

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: 06/30/2020  
(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	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<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	\$ 60 + 7
<b>TOTAL FEE</b>	<b>\$ 267</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
MISS BROWNS FINE FOODS II, 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Brown</u>	<u>DONNA</u>	<u>HUGH</u>	<u>CORNELL 1020 N. Superior St. Appleton, WI 54911</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)



1. Trade Name MISS BROWN'S FINE FOODS II Business Phone Number (920) 358-7060  
 2. Address of Premises 400 N. Richmond St. STE G Appleton, WI 54911 Post Office & Zip Code 54911

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.)  
Alcohol will be served/sold on the interior and exterior of unit G at 400 N. Richmond St. Alcohol will be stored only in the interior of the same unit.  
Stored in cooler in the kitchen area.

4. Legal description (omit if street address is given above): [scribble]  
 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? Green Gecko Grocer & Deli

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  
Completed and passed.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.** N/A
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  
N/A
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 06-15-2017 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No  
N/A
- (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? **If yes, explain.**  Yes  No  
N/A
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.) <b>BROWN, DONNAHUGH, C.</b>	Title/Member <b>Owner</b>	Date <b>12/23/19</b>
Signature <i>Donnaugh Brown</i>	Phone Number 	Email Address 

**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	



# City of Appleton

## Liquor License Questionnaire

1. Name of Applicant: Donnahugh Brown
2. Name of Business: MISS BROWNS FINE FOODS II LLC
3. Address of Business: 400 N. Richmond St. STE G Appleton, WI 54911

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:

- ① 346.63(1)(a)/(b) → operating w/ PAC (2nd)
- ② 346.63(1)(b) → operating w/ PAC (3rd)

5. List all partners, shareholders or investors. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

N/A

First name	Initial	Last name	Date of Birth

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

Name: Dave Allen  
First name Initial Last name

Address: 400 N. Richmond St.

City, State, Zip: Appleton, WI 54911

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

Green Gecks Grocer & Deli → a deli-style restaurant that served beer & wine.

8. Are alcohol sales an existing use in this building? Yes \_\_\_\_\_ No    
 If no, When did the operation cease? 4 months ago.

9. Are alcohol sales a new use in this building? Yes \_\_\_\_\_ No    
 If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes  No \_\_\_\_\_

11. Seating capacity: Inside 50 Outside 20

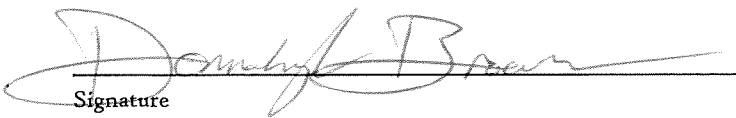
12. Operating hours: Mon-Thur 11am - 8pm ; Fri & Sat. 11am - 10pm

13. Number of floor personnel 3 Number of door checkers 2

14. In general, state the size, design and type of the proposed establishment and the operational details.

Roughly 1,950 sq. feet of indoor floor space is leased by  
Miss Brown's Fine Foods II LLC, from Mr. Management at 400 N. Richmond  
St. STE G Appleton, WI 54911 with an outdoor patio area for  
service. The establishments primary focus is a restaurant

02/22/2020  
Date

  
Signature

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

**SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of Appleton County of Outagamie

The undersigned duly authorized officer(s)/members/managers of Miss Brown's Fine Foods II LLC  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

located at 400 N. Richmond St. STE G, Appleton, WI 54911  
(trade name)

appoints DonnaHugh Brown  
(name of appointed agent)

1020 N. Superior St. Appleton WI 54911  
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 3 years

Place of residence last year 1020 N. Superior St. Appleton, WI 54911

For: Miss Brown's Fine Foods II LLC  
(name of corporation/organization/limited liability company)

By: DonnaHugh Brown  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, DONNAHUGH BROWN, hereby accept this appointment as agent for the  
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

DonnaHugh Brown 02/22/2020  
(signature of agent) (date)

Agent's age 33

1020 N. Superior St. Appleton WI 54911  
(home address of agent)

Date of birth 02/22/1987

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)