

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning May 1 20 17
 ending June 30 20 17

TO THE GOVERNING BODY of the: Town of
 Village of
 City of } APPLETON

County of OUTAGAMIE Aldermanic Dist. No. 15 (if required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ AADYA LLC,
PATEL MAHENDRA T. 2333 W WISCONSIN AVE, APPLETON

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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code	WI-
President/Member	<u>OWNER MAHENDRA</u>	<u>2333 W WISCONSIN AVE</u>	<u>APPLETON</u>	<u>54914</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶	<u>MAHENDRA PATEL</u>			

3. Trade Name ▶ CALUMET PANTRY Business Phone Number 920 882 8405
 4. Address of Premises ▶ 319 E CALUMET ST, APPLETON Post Office & Zip Code ▶ 54915

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) 2800 SGR FT - Block BUILDINGS & Complex

10. Legal description (omit if street address is given above): _____
11. (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? KALUMET PANTRY, INC
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 24 day of March 2017
Cathy Bolwerk CLERK/NOTARY PUBLIC, State of Wisconsin
 My commission expires _____ My Commission Expires January 23, 2021

M.T. Patel
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

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
<u>3/24/17</u>			
Date license granted	Date license issued	License number issued	



City of Appleton Liquor License Questionnaire

1. Name of Applicant: PATEL MAHENDRA
2. Name of Business: CALUMET PANTRY
3. Address of Business: 319 E CALUMET ST, APPLETON, WI-54915
4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No X
AND/OR been convicted of a felony? Yes _____ No X
If yes to either question, please explain in detail: _____

5. List all partners, shareholders or investors. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

<u>MAHENDRA</u>	<u>T</u>	<u>PATEL</u>	<u>[REDACTED]</u>
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____

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

Name: DEEPAK - DOGRA

First name Initial Last name

Address: 3090 SAWYER CREEK DR

City, State, Zip: OSHKOSH WI-54904

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

CALUMET PANTRY

CONVENIENCE STORE

8. Are alcohol sales an existing use in this building? Yes X No _____
If no, When did the operation cease? _____ 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 _____ No X

11. Seating capacity: Inside N/A Outside N/A

12. Operating hours: 9 AM TO 9 PM SEVEN DAYS

13. Number of floor personnel 2 Number of door checkers _____

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

INDEPENDENT BUILDING WITH
CONVENIENCE STORE OPERATION HOURS
9 AM TO 9 PM SEVEN DAYS A WEEK

3/24/17
Date

m.T. Patel.
Signature

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

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
PATEL		MAHENDRA		THE BHANDAS	
Home Address (street/route)		Post Office	City	State	Zip Code
2333 W WISCONSIN AVE			APPLETON	WI	54914
Home Phone Number		Age	Date of Birth	Place of Birth	
920 266 6326		55	[REDACTED]	INDIA	

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an **individual**.

A member of a **partnership** which is making application for an alcohol beverage license.

MAHENDRA PATEL of AADYA, LLC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

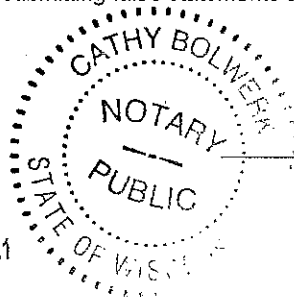
- How long have you continuously resided in Wisconsin prior to this date? FIVE YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Indica grocery	2333 W Wisconsin Ave	6/1/2012	contin.
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me
 this 24 day of March, 2017
Cathy Bolwerk
(Clerk/Notary Public)



M. Patel
(Signature of Named Individual)

My commission expires CATHY BOLWERK
 Notary Public, State of Wisconsin
 My Commission Expires January 23, 2021



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 OUTAGAMIE
 City

The undersigned duly authorized officer(s)/members/managers of AADYA 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 CALUMET PANTRY
(trade name)

located at 319 E CALUMET ST, APPLETON, WI-54915

appoints MAHENDRA PATEL
(name of appointed agent)

2333 W WISCONSIN 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).
AADYA LLC, DBA CALUMET PANTRY

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? FIVE YEARS

Place of residence last year 2333 W WISCONSIN AVE, APPLETON WI-54914

For: AADYA LLC
(name of corporation/organization/limited liability company)

By: M.T. Patel
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, MAHENDRA PATEL, 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.

M.T. Patel 3/24/17 Agent's age
(signature of agent) (date)

2333 W WISCONSIN 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)