

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06/30/21
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Appleton
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●	
FEIN Number ●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input 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	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Poppy Avenue Boutique + Clean Beauty Bar

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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Balof	Audra	Clarice	201 S Riverheath Way Apt 203 54915
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Brewer	Christian	Elizabeth	201 S Riverheath Way Apt 203 54915
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Balof	Audra	Clarice	201 S. Riverheath Way Apt 203 54915
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name PoppyAvenueBoutique+CleanBeautyBar Business Phone Number 9205854500
 2. Address of Premises 161 SRiverheath Way Suite2600 + 2700 Post Office & Zip Code 54915

3. 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.)

Beer & Wine will be served on the premises of 161 S Riverheath Way Suite 2700. Beer & wine will be stored in our back room of approximately 444 sq ft. We will be serving 4 different wine options + Kombucha beer for our wine & mask activity menu. On our boutique side small bottles of wine will be sold in our gift section. Our primary focus is retail of clothing, beauty, accessories and gifts. However, our wine + mask menu provides a unique experience in store.

4. Legal description (omit if street address is given above): _____

5. (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? _____

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

Name: N/A

(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?

N/A months ago.

10. Seating capacity: Inside 10-16 Outside N/A

11. Operating hours (Inside the building): Closed Sunday/Monday 11-6 Tuesday-Saturday
Operating hours (Outdoor seating areas): N/A

12. Employees/Staff

Number of floor personnel 5 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: 2876 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:

Beer & wine will be served on the premises of 161 S Riverhead Way Suite 2700. Beer & wine will be stored in our back room of approximately 444 sq ft. We will be serving 4 different wine options + 1 Kombucha beer for our wine & mask activity menu. On our boutique side small bottles of wine will be sold in our gift section. Our primary focus is

A. Balof

9/3/20

Signature

Date

retail of clothing, beauty, accessories & gifts. However, our wine & mask menu provides a unique experience in store

