

# 4789821

452655890

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 17 ending July 30 20 18

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [x] City of Appleton

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

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor (checked), Class A liquor (cider only), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, TOTAL FEE.

1. The named [ ] INDIVIDUAL [ ] PARTNERSHIP [x] 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): fishtail 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.

Title Name Home Address Post Office & Zip Code
President/Member Member Buddi S. Subedi 3045 W. Winnipeg St Menasha, WI
Vice President/Member
Secretary/Member
Treasurer/Member
Agent Buddi S. Subedi
Directors/Managers

3. Trade Name Memorial Petco Business Phone Number 9208091210
4. Address of Premises 415 South Memorial Dr Post Office & Zip Code 54911

- 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? [x] Yes [ ] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [x] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [x] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [ ] Yes [x] 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? [x] 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.) Existing serve inside the building.

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? [x] Yes [ ] No
(b) If yes, under what name was license issued? fishtail LLC

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [x] Yes [ ] No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [x] Yes [ ] No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 3 day of January, 20

Linda Maus (Signature)

LINDA MAUS (Clerk/Notary Public)

NOTARY PUBLIC seal for Linda Maus, Notary Public, State of Wisconsin, Commission Expires July 23, 2019.

My commission expires Notary Public, State of Wisconsin Commission Expires July 23, 2019

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Row 2: Date license granted, Date license issued, License number issued.