

Warch

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	

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>10,000</u>
Background Check Fee	\$ <u>28</u>
Publication Fee	\$ <u>60</u>
Total Fees	\$ <u>10,088</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>American Food & Vending Corporation</u>			
2. Business Trade Name or DBA <u>American Dining Creations</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1026386551-02</u>	
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 <u>NY</u>		7. Date of Organization <u>09/26/1990</u>	
8. Wisconsin DFL Registration Number			
9. Premises Address <u>711 E. Boldt Way</u>			
10. City <u>Appleton</u>		11. State <u>WI</u>	12. Zip Code <u>54915</u>
13. County <u>Outagamie</u>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of <u>Appleton</u>	
15. Aldermanic District			
16. Premises Phone <u>(920) 238-3402</u>		17. Premises Email <u>knoel@afvusa.com</u>	
18. Website <u>https://adc-us.com/</u>			
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. Warch Campus Center licensed area is approx. 94,600 sq. ft. Entire Basement and Floors 1-4 of Warch Campus Center. Storage is within single interior room on basement level. Sales and Consumption allowed on: 1 st Floor - Andrews Commons Café dining and serving area and adjacent conference rooms off of main dining area. Schumann, Parrish, and Perille Rooms. Single interior room for document storage on 1 st Floor. 2 nd Floor - Hurvis and Mead Witter Rooms. 3 rd Floor - Kraemer, Art Gallery, Pusey, and Somerset Rooms. 4 th Floor - Arthur Vining Davis and Runkel Rooms.			
20. Mailing Address (if different from premises address) <u>124 Metropolitan Park Drive</u>			
21. City <u>Syracuse</u>		22. State <u>NY</u>	23. Zip Code <u>13088</u>

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 or beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Wells	Martin
Wells	Steven
Wells	Joshua
Noel	Kelly
Title	
President	
VP & Secretary	
VP, Sec. & COO	
Agent	
Phone	
Part D: Attestation	
One of the following must sign and attest to this application:	
<input type="checkbox"/> sole proprietor <input type="checkbox"/> one general partner of a partnership <input type="checkbox"/> one corporate officer <input type="checkbox"/> 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	First Name
Noel	Kelly
M.I.	A
Title	Resident District Manager
Signature	Kelly Noel
Date	5/14/25
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
5/21/25	
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
05/14/2025

Agent Type (check one)

☒ Original (no fee)

☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

American Food & Vending Corporation

2. Business Trade Name or DBA

American Dining Creations

3. Entity Type (check one)

☐ Limited Liability Company

☒ Corporation

☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License

☐ 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.
N/A

Part B: Agent Information

1. Last Name

Noel

2. First Name

Kelly

3. M.I.

A.

4. Email

5. Phone

6. Home Address

1242 Stine Way

7. City

De Pere

8. State

WI

9. Zip Code

54115

10. Date of Birth

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.

☒ Yes ☐ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?

☒ Yes ☐ No

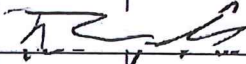
3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.

☒ Yes ☐ No

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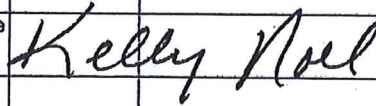
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, 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.

Last Name Wells	First Name Martin	M.I.
Title President	Email	Phone
Signature 		Date 5/19/25

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, 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.

Last Name Noel	First Name Kelly	M.I. A.
Signature 		Date 5/14/25



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: American Food & Vending Corporation
2. Business Name: American Dining Creations

Date the LLC/corporation/partnership/sole proprietorship commenced: 09/26/1990

NOTE: A copy of a business's Wisconsin Department of Revenue Seller's Permit is required to be submitted with an alcohol license application.

3. Business Address: 711 E. Boldt Way
4. Primary Business Activity:

- ☐ Restaurant
- ☐ Tavern/Night Club/Wine Bar
- ☐ Painting/Craft Studio
- ☒ Other (describe) College food & beverage service.

5. Select the type of business premises: ☒ Existing Building ☐ New Construction

If existing building, please indicate the primary nature of the previous business that operated at this location: Warch Center

If existing building, will there be construction or renovations? ☐ Yes ☒ No

If yes, explain _____

NOTE: Contact the Inspections department (920-832-6411) for information on building codes and permits.

N/A - occupying space under an agreement with Lawrence University.

6. Do you lease or own the building? ☐ Lease ☐ Own

NOTE: Proof of control of premises is required to be submitted with an alcohol license application. Acceptable documents include a lease or purchase agreement.

What is the date of purchase or the date the lease began? N/A

7. Did you purchase the business from another individual or entity? ☐ Yes ☐ No N/A

If yes, is your acquisition of the business based upon an "arm's length transaction"?

An arm's length transaction is defined as an open market sale in which the owner is willing but not obligated to sell, and the buyer is willing, but not obligated to buy.

☐ Yes ☐ No

If yes, are you related to the former business owner/licensee by blood, adoption, or marriage?

☐ Yes ☐ No

Did you hold ANY interest in the previously licensed business, or related real estate or equipment used by the previous business?

☐ Yes ☒ No If yes, explain: _____

8. Anticipated date of opening? Currently serving as the food provider at Lawrence University. Would like to begin liquor services by 6/15/25.

9. Will your business sell or serve food?

Yes ☒ If yes, please describe the type of food offerings available Catering food, Buffets, served meals, or reception events

No ☐

10. Fill in the information about operational details listed below. Attaching a copy of the floor plan is encouraged.

Seating Capacity:

Inside: 1,092 -

Outside: N/A

- 1st floor, Schumann, Parrish, and Perille hold 12 people each.
- 2nd floor, Hurvis and Mead Witter each hold 150 people.
- 3rd floor, Kraemer holds 24 people, the Art Gallery holds 200, Pusey holds 100, and Somerset holds 400.
- 4th floor, Arthur Vining Davis and Runkel hold 16 people each.

Operating Days/Hours:

Inside: 7am - 11pm daily - based on catering events.

Outside: N/A

Varies based on needs. We currently have 6 managers and 62 team members that work in food service. Only limited numbers working with catering and alcohol.

Employees/Staff (per shift/day)

Number of Personnel:

Level 0: 13,500 sq. ft.
Level 1: 23,800 sq. ft.
Level 2: 23,800 sq. ft.
Level 3: 23,800 sq. ft.
Level 4: 9,700 sq. ft.

Approximate floor building area of the premises to be licensed: _____ sq. ft.

Approximate outdoor area of the premises to be licensed: 0 sq. ft.

Summarize the day-to-day operations of the business in the space below:

College foodservice that has one all-you-care-to-eat location, one Café retail location, and one c-store location. Catering Operation that supplies food for events throughout campus buildings. Alcohol would be limited to catering events only and areas within licensed premises.

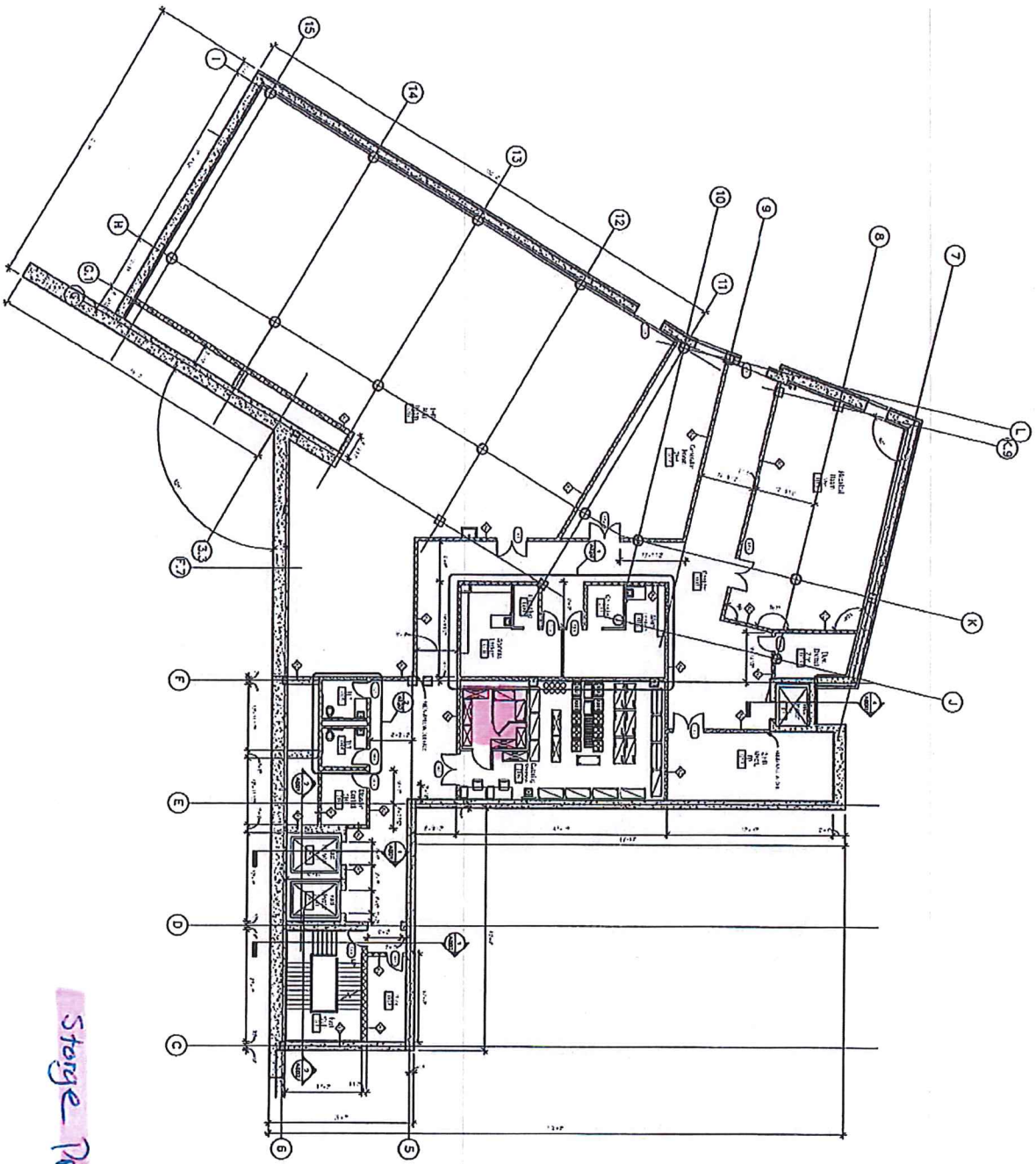
I, the applicant, understand that providing materially false information on this or any application for a license or permit under State Statute §125 is subject to civil, monetary, and license penalties. I understand that providing false information to a police officer in conjunction with the required background check for this application is subject to criminal and civil prosecution as "obstructing an officer".

Signature

Kelly Noel

Date

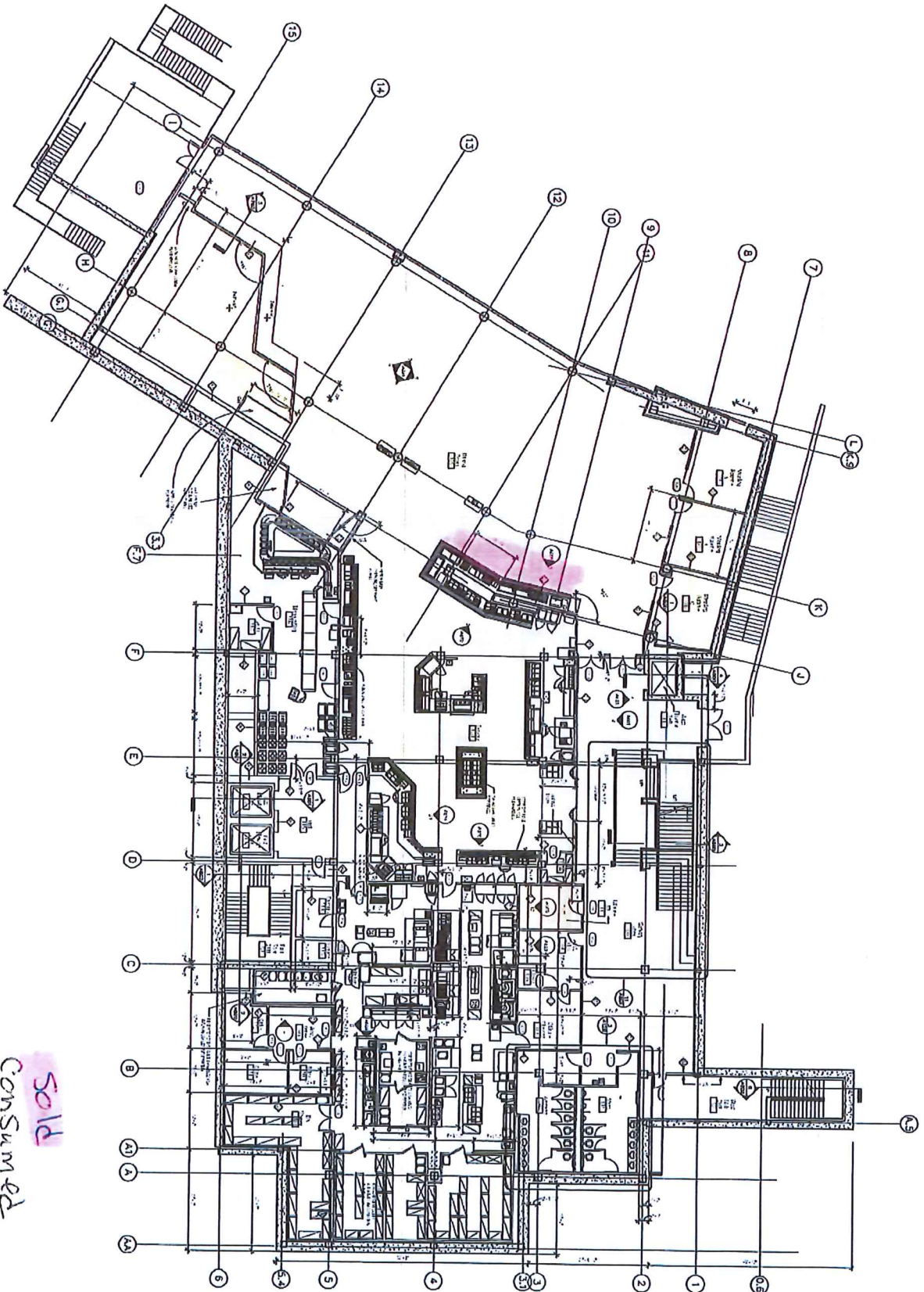
5/14/25



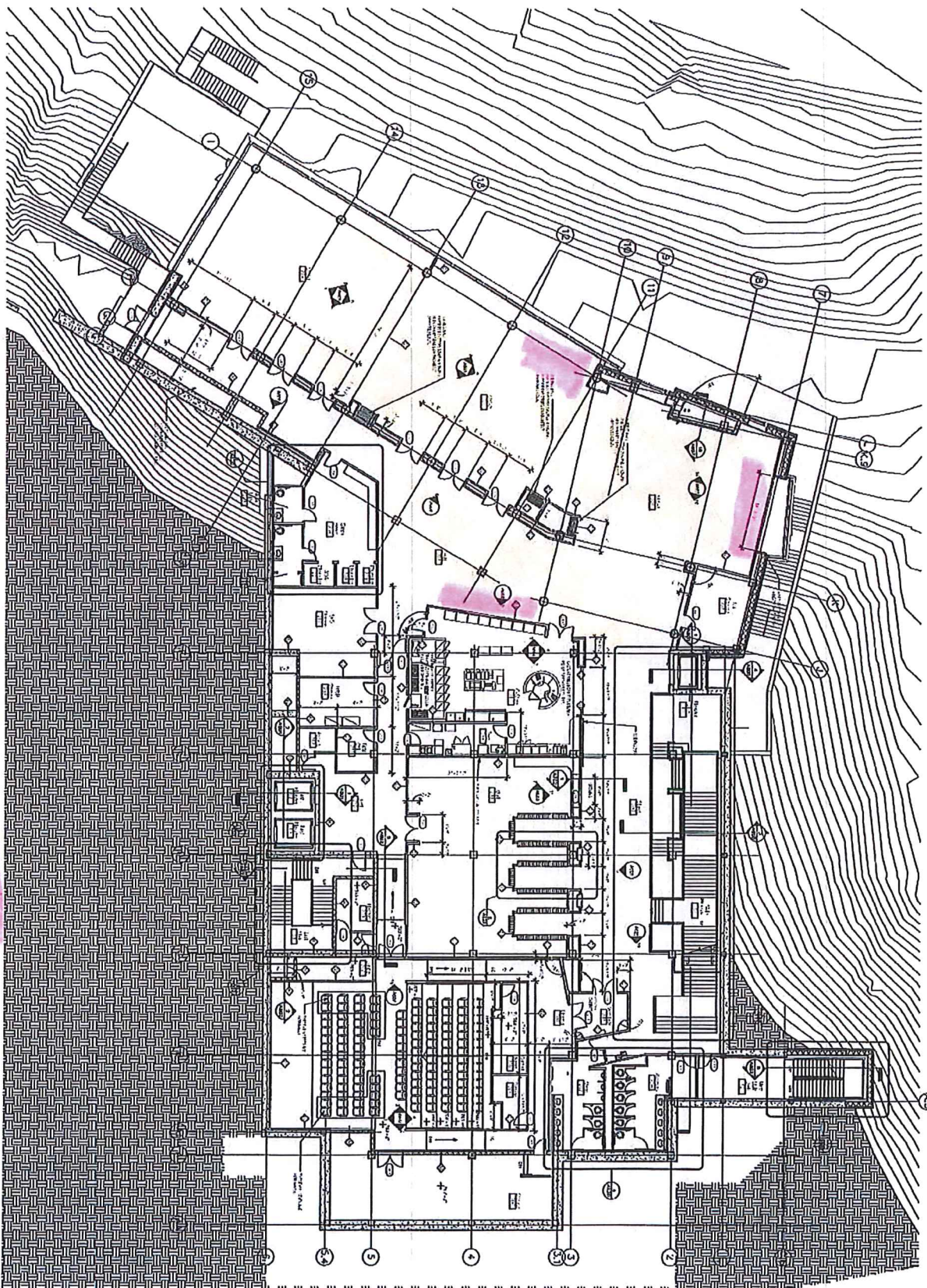
Storage Product

Level 0

Level 1



Sold
Consumed
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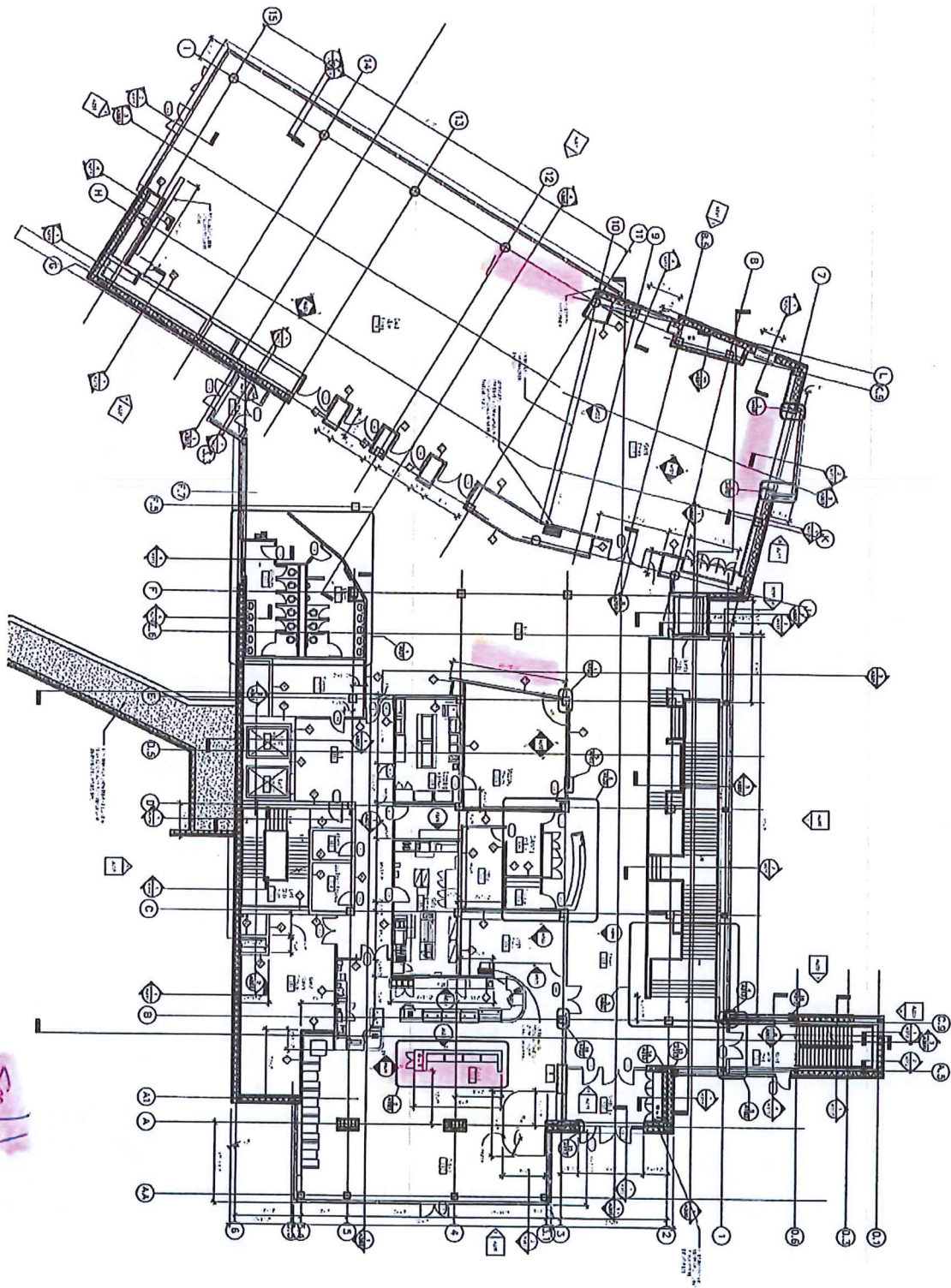


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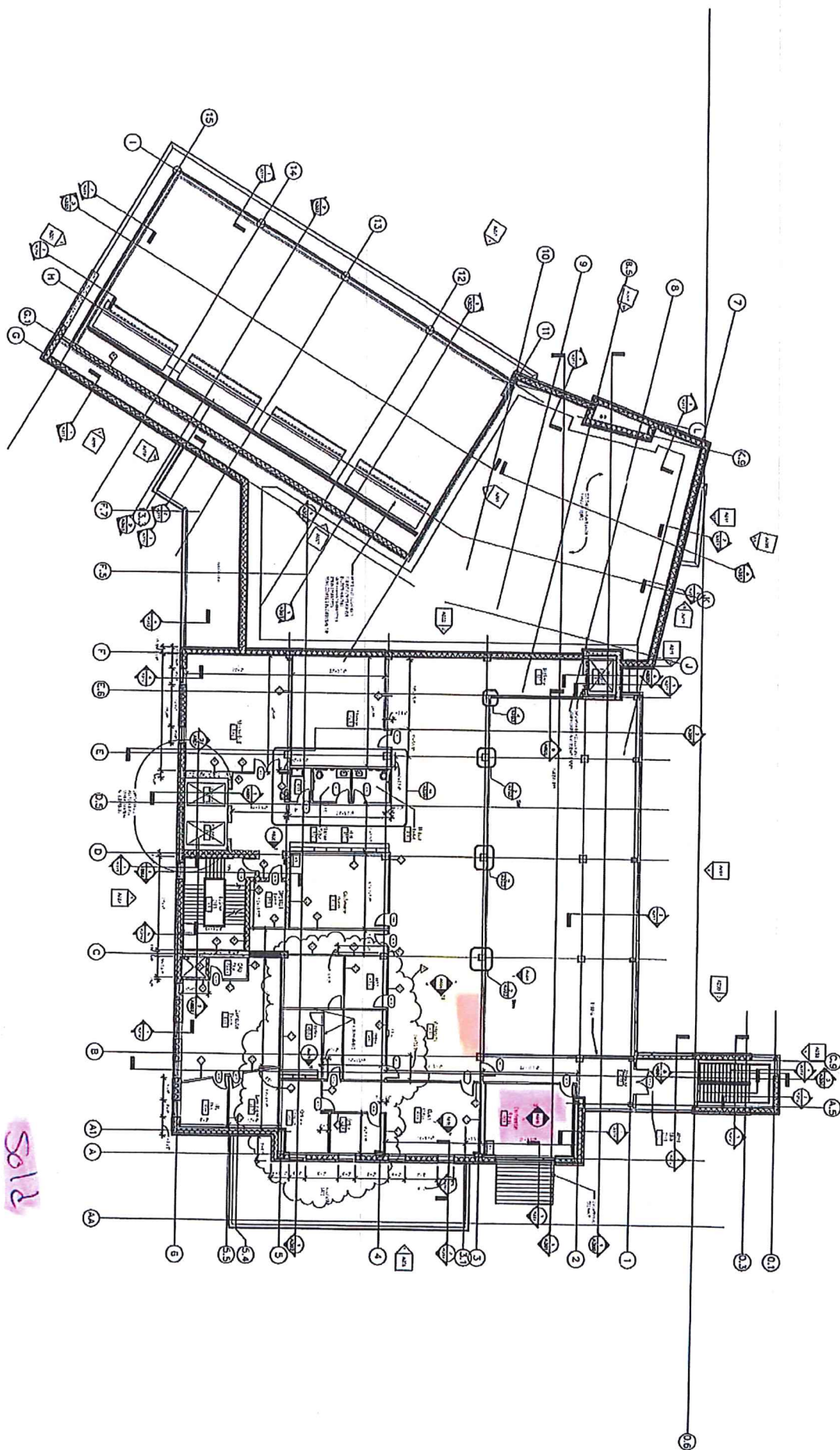
Sold
Conserved

Consumed

P12



Level 3



Leve 14

Consumed

Soil