

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: 06/30/2020  
(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<br>██ |        |
|--|--------|
| FEIN Number<br>██                                  |        |
| TYPE OF LICENSE REQUESTED  | FEE    |
| <input type="checkbox"/> Class A beer  | \$     |
| <input type="checkbox"/> Class B beer  | \$     |
| <input type="checkbox"/> Class C wine  | \$     |
| <input type="checkbox"/> Class A liquor  | \$     |
| <input type="checkbox"/> Class A liquor (cider only)                                     | \$ N/A |
| <input type="checkbox"/> Class B liquor  | \$     |
| <input type="checkbox"/> Reserve Class B liquor  | \$     |
| <input type="checkbox"/> Class B (wine only) winery                                      | \$     |
| Publication fee  | \$     |
| <b>TOTAL FEE</b>   | \$     |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Zhen Zhen Sun / Jun Jie Gao / Juan Yu CBK Catering Corporation

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<br><u>Sun</u>             | (First)<br><u>Zhen Zhen</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>3336 Star Creek Ct. Green Bay, WI 54311</u>  |
| Vice President / Member Last Name                      | (First)                     | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)  |
| Secretary / Member Last Name<br><del>Jun Jie Gao</del> | (First)<br><u>Jun Jie</u>   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>801 N. Maple Ave. Green Bay, WI 54303</u>    |
| Treasurer / Member Last Name<br><u>Yu</u>              | (First)<br><u>Juan</u>      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>801 N. Maple Ave. Green Bay, WI 54303.</u>   |
| Agent Last Name<br><u>Sun</u>                          | (First)<br><u>Zhen Zhen</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>3336 Star Creek Ct. Green Bay, WI 54311.</u> |
| Directors / Managers Last Name                         | (First)                     | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)  |



1. Trade Name Sushi Lover Business Phone Number \_\_\_\_\_  
 2. Address of Premises 527-531 W. College Ave Post Office & Zip Code Appleton, WI 54911

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.)  
Stored in the basement and will put some products in the cooler. The cooler will be in the dining room. When the people ask order the drinks, the server will get it from cooler sell to people. But they can't carry out.

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? Il Angelo

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  
According the legal, let the servers know  
can't sell the Alcohol to the people who under  
the 20 years old. And check the ID. Don't sell alcohol to the people
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.** ..... who drink.
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 Wisconsin and date 09/19/19 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.)<br><u>Zhen Zhen Sun</u> | Title/Member<br><u>Member</u>  | Date<br><u>10/08/2019</u>  |
| Signature<br><u>Zhen Zhen Sun</u>                                 | Phone Number<br> | Email Address<br> |

**TO BE COMPLETED BY CLERK**

|  |                                  |                                 |                                   |
|--|----------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk | 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: ZhenZhen Sun

2. Name of Business: Sushi Lover

3. Address of Business: 527-529 W. college. Appleton, WI 54911

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: \_\_\_\_\_

5. List all partners, shareholders or investors. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

|                 |            |            |   |
|-----------------|------------|------------|---|
| <u>ZhenZhen</u> | <u>ZZS</u> | <u>Sun</u> | <u>          </u> / <u>          </u> / <u>          </u> |
| First name      | Initial    | Last name  | Date of Birth   |
| <u>Jun Jie</u>  | <u>JJG</u> | <u>Gao</u> | <u>          </u> / <u>          </u> / <u>          </u> |
| First name      | Initial    | Last name  | Date of Birth   |
| <u>Juan</u>     | <u>JY</u>  | <u>Yu</u>  | <u>          </u> / <u>          </u> / <u>          </u> |
| First name      | Initial    | Last name  | Date of Birth   |
| First name      | Initial    | Last name  | Date of Birth   |

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

Name: \_\_\_\_\_  
First name Initial Last name

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

IL Angolo Resto-Bar  
Restaurant

8. Are alcohol sales an existing use in this building? Yes \_\_\_\_\_ No X  
If no, When did the operation cease? \_\_\_\_\_ months ago.

9. Are alcohol sales a new use in this building? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes X No \_\_\_\_\_

11. Seating capacity: Inside 100-120 Outside 0

12. Operating hours: Mon-Fri 11-2 / 4:30-9:30 Sat: 12-10pm Sun: 12-8:30pm

13. Number of floor personnel 15-20 Number of door checkers \_\_\_\_\_

14. In general, state the size, design and type of the proposed establishment and the operational details.

The restaurant we open is for "All You can Eat".  
People pay about \$20 for Dinner, \$13 for Lunch. They  
can enjoy the sushi and Hibachi food, also included  
the Appetizer, Dessert. And we still hiring the servers  
server for the table. We want all the people can eat the  
sushi, but not worried the price is expensive.

10/08/19  
Date

[Signature]  
Signature

*Reasonable accommodations for persons with disabilities will be made upon request and if feasible.*