



# Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!

\*Please allow 4 weeks for application processing\*

### FEES ARE NON-REFUNDABLE

Date Recv'd 2, 17, 25

License Fee - \$10.00/event (CLCAGP)

Total \$ 10.00

Receipt #: 8092-1

### SECTION 1 - ESTABLISHMENT INFORMATION

Name of Establishment: Sangria's Mexican Grill Establishment Phone Number: 920-955-3755

Address of Establishment: 215 S Memorial Dr. Appleton, WI 54911

Agent Name: Sarah Gregory Agent Phone Number (Required): \_\_\_\_\_

### SECTION 2 - PREMISES AMENDMENT - *A drawing/diagram of the proposed area must be submitted with this application*

Is this Premises Amendment Permanent?  YES  NO

Please describe the change in Premises: extend premise to cover 715-727 W Lawrence St.

If temporary, please specify the reason for the amendment: annual circo de mayo Block party requesting street closure.

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: May 4th, 2025 11am-8pm

### SECTION 3 - PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Sarah G Date: 1, 21, 25

### FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Safety and Licensing Date:	Recommendation:		Common Council Date:	Recommendation:
Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
____/____/____	____/____/____	____/____/____	____/____/____	

