Original Alcohol Be	Applicant's Wisconsin Seller's Permit Number FEIN Number					
Submit to municipal clerk.)						
For the license period beginning	ıu,	endina:			T	
For the license period beginnin	(mm dd yyyy)	0,,a,,,g,	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	<u>:</u>
	☐ Town of)	4.00,000.1		☐ Class A beer	\$	
☐ Town of ☐ Village of ☐ Village of ☐ City of				Class B beer	\$	
				Class C wine	\$	
County of OUTAGAMIE	,	Aldermani	c Dist No	Class A liquor	\$	
Oddiny 61 000/1/03/10 10		(if required	c Dist. No d by ordinance)	Class A liquor (cider only)	\$ N/A	<u> </u>
		` '	,	Class B liquor Reserve Class B liquor	\$ \$	
Chack one: Individual	☑ Limited Liability		Class B (wine only) winery	4		
Check one: Individual Limited Liability Company Partnership Corporation/Nonprofit Organization				Publication fee	\$ 60+	. ¬
r artifership	ilproint Organiza		TOTAL FEE	\$		
Name (individual / partners give last r	aame, first, middle; corpor	ations / limited liabilit	y companies give registe	ered name)		
PIERRI PI			,,	· · · · · · · · · · · · · · · · · · ·		
		uat ha aamalata	d and attached to	this application by each indi	vidual ann	alicant
by each member of a partne	rship, and by each	officer, directo	or and agent of a c	corporation or nonprofit orga	nization,	and by
	_			e and place of residence of ea	ich person.	
President / Member Last Name	(First)	(Middle Name)	1	t, City or Post Office, & Zip Code)	cas but M	19.77
BRICE	RILEY	WESTON		COLLEGE AVE, APPLET	01V; W/ 57	1714
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	i, City or Post Office, & Zip Code)		
Secretary / Member Last Name	ecretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)					
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
Agent Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
BRICE	RILEY	WESTON	88% W. COLL	ECRAVE APPLETON, WI	54914	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	,,,,	
				6 172.0		
1. Trade Name PIER				one Number (920) 734.9		
2. Address of Premises	715 W. COLLEG	IE AVE	Post Office 8	& Zip Code <u>APPLETON, WI</u>	54914	
applicant must include all storage of alcohol bevera described.)	rooms including liv	ring quarters, if u Alcohol beverage	ised, for the sales, es may be sold and	re to be sold and stored. The service, consumption, and/or stored only on the premises		
OPEN-STYLE ILITCHEN	COUNTER SIERVI	CIZ AND TH	GREE DINING RE	oums	-	
				its)	-	
DINING PARM 21	Approx 600 saf	b (10 HAB	1185 - 35 SEA	<i>ts</i> -)	-	
DINING ROOM 3 :4	rpack 500 sq ft	(NOT OPEN	AT THIS TIME	<i>ts)</i>)	-	
160 sq ft WALK-	IN COOLER 1	OR KEG BE	ER AND BOTTLE	e STORACOE.	_	
4. Legal description (omit if	street address is giv	en above):			-	
5. (a) Was this premises lice	ensed for the sale of	liquor or beer du	uring the past licens	se year?	Yes	□ No
(b) If yes, under what nan	ne was license issue	ed? FRANK'S F	172A PALACE,		_	
P122A PALACI	ZINC. AGEN	IT: JEANN	IE BRICE			

6.	ls individual, partners or a beverage server training of	agent of corporation/limited lia course for this license period?	ability cor ? If yes,	explain	ompletion of the		☐ Yes	∭ No
	CURRENT OPER	ATOR'S LICRNSIE!	648-					
7.	Is the applicant an employ If yes, explain.	ye or agent of, or acting on be	ehalf of a	anyone except the n	named applican	t?	☐ Yes	Ø No
8.	business? If yes, explai	everage retail licensee or wh		• • • • • • • • • • • • • • • • • • • •		control of this	☐ Yes	⊠ №
9.	(a) Corporate/limited lia of registration.	ability company applicants	only: lr	sert stateWisc.	o <i>NSiN</i> and da	ate <u> </u>	2020	
		on/limited liability company a					☐ Yes	∭ No
	(c) Does the corporation member/manager or If yes, explain.	, or any officer, director, stoc agent hold any interest in an	kholder o	or agent or limited I	liability compar cense or permit	ny, or any t in Wisconsin?	☐ Yes	図 No
10.	government, Alcohol and	stand they must register as a Tobacco Tax and Trade Bure 882-3277]	au (TTB) by filing (TTB form	5630.5d) befo	re beginning	☑ Yes	□ No
11.	Does the applicant under	stand they must hold a Wisco	onsin Sel	ler's Permit? [phon	ne (608) 266-27	76]	☑ Yes	☐ No
12.		stand that they must purchas					⊠ Yes	☐ No
the I than assi Com	pest of the knowledge of the sig \$1,000. Signer agrees to oper gned to another. (Individual app	NING: Under penalty provided by gner. Any person who knowingly p ate this business according to law plicants, or one member of a partner access to any portion of a licensed vocation of this license.	rovides m and that ership app	aterially false information the rights and responsi licant must sign; one co	on on this applica ibilities conferred orporate officer, o	tion may be require by the license(s), it ne member/manag	ed to forfeit f granted, v er of Limite	not more vill not be d Liability
	act Person's Name (Last, First, M.I.)	. /		Title/Member		Date		
Sign	BRICE, RICEY, L sture Row W. BI	$\overline{\omega}$		Phone Number		Email Address		
TO 1	DE COMPLETED BY CLEBY							
	BE COMPLETED BY CLERK received and filed with municipal clerk	Date reported to council / board	Date provi	sional license issued	Signature of Clerk /	Deputy Clerk		
Date	license granted	Date license issued	License nu	mber issued				



City of Appleton

Liquor License Questionnaire

1. Name of Appl	icant:K	ZILEY B	KICE				
2. Name of Busii	ness: PIER	RRI PI	22A, L	LC			
3. Address of Bu	siness:81	5 W. C	OLLEGE	AUE	APPLETON	wi 549	14
4. Have you or a ordinance violati AND/OR been of the properties o	on? Yes convicted of a	No_ felony? Ye	<u>X</u>	No_X			or or
5. List all partne birth. Please use				full name	e, middle in	itial and dat	e of
			J			/ /	
	Initial		Last name		-	/	-h
First name			MILL 6.5			Date of Bird	
First name First name	Initial		Last name		-	//.	h
First name First name	Initial Initial		Last name			Date of Bir	-h
First name First name First name First name 6. Name of pers	Initial Initial Initial Initial on/corporation	n you are b	Last name Last name Last name Last name uying the properties of the properties o		•	Date of Bird Date	-h -h
First name First name First name First name 6. Name of pers Name: SARA First name	Initial Initial Initial Initial on/corporation	n you are b	Last name Last name Last name Last name uying the properties of the properties o	' (•	Date of Bir	:h
First name First name First name First name 6. Name of pers Name:	Initial Initial Initial On/corporation	n you are b K, Initi	Last name Last name Last name Last name uying the properties of the properties o	' (•	Date of Bird Date	-h -h
First name First name First name 6. Name of pers Name: SARA First name Address:	Initial Initial Initial Inon/corporation APPLETON, WI	n you are b /K. Initi	Last name Last name Last name Last name uying the property of the property	name	LANDLORD/E	Date of Bird Date	:h

8.	Are alcohol sales an existing use in this building? Yes No_ \times If no, When did the operation cease? $\bot \mathcal{C}$ months ago.
9.	Are alcohol sales a new use in this building? Yes NoX If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.
	Is your primary business restaurant? Yes X No OCCUPANCY SEATS; Seating capacity: Inside 235 /35 Outside O
	Operating hours: MAN SUNDAY - THURS: 4PM-10PM FRI + SAT: 4PM-12AM
13.	Number of floor personnel $4-8$ Number of door checkers 0
	In general, state the size, design and type of the proposed establishment and the erational details. Y,960 sq ft FUU SERVICE RESTAURANT/PRZERIA WITH AN OPEN-STYLE PIZZA
K	ITCHEN, COUNTER-SERVICE AND THREE DINING ROOMS. DINING ROOM !
~	1000 54 fb (18 TABLES-65 SEATS) DINING ROOM 21 ~600 54 fb (10 TABLES-35 SEATS)
D	MING ROOM 3: ~ 500 S& ft (NOT COMPLETED) AT THUS TIME), NO OCHEDOUR DINING AVAILABILITY
	3-11-2020 Ren W Ben
Da	te Signature

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

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

liquor must appoint an ag	gent. The following	g questions must be	answered by the age	ent. The appointme	malt beverages and/or intoxicating ent must be signed by the officer(s) ommendation made by the proper
local official.	Town	•			
To the governing body of		of APPLETON	,	County of	DUTA GAMIE
To the governing body c	City	or Fillerion			
The undersigned duly a		s)/members/manage	ers of PIERRI (registered i	PIZZA, LLC	ganization or limited liability company)
a comoration/organization	on or limited liabilit	ty company making :	application for an alc	ohol beverage lice	nse for a premises known as
a corporation/organization		RRI PIZZA			
	W. COLLEGE	AVE APPLETO	in, wi 54914		
appoints	RI	ILEY BRICE	e of appointed agent) WE APPLET industrial discussions agent.		
арронно	Sin k	(name	of appointed agent)	Miail	
	817 /2	W. COLLEGE &	Tress of appointed agent)	$J_1 \omega_1 J_1 J_1$	
to act for the corporation	n/organization/limi	ted liability company Is applicant agent pr	with full authority aresently acting in tha	nd control of the p t capacity or requ	remises and of all business relative esting approval for any corporation/
Yes No	If so, indicate the	corporate name(s)/	imited liability compa	any(ies) and munic	sipality(ies).
Is applicant agent subje	ct to completion of	f the responsible be	verage server training	g course?	Yes 🕅 No
How long immediately p					J
Place of residence last	year	2 W. LOLLEG	R AVIZ. FORF	12790, W/ 3	9411
	For:	PIERRI	P177A, LLC		
				zation/limited liability co	ompany)
	Ву:	Miles	(signature of Office	er/Member/Manager)	
	And:				
	•		(signature of Office	er/Member/Manager)	
		ACCE	TANCE BY AGENT		
, RILEY	BRICE			, hereby acce	ept this appointment as agent for the
1	(print/type	e agent's name)			
corporation/organization beverages conducted of	n/limited liability on the premises fo	company and assu or the corporation/or	me full responsibilit ganization/limited lia	y for the conduct ability company.	of all business relative to alcohol
かる	12>		03·//	2020	Agent's age
Co.k	(signature of agent)		Same 1	(date)	Date of birth
819 h W	COLLEGIE AV	C f(P(LEb) ∨ U ome address of agent)	v/ 0 <i>4914</i>		Date of birth
	• -		NT BY MUNICIPAL on behalf of Munic		
I hereby certify that I hat the character, record a					edge, with the available information, ed.
Approved on	bv			Title	(town chair, village president, police chief)
Approved on(dat	e)	(signature o	f proper local official)		(town chair, village president, police chief)
AT-104 (R. 4-09)					Wisconsin Department of Revenue