

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: July 1, 2022 ending: June 30th, 2023
(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
3 corp

| 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 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 | \$ <u>660</u> |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
KNAACK, Stacy, Lynn - Appleton Nickel, Inc

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) |
|-----------------------------------|--------------|---------------|--|
| Stacy <u>KNAACK</u> | <u>Stacy</u> | <u>L</u> | <u>927 Caroline St Neenah WI 54956</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 | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>KNAACK</u> | <u>Stacy</u> | <u>L</u> | <u>927 Caroline St, Neenah WI 54956</u> |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |



1. Trade Name Glass Nickel Pizza Co Business Phone Number 920-734-4000
 2. Address of Premises 2120 W. College Ave Post Office & Zip Code Appleton WI 54914

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.)
2500 Sq. Ft. Including Dining room, Kitchen, Bar, Storage, and 700 Sq. Ft patio.

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? The Big Appleton

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
Will be taking course before issued
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 6/24/22 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.) <u>KRANOR Stacy L</u> | Title/Member <u>owner</u> | Date <u>6/24/2022</u> |
| Signature <u>Stacy Kranor</u> | Phone Number  | Email Address  |

TO BE COMPLETED BY CLERK

| | | | |
|---|----------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk <u>06/28/2022</u> | 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: Stacy KnAAEK

2. Name of Business: ~~XXXXXX~~ Appleton Nickel, Inc
 (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: 2120 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 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.

| First name | M.I. | Last name | Date of Birth |
|--------------|----------|---------------|--------------------------|
| <u>Stacy</u> | <u>L</u> | <u>KnAAEK</u> | <u>5/1/22</u> |
| | | | |
| | | | |
| | | | |

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

Name: Douglas WASSMANN
 First name Middle Initial Last name

Address: 622 S. Lee St Appleton WI 54914
 City State ZIP

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

Name: The big Appleton

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

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

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?

0 months ago.

10. Seating capacity: Inside 180 Outside 40

11. Operating hours (Inside the building): 5-10 mon-thurs 11-11 Fri + Sun
Operating hours (Outdoor seating areas): " "

12. Employees/Staff

Number of floor personnel 7 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 4741 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 40 square feet.
- c. Below, identify the operational details of the proposed establishment:

Restaurant w/ bar Area

Stacy Knaack
Signature

6/24/22
Date

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|---|--|--------------|--------|---------------|----------------|
| Individual's Full Name (please print) (last name) | | (first name) | | (middle name) | |
| Knaack | | Stacy | | L | |
| Home Address (street/route) | | Post Office | City | State | Zip Code |
| 927 Caroline St | | | Neenah | WI | 54956 |
| Home Phone Number | | | Age | Date of Birth | Place of Birth |
| ●●●●●●●● | | | ●● | ●●●●●● | Neenah |

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
 - A member of a **partnership** which is making application for an alcohol beverage license.
 - owner/Agent** of Appleton Nickel DBA Glass Nickel Pizza
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 49 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

| | | | |
|--------------------|----------------------------|---------------|---------|
| Employer's Name | Employer's Address | Employed From | To |
| Glass Nickel Pizza | 217 Washington St, Menasha | 5-2017 | Current |
| Employer's Name | Employer's Address | Employed From | To |
| | | | |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Stacy Knaack
(Signature of Named Individual)

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 Ooutagamie
 City

The undersigned duly authorized officer/member/manager of Appleton Nickel
(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
GLASS Nickel PIZZA Co
(Trade Name)

located at 2120 W. College Ave

appoints ~~Stacy Krauer~~ Stacy Krauer
(Name of Appointed Agent)

927 Caroline St Neenah WI 54956
(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? 49 yrs

Place of residence last year 927 Caroline St, Neenah WI 54956

For: Appleton Nickel, Inc
(Name of Corporation / Organization / Limited Liability Company)

By: Stacy Krauer
(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, Stacy Krauer
(Print / Type Agent's Name), hereby accept this appointment as agent for the

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.

Stacy Krauer 6/24/2002 Agent's age
(Signature of Agent) (Date)

927 Caroline St Neenah WI 54956 Date of birth
(Home Address of Agent)

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)