

**Original Alcohol Beverage
License Application**

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|-----------------|----------------|
| FOR CLERKS ONLY | |
| Municipality | Appleton |
| License Period | 7/1/23-6/30/24 |

License(s) Requested

- Class "A" Beer \$ _____
 Class "B" Beer \$ 100⁰⁰
 "Class C" Wine \$ 100⁰⁰
 Reserve "Class B" Liquor \$ _____
- "Class A" Liquor \$ _____
 "Class B" Liquor \$ _____
 "Class A" Liquor (Cider Only) \$ _____
 "Class B" (Wine Only) Winery \$ _____

| | |
|-------------------|----------------------|
| License Fees | \$ <u>200</u> |
| Publication Fee | \$ <u>60</u> |
| Background Check | \$ <u>7</u> |
| Total Fees | \$ <u>267</u> |

| Part A: Premises/Business Information | | |
|---|---|------------------------|
| 1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>Dairyland Brewing Co LLC</u> | | |
| 2. Trade Name or DBA <u>Dairyland Brew Pub</u> | | |
| 3. Premises Address <u>1216 E Wisconsin Ave S4911</u> | | |
| 4. County <u>Outagamie</u> | 5. Municipality <u>Appleton</u> | 6. Aldermanic District |
| 7. Mailing Address (if different from premises address) | | |
| 8. FEIN <u>REDACTED</u> | 9. Wisconsin Seller's Permit Number <u>REDACTED</u> | |
| 10. Premises Phone | 11. Premises Email <u>dairylandbrewpub@gmail.com</u> | |
| 12. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | |
| 13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary. <u>4,200 sq foot building, bar, restaurant, kitchen, including 120 sq foot outside patio</u> <u>Serving area 1700 sq foot south side of building.</u> | | |

| Part B: Questions |
|---|
| 1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary. |

| Part C: For Corporate/LLC Applicants Only | | |
|---|------------------------------------|---|
| 1. State of Registration <i>Wisconsin</i> | | 2. Date of Registration <i>2-016</i> |
| 3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Name of Parent Company | | FEIN of Parent Company |
| 4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary. | | |
| 5. Agent's Last Name <i>Schmidt</i> | Agent's First Name <i>Dorri</i> | Phone REDACTED |

Part D: Individual Information
 A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

| Last Name | First Name | Title | Phone |
|----------------|--------------|--------------|----------|
| <i>Schmidt</i> | <i>Dorri</i> | <i>owner</i> | REDACTED |
| | | | |
| | | | |
| | | | |

| Part E: Attestation | | |
|--|----------------------------------|-------------------|
| Who must sign this application? <input checked="" type="checkbox"/> sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC | | |
| <p>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.</p> | | |
| Signature <i>Dorri Schmidt</i> | Date <i>7-14-2023</i> | |
| Name (Last, First, M.I.) <i>Dorri M. Schmidt</i> | | |
| Title <i>owner</i> | Email <i>dairylandbrewpub</i> | Phone REDACTED |

| Part F: For Clerk Use Only | | |
|---|---------------------------------|---|
| Date application was filed with clerk <i>7-14-23</i> | Date reported to governing body | Date provisional license issued (if applicable) |
| Date license granted | License number | Date license issued |
| Signature of Clerk/Deputy Clerk | | |



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Dorri Schmidt

2. Name of Business: Dairyland Brew Pub / Dairyland brewing LLC
 (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: 1216 E Wisconsin Ave
Appleton

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.

| | | | |
|--------------|----------|----------------|-------------------|
| <u>Dorri</u> | <u>M</u> | <u>Schmidt</u> | <u>/ REDACTED</u> |
| First name | M.I. | Last name | Date of Birth |
| | | | / / |
| First name | M.I. | Last name | Date of Birth |
| | | | / / |
| First name | M.I. | Last name | Date of Birth |
| | | | / / |
| First name | M.I. | Last name | Date of Birth |

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

Name: I own the building and all equipment
 First name Middle Initial Last name

Address: _____
 City State ZIP

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

Name: Dairyland Brew Pub LLC

(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?

_____ months ago. 7-31-2023

10. Seating capacity: Inside 80 Outside 25

11. Operating hours (Inside the building): M/T closed Wed/Thur 4-11pm
Operating hours (Outdoor seating areas): Friday - Sunday 11am - close

12. Employees/Staff

Number of floor personnel 6 Number of door checkers 0


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

a. Gross floor building area of the premises to be licensed: 4200 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 1120 square feet.

c. Below, identify the operational details of the proposed establishment:

outside (2) 16' x 4 ft side walk in front of Building
15' x 8' outside patio
connected to


Signature

7-14-2023
Date

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 City of Appleton County of Outagamie

The undersigned duly authorized officer/member/manager of Dairyland Brewing Co LLC
(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 Dairyland Brew Pub
(Trade Name)

located at 1216 E Wisconsin, Appleton WI 54911

appoints Dorri Schmidt
(Name of Appointed Agent)

1225 E Amelia St Appleton WI 54911
(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).
Dairyland Brewing Co LLC

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? 60 yrs.

Place of residence last year 1225 E Amelia St, Appleton, WI 54911

For: Dairyland Brew Pub
(Name of Corporation / Organization / Limited Liability Company)

By: Dorri Schmidt
(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.

Dorri Schmidt ACCEPTANCE BY AGENT
(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.

Dorri Schmidt 7-14-2023 Agent's age REDACTED
(Signature of Agent) (Date)

1225 E Amelia St Appleton, WI 54911 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)