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Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	25-26

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

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ 100
- ☐ "Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☒ Reserve "Class B" Liquor $ 10,500
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 10,000
Background Check Fee	$ 7
Publication Fee	$ 60
Total Fees	$ 10,067

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Brindlewood Enterprises LLC

2. Business Trade Name or DBA
West Edison Rivery

3. FEIN

4. Wisconsin Seller's Permit Number
456-1030047436-02

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
11/19/2019

8. Wisconsin DFI Registration Number
B095908

9. Premises Address
101 W Edison Ave Suite 180

10. City
Appleton

11. State
WI

12. Zip Code
54915

13. County
Outagamie

14. Governing Municipality: ☑ City ☐ Town ☐ Village
of: Appleton

15. Aldermanic District
11

16. Premises Phone
920-716-1620

17. Premises Email
info@westedisonrivery.com

18. Website
WestEdisonRivery.com

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.

Suite 170, 180, 190 at the Edison Center Building
Total of 6,312 sqft indoor space and outdoor patio space of 6,000 sqft in back + 3,000 sqft in front

20. Mailing Address (if different from premises address)
W3071 County Road B

21. City
Hilbert

22. State
WI

23. Zip Code
54129

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. ☐ Yes ☑ 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? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed

Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

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
Ament	Benjamin	Member	
Ament	Jenna	Member	

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	First Name	M.I.
Ament	Benjamin	A

Title	Email	Phone
Member		

Signature	Date
Benjamin A. Ament	8/29/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
9/30/25			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Save

Form
AB-101

Alcohol Beverage Appointment of Agent

Date

Agent Type *(check one)*

☑ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Brindlewood Enterprises LLC

2. Business Trade Name or DBA
West Edison Rivery

3. Entity Type *(check one)*
☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☑ Municipal Retail License ☐ 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	2. First Name	3. M.I.
Ament	Benjamin	A

4. Email	5. Phone

6. Home Address
W3071 County Road B

7. City	8. State	9. Zip Code	10. Date of Birth
Hilbert	WI	54129	

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? ☑ Yes ☐ No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☑ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? ☑ Yes ☐ No
See instructions for exceptions.

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	First Name	M.I.
Ament	Benjamin	A

Title	Email	Phone
Member		

Signature	Date
Benjamin A. Ament	09/24/2025

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	First Name	M.I.
Ament	Benjamin	A

Signature	Date
Benjamin A. Ament	09/24/2025

City of Appleton

Alcohol License Questionnaire

1. **Applicant Name:** Benjamin A. Ament
2. **Business Name:** Brindlewood Enterprises LLC dba West Edison Rivery

   Date the LLC/corporation/partnership/sole proprietorship commenced: 11/19/2019

   NOTE: A copy of a business's Wisconsin Department of Revenue Seller's Permit is required to be submitted with an alcohol license application.
3. **Business Address:** 101 W Edison Ave Suite 180 Appleton, WI 54915
4. **Primary Business Activity:**

   ☐ Restaurant
   ☐ Tavern/Night Club/Wine Bar
   ☐ Painting/Craft Studio
   ■ Other (describe) Event Venue

5. **Select the type of business premises:** ■ **Existing Building** ☐ **New Construction**

   If existing building, please indicate the primary nature of the previous business that operated at this location: Event Venue

   If existing building, will there be construction or renovations? ☐ **Yes** ■ **No**

   If yes, explain _____

   NOTE: Contact the Inspections department (920-832-6411) for information on building codes and permits.

6. **Do you lease or own the building?** ■ **Lease** ☐ **Own**

   NOTE: Proof of control of premises is required to be submitted with an alcohol license application. Acceptable documents include a lease or purchase agreement.

   What is the date of purchase or the date the lease began? July 1st, 2024

7. **Did you purchase the business from another individual or entity?** ☐ **Yes** ■ **No**

   If yes, is your acquisition of the business based upon an "arm's length transaction"?
   An arm's length transaction is defined as an open market sale in which the owner is willing but not obligated to sell, and the buyer is willing, but not obligated to buy.

   ☐ **Yes** ☐ **No**

   If yes, are you related to the former business owner/licensee by blood, adoption, or marriage?

   ☐ **Yes** ☐ **No**

Did you hold ANY interest in the previously licensed business, or related real estate or equipment used by the previous business?

☐ Yes ☐ No **If yes, explain:** _____

_____

8. **Anticipated date of opening?** Already open

9. **Will your business sell or serve food?**

Yes ☐ If yes, please describe the type of food offerings available _____

_____

No ☑

10. **Fill in the information about operational details listed below. Attaching a copy of the floor plan is encouraged.**

Seating Capacity: Inside: 250

Outside: 50

Operating Days/Hours: Inside: Friday - Sunday (occasional week days)

Outside: Friday - Sunday (occasional week days)

Employees/Staff (per shift/day) Number of Personnel: 1-4

Approximate floor building area of the premises to be licensed: 6,312 sq. ft.

Approximate outdoor area of the premises to be licensed: 6,000 in back, 3,000 in front sq. ft.

Summarize the day-to-day operations of the business in the space below:

Private Events such as weddings, showers, and corporate events

Live music events / ticketed or open to public

Ticketed or open to public Tradeshows / Expos

Other open to the public or ticketed events will be held

I, the applicant, understand that providing materially false information on this or any application for a license or permit under State Statute §125 is subject to civil, monetary, and license penalties. I understand that providing false information to a police officer in conjunction with the required background check for this application is subject to criminal and civil prosecution as "obstructing an officer".

Benjamin A. Ament
Signature

09/29/2025
Date