

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- | | |
|---|---|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ <u>100</u> |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input checked="" type="checkbox"/> Reserve "Class B" Liquor \$ <u>10,500</u> |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | Deposit \$ <u>50</u> |

Fees	
License Fees	\$ <u>10,600</u>
Background Check Fee	\$ <u>28</u>
Publication Fee	\$ <u>60</u>
Total Fees	\$ <u>10,688</u>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>GTONE MANAGEMENT GROUP LLC</u>			
2. Business Trade Name or DBA <u>PICKLEBALL KINGDOM APPLETON</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1031784563-04</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>ILLINOIS</u>		7. Date of Organization <u>07/15/2024</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>2411 S. KENSINGTON DR</u>			
10. City <u>APPLETON</u>		11. State <u>WI</u>	12. Zip Code <u>54915-4188</u>
13. County <u>Outagamie</u>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>APPLETON</u>	15. Aldermanic District
16. Premises Phone		17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>APPROX: 31000 SQ FT, FRONT PATIO & the ENTIRE building</u>			
20. Mailing Address (if different from premises address) <u>2515 BELLFLOWER LN</u>			
21. City <u>SUN PRAIRIE</u>		22. State <u>WI</u>	23. Zip Code <u>53590</u>

Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol .. Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? .. Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? .. Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
KATTPALLI	ABHILASH REDDY	Partner	
SIRIPURAPU	RAMACHANDRA BHUSHAN KUMAR	Partner	
NOOTEPALLI	MARSA REDDY	Partner	
SINGIREDDY	CHANDRANANTH REDDY	Partner	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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.

Last Name KATTPALLI		First Name ABHILASH REDDY		M.I.
Title MANAGER / MEMBER		Email	Phone	
Signature <i>K. Abhilash Reddy</i>			Date 07/27/2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7/30/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)



City of Appleton Alcohol License Questionnaire

1. Name of Applicant: ABHILASH REDDY KATTPALLI

2. Name of Business: PICKLEBALL KINGDOM APPLETON

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) Recreational sports center (Pickleball)

3. Address of Business: 2411 South Kensington Drive, Appleton, WI

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No ✓

AND/OR been convicted of a felony? Yes _____ No ✓

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>ABHILASH REDDY</u>		<u>KATTPALLI</u>	
First name	M.I.	Last name	
<u>RAMA CHANDRA BUSHAN KUMAR</u>		<u>STRIPURAPU</u>	
First name	M.I.	Last name	Date of Birth
<u>NARSA REDDY</u>		<u>NOUTIPALLI</u>	
First name	M.I.	Last name	Date of Birth
<u>CHANDRAKANTH REDDY</u>		<u>SENGIREDDY</u>	
First name	M.I.	Last name	Date of Birth

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

Name: KENSINGTON PROPERTIES LLC

First name Middle Initial Last name

c/o commercial Horizons LLC

Address: 1175 Lombardi Avenue #400 GREENBAY WI 54304

City State ZIP

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

Name: Best buy & recreational sports facility for pickleball Kingdom
(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.

10. Seating capacity: Inside _____ Outside _____

11. Operating hours (Inside the building): 5 AM - 1 AM
Operating hours (Outdoor seating areas): 5 AM - 1 AM

12. Employees/Staff

Number of floor personnel 2 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: 31000 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 1000 square feet.
- c. Below, identify the operational details of the proposed establishment:

Pickleball facility, corporate events, birthday parties
NFL Games highlights

K. Abhilash Reddy
Signature

07/30/2024
Date

Alcohol Beverage Appointment of Agent

Date
07/30/2024

Agent Type <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) STONE MANAGEMENT GROUP LLC	
2. Business Trade Name or DBA PICKLEBALL KINGDOM APPLETON	
3. Entity Type <i>(check one)</i> <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name KATTPALLE	2. First Name ABHILASH REDDY	3. M.I.	
4. Email		5. Phone	
6. Home Address 2515 Bellflower Ln			
7. City Sun Prairie	8. State WI	9. Zip Code 53590	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name KATTPALLI		First Name ABHILASH REDDY	M.I.
Title Partner	Email		Phone
Signature K. Abhilash Reddy		Date 07/30/2024	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name KATTPALLI		First Name ABHILASH REDDY	M.I.
Signature K. Abhilash Reddy		Date 07/30/2024	