

Form
AT-106

**Original Alcohol Beverage
License Application**

FOR CLERKS ONLY	
Municipality	Appleton
License Period	7/1/23 - 6/30/24

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ _____ "Class B" Liquor \$ 600.00
 "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ _____
 Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ 600.00
Publication Fee	\$ 60.00
Background Check	\$ 14.00
Total Fees	\$ 674.00

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) KMG CAPITOL CENTRE LLC		
2. Trade Name or DBA CAPITOL CENTRE		
3. Premises Address 725 W CAPITOL DRIVE, APPLETON, WI, 54914		
4. County OUTAGAMIE	5. Municipality APPLETON	6. Aldermanic District
7. Mailing Address (if different from premises address)		
8. FEIN 93-4071435	9. Wisconsin Seller's Permit Number	
10. Premises Phone (920) 735-9941	11. Premises Email mikegonnering@gmail.com	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary. BUILDING HAS 3 AREAS: BAR: THIS AREA IS IN TRHE MIDDLE OF THE BUILDING AND IS WHERE BEVERAGES ARE SOLD, THE COOLER OFF THE MAIN BAR AND THE COOLERS BEHIND THE BAR ARE WHERE ALCOHOL IS STORED. BANQUET HALL: IS APPON THE EAST END OF THE BUILDING. THIS AREA IS FOR PARTIES. ALCOHOL IS TYPICALLY CONSUMED IN THIS ROOM. VOLLEYBALL COURTS: THIS AREA IS TYPICALLY USED FOR SPORTING FUNCTIONS. ALCOHOL IS TYPICALLY CONSUMED IN THIS AREA DURING EVENTS.		

Part B: Questions
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary. PARNERS ARE SIGNED UP FOR THE SERVER TRAINING COURSE. THEY WILL BE TRAINED PRIOR TO LICENSE STARTING PERIOD.

Part C: For Corporate/LLC Applicants Only

1. State of Registration WISCONSIN		2. Date of Registration 10/20/23	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Parent Company		FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.			
5. Agent's Last Name		Agent's First Name	Phone

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
GONNERING	MICHAEL	MANAGING MEMBER	[REDACTED]
GONNERING	KAY	MEMBER	[REDACTED]

Part E: Attestation

Who must sign this application?
 • sole proprietor • one general partner of a partnership • one corporate officer • one managing 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.

Signature <i>Michael J. Gonnerring II</i>		Date 10/24/23
Name (Last, First, M.I.) GONNERING II MICHAEL J		
Title managing member	Email [REDACTED]	Phone [REDACTED]

Part F: For Clerk Use Only

Date application was filed with clerk 10/24/2023	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: MICHAEL GONNERING

2. Name of Business: CAPITOL CENTER

(Check Applicable Box(s) to identify primary business activity)

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) BAR AND BANQUET HALL

3. Address of Business: 725 WEST CAPITOL DRIVE, APPLETON, WI. 54914

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes X No _____

AND/OR been convicted of a felony? Yes _____ No X

If yes to either question, please explain in detail below:

Mike had a DUI in 1997

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

Michael	J	Gonnering	[REDACTED]
First name	M.I.	Last name	Date of Birth
Kay	L	Gonnering	[REDACTED]
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

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

Name: Plamann Bros. Inc.

First name

Middle Initial

Last name

Address: 725 WEST CAPITOL DRIVE, APPLETON, WI. 54914

City

State ZIP

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

Name: Capitol Centre

(Check Applicable Box(s) to identify primary business activity)

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) BAR AND BANQUET HALL

8. Was this premise licensed for alcohol sales/consumption during the past license year?

Yes If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.

No If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.

9. If alcohol sales were a previous use in this building, when did the operation cease?

0 months ago.

10. Seating capacity: Inside 412 Outside _____

11. Operating hours (Inside the building): 11:00 AM to Legal closing time
Operating hours (Outdoor seating areas): N/A

12. Employees/Staff
Number of floor personnel 16 Number of door checkers 4

13. In general, state the size and operational details of the proposed establishment:

- a. Gross floor building area of the premises to be licensed: 20,000 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 0 square feet.
- c. Below, identify the operational details of the proposed establishment:

We will be open 11:00 AM to ~~close typically~~ 2:00 am Friday Tuesday through Sunday

11:00 am To 2:00 am Friday & Saturday & Sunday
11:00 am To Sunday

Mitchell J. Henry
Signature

10/24/23
Date

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Appleton County of Douglas

The undersigned duly authorized officer/member/manager of K6A Capital Centre (Registered Name of Corporation / Organization or Limited Liability Company) LLC

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

BAR & BANQUET HALL

(Trade Name)

located at 725 West Capital Drive Appleton WI 54914

appoints Michael Gonnering (Name of Appointed Agent)

300 W. CASABONA DRIVE APPLETON WI 54913 (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).

NO

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? 5 YEARS

Place of residence last year SOME

For: _____ (Name of Corporation / Organization / Limited Liability Company)

By: _____ (Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Michael Gonnering, 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.

Michael Gonnering II 10/24/23

(Signature of Agent)

(Date)

Agent's age 52

Date of birth 07/02/1971

(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)