

Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer ..... \$ \_\_\_\_\_
  Class "B" Beer ..... \$ 100  
 "Class A" Liquor ..... \$ \_\_\_\_\_
  "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_
  Reserve "Class B" Liquor \$ 10,500  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_

Deposit \$50

Fees	
License Fees	\$ <u>10,600</u>
Background Check Fee	\$ <u>21</u>
Publication Fee	\$ <u>60</u>
<b>Total Fees</b>	<b>\$ <u>10,081</u></b>

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship) <b>ODH Appleton, Inc</b>			
2. Business Trade Name or DBA <b>Cambria Hotel Appleton</b>			
3. FEIN		4. Wisconsin Seller's Permit Number <b>456-1031768053-03</b>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <b>WI</b>		7. Date of Organization <b>04.15.2024</b>	8. Wisconsin DFI Registration Number <b>0044705</b>
9. Premises Address <b>3940 N Gateway Dr</b>			
10. City <b>Appleton</b>		11. State <b>WI</b>	12. Zip Code <b>54913</b>
13. County	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <b>Appleton</b>		15. Aldermanic District <b>13</b>
16. Premises Phone <b>920.733.0101</b>	17. Premises Email <b>gm.cambriasuitesappleton.com</b>	18. Website <b>www.choicehotels.com/wis</b>	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  <b>85,000 Sq ft Full service hotel, guest rooms, Bar, and storage room.</b>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

**Part B: Questions**

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.  Yes  No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . .  Yes  No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . .  Yes  No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.


Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Patel	Kishan	Officer	
Patel	Saagar	Officer	
Graverson	Troy	Manager/ Agent	

**Part D: Attestation**

One of the following must sign and attest to this application:  
 • sole proprietor      • one general partner of a partnership      • one corporate officer      • one 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.

Last Name Patel	First Name Kishan	M.I. A
Title Officer	Email	Phone
Signature 		Date 06/11/2024

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 6/26/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)



# City of Appleton

## Alcohol License Questionnaire

1. Name of Applicant: Kishan Patel

2. Name of Business: Cambria Hotel

(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: 3940 N Gateway Dr, Appleton, WI 54913

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>Kishan</u>		<u>Patel</u>	
First name	M.I.	Last name	Date of Birth
<u>Saagar</u>		<u>Patel</u>	
First name	M.I.	Last name	Date of Birth
<u>Atul</u>		<u>Patel</u>	
First name	M.I.	Last name	Date of Birth
<u>Atul</u>		<u>Patel</u>	
First name	M.I.	Last name	Date of Birth

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

Name: Appleton Hotel Venture, LLC

First name

Middle Initial

Last name

Address: 3940 N Gateway Dr, Appleton, WI 54913

City

State ZIP

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

Name: Cambria Hotel

(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 ~~77~~ 82 Outside 0

11. Operating hours (Inside the building): 6a-2a  
Operating hours (Outdoor seating areas): N/A

12. Employees/Staff

Number of floor personnel 5 Number of door checkers N/A


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

a. Gross floor building area of the premises to be licensed: 2160 square feet.

b. Gross outdoor seating areas of the premises to be licensed: N/A square feet.

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

This is a hotel bar & restaurant located in the lobby. Alcohol  
sales will primarily happen in the evening. Area includes bar, lobby,  
& dining room seating area.

  
Signature

06/10/24  
Date

Form  
**AB-101**

## Alcohol Beverage Appointment of Agent

Date

**Agent Type** *(check one)*

Original (no fee)
  Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

1. Legal Business Name <i>(individual name if sole proprietor)</i> <b>ODH Appleton, Inc</b>	
2. Business Trade Name or DBA <b>Cambria</b>	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	


**Part B: Agent Information**

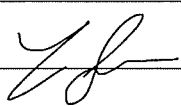
1. Last Name <b>Graverson</b>	2. First Name <b>Troy</b>	3. M.I. <b>R</b>
4. Email		5. Phone
6. Home Address <b>606 Marcella Ave</b>		
7. City <b>Combined Locks</b>	8. State <b>WI</b>	9. Zip Code <b>54113</b>
10. Age		11. Drivers License/State ID Number
12. Drivers License/State ID State of Issuance		

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? ..... Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? ..... Submit a completed Form AB-100 with this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

*Continued* →

Part D: Business Attestation			
<p>READ CAREFULLY BEFORE SIGNING: I, the <b>Undersigned</b>, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.</p>			
Last Name Patel		First Name Kishan	
Title Officer		M.I.	
Email		Phone	
Signature 		Date 06/11/24	

Part E: Agent Attestation			
<p>READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b>, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.</p>			
Last Name Graverson		First Name Troy	
Signature 		M.I.	
Date 06/11/24			