424 Main Avenue, Kaukauna, WI 54130

Marayia Lotts | Strategic Engagement Committee

5423 Pleasant Way, Appleton WI, 54915

Christina Turner | TMA Executive Director

275 Lake Rd, Menasha, WI 54952

Gracie Garcia | Finance Committee

4700 Pine St., Appleton, WI 54914

Kelly Helein | Development Committee

70 River Dr., Appleton, WI

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
3-3-25

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)

Trout Museum of Art

2. Business Trade Name or DBA

Trout Museum of Art

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

NA

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

NA

Part B: Agent Information

1. Last Name

Turner

2. First Name

Christina

3. M.I.

S

4. Email

5. Phone

6. Home Address

275 Lake Rd.

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.

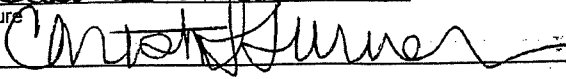
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

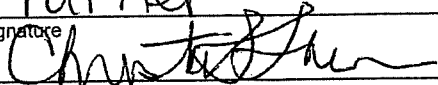
Part D: Business Attestation

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 Turner	First Name Christina	M.I. S
Title Executive Director	Email	Phone
Signature 	Date 3-3-25	

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 Turner	First Name Christina	M.I. S.
Signature 	Date 3-3-25	

★ Cain
Board chair

Karen

A



3/3/25



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: Christina Turner
2. Business Name: The Trout Museum of Art

Date the LLC/corporation/partnership/sole proprietorship commenced: 05/01/1961

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: 325 E College Ave

4. Primary Business Activity:

- ☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Painting/Craft Studio
☒ Other (describe) Art Museum

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: _____

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? 06/09/2023

7. Did you purchase the business from another individual entity? ☐ Yes ☒ No

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? 09/06/2025

9. Will your business sell or serve food?

Yes ☒ If yes, please describe the type of food offerings available Light snacks and some prepared lunch items.

No ☐

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

Seating Capacity: Inside: See attached.

Outside: 12

Operating Days/Hours: Inside: See attached.

Outside: See attached.

Employees/Staff (per shift/day) Number of Personnel: See attached.

Approximate floor building area of the premises to be licensed: 30,000 sq. ft.

Approximate outdoor area of the premises to be licensed: 875 sq. ft.

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

See attached.

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".

Christina Turner

Signature

3/24/25

Date

Question 10.

Seating Capacity: Inside: On a typical day, the drinkery will have seating for about 40 guests. However, capacity expands to accommodate up to 600 people during special events or private parties.

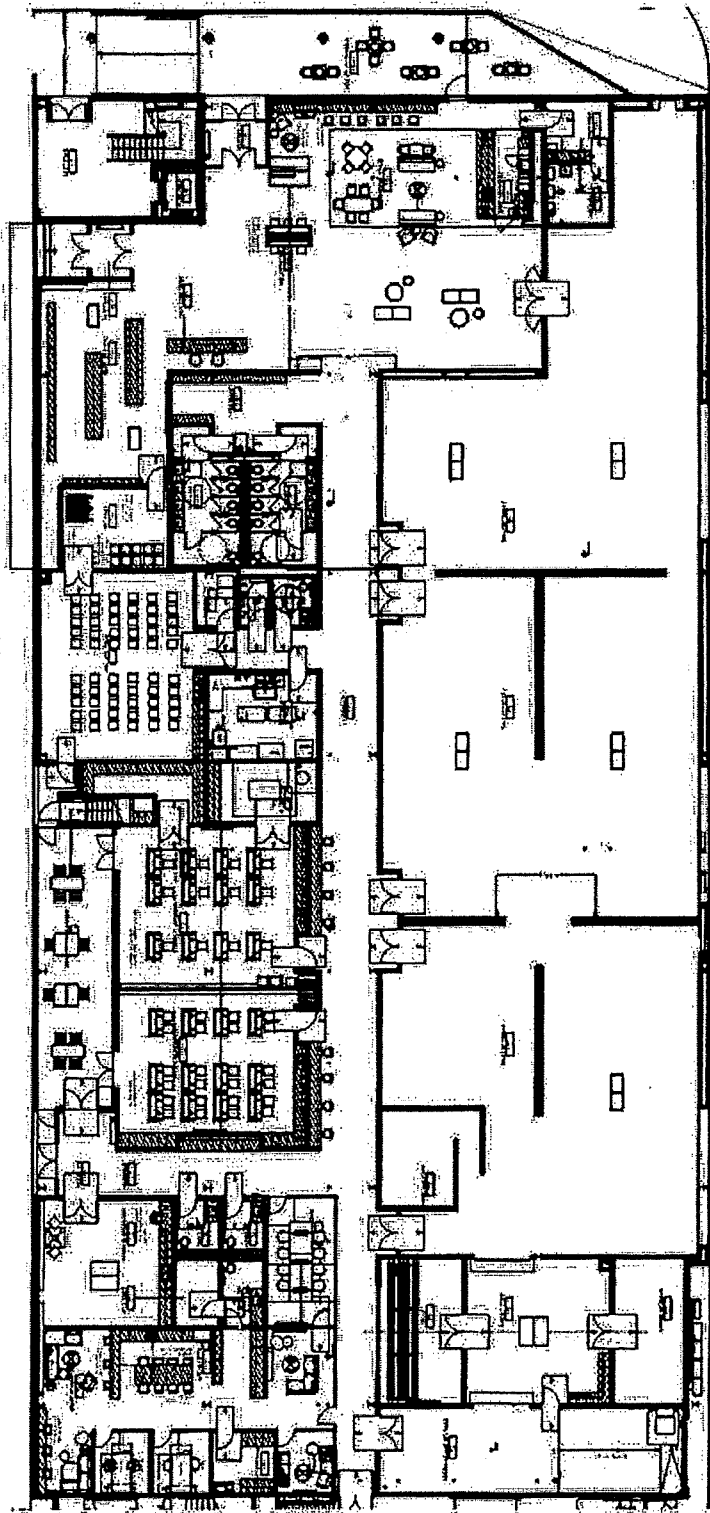
Operating Days/Hours: Inside/Outside: Tuesday + Wednesday 10AM-4PM;
Thursday + Friday 10AM-6PM; Saturday + Sunday 9AM-4PM

Employee/Staff (per shift/day) The Museum's staffing schedule includes 8 full-time employees working from 8 AM to 5 PM. On Tuesdays and Wednesdays, 3-4 part-time staff members and additional volunteers are scheduled from 3 PM to 5 PM. On Thursdays and Fridays, part-time staff and volunteers cover shifts from 3 PM to 7 PM. On Saturdays and Sundays, 5 part-time employees are scheduled from 8:30 AM to 4 PM.

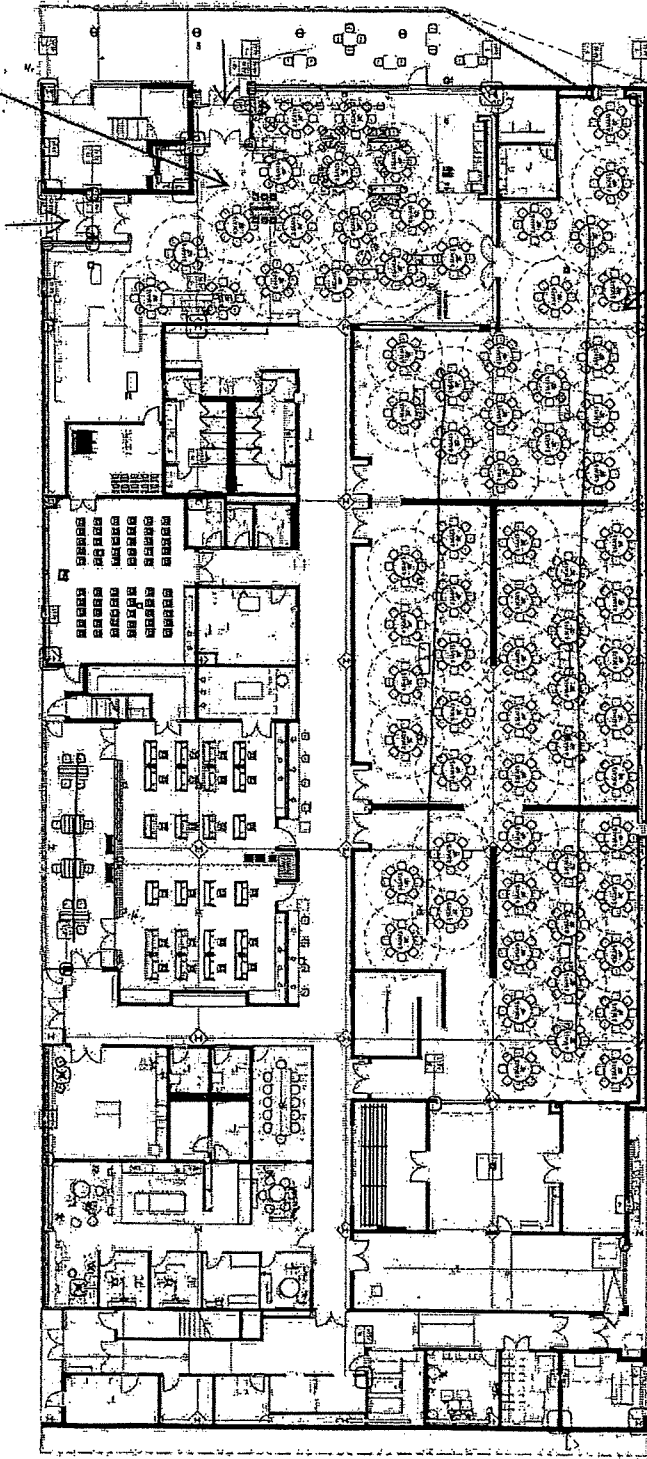
Summarize the day-to-day operations of the business in the space below:

The Museum Drinkery operates as a café and social space within the museum, offering beverages and a welcoming environment for visitors. Open Tuesday through Wednesday from 10 AM to 4 PM, Thursday through Friday from 10 AM to 6 PM, and Saturday through Sunday from 9 AM to 4 PM, the drinkery provides coffee, non-alcoholic beverages, and a selection of alcoholic drinks.

Alcoholic beverages are served exclusively within the Community Gathering Space, ensuring a controlled and relaxed atmosphere. The space may also host occasional classes, private events, or parties in other rooms available for rental. Daily operations include beverage preparation and service, maintaining cleanliness, restocking supplies, and coordinating with museum events and special programming. The drinkery functions as a hub for social engagement while complementing the museum's mission.



Welcome Center Banquet Seating
16 - 60 inch tables
128 seats



Gallery Banquet Seating
60 - 60 inch tables
472 seats