

**ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION**

Applicant's WI Seller's Permit No.: 456-10292293840-02		FEIN Number: 47-4466111	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/>	Class A beer	\$	64.
<input type="checkbox"/>	Class B beer	\$	
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input checked="" type="checkbox"/>	Class A liquor (cider only)	\$	N/A
<input type="checkbox"/>	Class B liquor	\$	
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	60.
<b>TOTAL FEE</b>		\$	

Submit to municipal clerk.

For the license period beginning March 7 20 16 ;  
ending June 30 20 16 ;

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

County of Outagamie Aldermanic Dist. No. 2 (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): ▶ Sayesh 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 name, title, and place of residence of each person.

	Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>owner</u>	<u>Yam Lamichhane</u>	<u>1000 Kernan Ave</u>	<u>Manasha WI 54952</u>
Vice President/Member	"	<u>Sadhana Lamichhane</u>	"	"
Secretary/Member				
Treasurer/Member				
Agent	▶	<u>Yam Lamichhane</u>		
Directors/Managers				

3. Trade Name ▶ WISCONSIN AVE MEVATHAN Business Phone Number 920 733 3652

4. Address of Premises ▶ 1920 E Wisconsin Ave, Appleton WI 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?  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.) 1200 sq. ft. CONVENIENCE STORE WITH WALK IN COOLER

10. Legal description (omit if street address is given above): and display area

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? JOT Gill LLC

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 21 day of February  
Cathy Bolwerk  
(Clerk/Notary Public)  
My commission expires Notary Public, State of Wisconsin  
My Commission Expires January 23, 2021

Whitney Allen  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Whitney Allen  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
Whitney Allen  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>2-22-17</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	