

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning _____ 20 19 ;
ending JUN 30 20 _____

TO THE GOVERNING BODY of the: Town of
 Village of } Appleton
 City of

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

1. The named Individual Partnership Limited Liability Company
 Corporation / Nonprofit Organization

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ _____

CIRCLE COLLECTIVE 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 name, title, and place of residence of each person.

| Title | Name (Last, First, M.I.) | Home Address | Post Office & Zip Code |
|-----------------------|----------------------------|--|------------------------|
| President/Member | <u>GETCHIUS, BRIANNE M</u> | <u>208 E CIRCLE STREET APPLETON WI</u> | <u>54911</u> |
| Vice President/Member | _____ | _____ | _____ |
| Secretary/Member | _____ | _____ | _____ |
| Treasurer/Member | _____ | _____ | _____ |
| Agent ▶ | <u>Brianne Getchius</u> | _____ | _____ |
| Directors/Managers | _____ | _____ | _____ |

3. Trade Name ▶ PINOT'S PALETTE Business Phone Number _____

4. Address of Premises ▶ 226 E COLLEGE AVE Post Office & Zip Code ▶ APPLETON 54911

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) 2800 sq ft 2 room art studio

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

11. (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? AMY DUFFEY / ARTFUL EXPRESSIONS LLC

12. 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

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

14. 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.

Brianne Getchius
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

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 | |

| Applicant's WI Seller's Permit No.: FEIN Number: _____ | |
|--|-----------------------|
| LICENSE REQUESTED ▶ | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ _____ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100-</u> |
| <input checked="" type="checkbox"/> Class C wine | \$ <u>100-</u> |
| <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 | \$ <u>27</u> |
| TOTAL FEE | \$ <u>227-</u> |



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: Brianne
Getchius _____

2. Name of Business: Pinot's Palette

3. Address of Business: 226 E College Ave Appleton WI
54911 _____

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No X _____
 AND/OR been convicted of a felony? Yes _____ No X _____
 If yes to either question, please explain in detail: _____

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

| | | | |
|---|--------------------------|---------------------------------|---------------|
| <u> </u> <u>Brianne</u> _____ | <u> </u> <u>M</u> _____ | <u> </u> <u>Getchius</u> _____ | |
| <u> </u> <u>10</u> / <u> </u> <u>04</u> / <u> </u> <u>1984</u> _____ | | | |
| First name | Initial | Last name | Date of Birth |

| | | | |
|-------------------------------|---------|-----------------|---------------|
| <u> </u> / <u> </u> / _____ | | <u> </u> _____ | |
| First name | Initial | Last name | Date of Birth |

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| First name | Initial | Last name | Date of Birth |

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| <u> </u> / <u> </u> / _____ | | <u> </u> _____ | |
| First name | Initial | Last name | Date of Birth |

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

Name: Amy L Duffey

Address: W 6310 Rocky Mountain Drive

City, State, Zip: Greenville WI 54942

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

Same name, and same nature of business as current

8. Are alcohol sales an existing use in this building? Yes No
If no, When did the operation cease? _____ 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 64
Outside _____

12. Operating hours: Varies based on class schedule

13. Number of floor personnel 1 Number of door checkers —

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

2800 square feet, 2 room art studio offering

art education classes to the public and for private events.

Offering wine and beer sales on premises only.

Date 3/13/19

Signature 

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