

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: JULY 1, 2022 ending: JUNE 30, 2023  
(mm dd/yyyy) (mm dd/yyyy)

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

County of OUTA GAMIE 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 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	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
APPLETON AXE 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 full name and place of residence of each person.

President / Member Last Name <u>VAN ABEZ</u>	(First) <u>PATRICK</u>	(Middle Name) <u>LEE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W 2823 OAKRIDGE DR. APP 54915</u>
Vice President / Member Last Name <u>VAN ABEZ</u>	(First) <u>KYLE</u>	(Middle Name) <u>JOHN</u>	Home Address (Street, City or Post Office, & Zip Code) <u>146 WASHINGTON ST. KAUK 54130</u>
Secretary / Member Last Name <u>VAN ABEZ</u>	(First) <u>JOE</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>W5871 SWEET PEA APP 54915</u>
Treasurer / Member Last Name <u>BRUEKER</u>	(First) <u>TIM</u>	(Middle Name) <u>GERALD</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1713 FIELDVIEW DR. KAUK 54130</u>
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name APPLETON AXE Business Phone Number (920) 257-4358  
 2. Address of Premises 1400 W. COLLEGE AVE. ST. B1 Post Office & Zip Code APPLETON 54914

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.)  
APPROXIMATELY 6,300 S.F. ALL BEVERAGES ARE SOLD FROM BAR LOCATED IN THE CENTER OF THE SUITE ALL BEVERAGES ARE STORED IN NORTH STORAGE / OFFICE AREA

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? BREAKOUT GREEN BAY LLC.

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain .....  Yes  No  
ALL APPROPRIATE TEAM MEMBERS HAVE COMPLETED SAFE SERVIC COURSE

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
 If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain .....  Yes  No

9. (a) Corporate/limited liability company applicants only: Insert state WIS and date Oct 2020 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain .....  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  
 If yes, explain.  
BREAKOUT GREEN BAY LLC.  
BADGER BOYS II LLC

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No

12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) <u>VAN ADEL PATRICK L.</u>	Title/Member <u>MEMBER</u>	Date <u>3-31-22</u>
Signature <u>Patrick J. Van Adel</u>	Phone Number <u>[REDACTED]</u>	Email Address <u>[REDACTED]</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	