

Application for Transfer of Retail Licenses for Sale of Fermented Malt Beverages and/or Intoxicating Liquor From One Premises to Another

FEE \$ 10

Appleton, Wisconsin
June 23, 2023

To the governing body of the [X] City [ ] Village [ ] Town of Appleton
County of Outagamie, Wisconsin.

The undersigned hereby applies for a transfer of Class B license from 321 E college Ave.
Appleton, WI 54911 (Present Location) to 1222 S. Oneida Street Appleton, WI 54915 (Proposed Location)
on or about 07/01/2023 (Date)

1. APPLICANT: (print name and address plainly)

- (a) Full name of applicant CHISA JITMAIWONG
(b) Address N203 PINECREST Blvd, Appleton 54915

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: Describe building or buildings where alcohol beverages are to be sold, served, consumed, and stored.

- (a) Street number 1222 S. oneida St. Appleton, WI 54915
(b) Trade name of establishment Taste of Thai
(c) Physical description of building, buildings and/or land area comprising licensed premises.
2704 sq. ft. bar and restaurant areas.
1500 sq. ft outdoor patio area.

(d) Legal description (omit if street address is given above.) NA

(e) Is any other business conducted on same premises? [ ] Yes [X] No If so, what?

(f) Was this location licensed for beer or liquor during the past year? [X] Yes [ ] No

(g) Give name and address of previous licensee. Santino LLC
1216 S. oneida St. Appleton, WI 54915

(h) Will the previous licensee surrender its license? [ ] Yes [X] No

**ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:**

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying

N/A None.

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

Fixtures are owned by building owner

**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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

CHISA J.

(Signature)

**CLASS OF BUSINESS**

Name Taste of Thai

Original Location 321 E College Ave

Ward \_\_\_\_\_

Proposed Location 1222 S Oneida St.

Ward \_\_\_\_\_

License No. \_\_\_\_\_

Treasurer's Receipt No. 5263-3

Filed \_\_\_\_\_

Submitted to Council or Board

7/12/23 - Safety Licensing ; 7/19/23 - Common Council

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_



# City of Appleton

## Alcohol License Questionnaire

1. Name of Applicant: CHISA JITMAINONG

2. Name of Business: TASTE OF THAI FOX VALLEY LLC.

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) \_\_\_\_\_

3. Address of Business: 1222 S. oneida Street Appleton, WI 54915

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

AND/OR been convicted of a felony? Yes \_\_\_\_\_ No ✓

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

<u>CHISA</u>		<u>JITMAINONG</u>	<u>/ /</u>
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
_____	_____	_____	_____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	_____

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

Name: Positive Ventures LLC

First name
Middle Initial
Last name

Address: 733 Midway Rd. Menasha WI 54952

City
State
ZIP

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

Name: HOUDINI'S ESCAPE GASTROPUB

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) \_\_\_\_\_

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 80 Outside 70

11. Operating hours (Inside the building): TUES - THURSDAY 4.00 - 8.30 FRI - SUN - 4.00 - 10.00  
Operating hours (Outdoor seating areas): TUES - THURSDAY 4.00 - 8.00 FRI - SUN - 4.00 - 9.00

12. Employees/Staff

Number of floor personnel 8 Number of door checkers 0

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

a. Gross floor building area of the premises to be licensed: 2704 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 1500 square feet.

c. Below, identify the operational details of the proposed establishment:

BAR and restaurant.

CHISA J.

Signature

06/23/23

Date

