

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06/30/2021
(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 ●●●●●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>200</u>
<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	\$ <u>60 + 28</u>
TOTAL FEE	\$ <u>288</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Kedar LLC

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 <u>Timilsaina</u>	(First) <u>Lekha</u>	(Middle Name) <u>Nath</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1315 B 22nd Street Two Rivers WI-54241</u>
Vice President / Member Last Name <u>Adhikari</u>	(First) <u>Manav</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>2210 meadowland Dr. Sheboygan, WI</u>
Secretary / Member Last Name <u>Thapa</u>	(First) <u>Ganesh</u>	(Middle Name) <u>Bahadur</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2618 Georgia Avenue Apt 115 Sheboygan WI 53081</u>
Treasurer / Member Last Name <u>Joshi</u>	(First) <u>Bashudev</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1418 Wisconsin Ave Sheboygan WI 53081</u>
Agent Last Name <u>Timilsaina</u>	(First) <u>Lekha</u>	(Middle Name) <u>Nath</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1315 B 22nd Street Two Rivers WI-54241</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Appleton Clark Business Phone Number _____
 2. Address of Premises 1200 W. Wisconsin Ave Post Office & Zip Code 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.)
Convenience store and walk in cooler

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? Kedar LLC

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

 have recent expired alcohol licenses

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

 Krishna Food Mart LLC
 3337 Mishicot Rd. Two Rivers WI 54241

9. (a) Corporate/limited liability company applicants only: Insert state WI and date Jan 2021 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

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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>Timilsaina Lekha N.</u>	Title/Member <u>Manager</u>	Date <u>02/02/21</u>
Signature 	Phone Number 	Email Address

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	

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

Name: Appleton BP (Gas Station)

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

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

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 line Outside —

11. Operating hours (Inside the building): 6 AM to 10 PM
Operating hours (Outdoor seating areas): —

12. Employees/Staff

Number of floor personnel 2 Number of door checkers —

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

a. Gross floor building area of the premises to be licensed: 28/28 square feet.

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

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

convenience store and walk in cooler

[Signature]
Signature

02/02/2024
Date