

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of }  
 Village of } APPLETON  
 City of }

County of OUTAUGAMIE 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 type="checkbox"/> Class A beer	\$
<input checked="" 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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60 + 7</u>
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
PIERRI PIZZA, 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>BRICE</u>	(First) <u>RILEY</u>	(Middle Name) <u>WESTON</u>	Home Address (Street, City or Post Office, & Zip Code) <u>819 1/2 W. COLLEGE AVE, APPLETON, WI 54914</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / 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, City or Post Office, & Zip Code)
Agent Last Name <u>BRICE</u>	(First) <u>RILEY</u>	(Middle Name) <u>WESTON</u>	Home Address (Street, City or Post Office, & Zip Code) <u>819 1/2 W. COLLEGE AVE APPLETON, WI 54914</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name PIERRI PIZZA Business Phone Number (920) 734-9131

2. Address of Premises 815 W. COLLEGE AVE Post Office & Zip Code APPLETON, WI 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.)

4960 sq ft full-service RESTAURANT/PIZZERIA  
OPEN-STYLE KITCHEN, COUNTER SERVICE AND THREE DINING ROOMS  
DINING ROOM 1: APPROX. 1000 sq ft (18 TABLES - 65 SEATS)  
DINING ROOM 2: APPROX. 600 sq ft (10 TABLES - 35 SEATS)  
DINING ROOM 3: APPROX 500 sq ft (NOT OPEN AT THIS TIME)  
160 sq ft WALK-IN COOLER FOR KEG BEER AND BOTTLE STORAGE.  
- NO OUTDOOR DINING AREA AVAILABLE.

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? FRANK'S PIZZA PALACE,  
PIZZA PALACE, INC. AGENT: JEANNIE BRICE





8. Are alcohol sales an existing use in this building? Yes \_\_\_\_\_ No X  
If no, When did the operation cease? 16 months ago.

9. Are alcohol sales a new use in this building? Yes \_\_\_\_\_ No X  
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes X No \_\_\_\_\_

11. Seating capacity: Inside 235 <sup>OCCUPANCY</sup> 135 <sup>SEATS:</sup> Outside 0

12. Operating hours: MON SUNDAY - THURS : 4PM - 10PM FRI + SAT : 4PM - 12AM

13. Number of floor personnel 4-8 Number of door checkers 0

14. In general, state the size, design and type of the proposed establishment and the operational details.

4,960 sq ft FULL SERVICE RESTAURANT/PIZZERIA WITH AN OPEN-STYLE PIZZA

KITCHEN, COUNTER-SERVICE AND THREE DINING ROOMS. DINING ROOM 1:

~1000 sq ft (18 TABLES - 65 SEATS) DINING ROOM 2: ~600 sq ft (10 TABLES - 35 SEATS)

DINING ROOM 3: ~500 sq ft (NOT COMPLETED AT THIS TIME), NO OUTDOOR DINING AVAILABILITY.

3-11-2020  
Date

[Signature]  
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.

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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village of APPLETON County of DUTA GAMIE  
 City

The undersigned duly authorized officer(s)/members/managers of PIERRI PIZZA, 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  
PIERRI PIZZA  
(trade name)

located at 815 W. COLLEGE AVE APPLETON, WI 54914

appoints RILEY BRICE  
(name of appointed agent)

819 1/2 W. COLLEGE AVE APPLETON, WI 54914  
(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).

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? ● YEARS

Place of residence last year 819 1/2 W. COLLEGE AVE. APPLETON, WI 54914

For: PIERRI PIZZA, LLC.  
(name of corporation/organization/limited liability company)

By: *[Signature]*  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

### ACCEPTANCE BY AGENT

I, RILEY BRICE, hereby accept this appointment as agent for the  
(print/type agent's name)

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.

*[Signature]* 03-11-2020 Agent's age ●  
(signature of agent) (date)

819 1/2 W. COLLEGE AVE APPLETON, WI 54914 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)