

**Application for Transfer of Retail Licenses for Sale of Fermented Malt Beverages
and/or Intoxicating Liquor From One Premises to Another**

FEE \$ 10

Appleton, Wisconsin

march 15, 20 23

To the governing body of the ☒ City ☐ Village ☐ Town of Appleton

County of Outagamie Wisconsin.

Class "B" Beer & "Class B" Liquor

The undersigned hereby applies for a transfer of Class _____ license from _____

528 W College Ave to 511 W College Ave
(Present Location) (Proposed Location)

on or about 05/01/2023
(Date)

1. APPLICANT: (print name and address plainly)

(a) Full name of applicant Rebekkah L Garcia

(b) Address 1033 madison street Little Chute WI 54140

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE:
Describe building or buildings where alcohol beverages are to be sold, served, consumed, and stored.

(a) Street number 511 W College Ave

(b) Trade name of establishment Calaveras Fine Fusions LLC

(c) Physical description of building, buildings and/or land area comprising licensed premises.
building is roughly 6000 sq feet including use of the
main level. upstairs for storage, and no basement
use or access

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

(e) Is any other business conducted on same premises? ☐ Yes ☒ No If so, what? _____

(f) Was this location licensed for beer or liquor during the past year? ☒ Yes ☐ No

(g) Give name and address of previous licensee. Slackers Bar
Steve Van Fossen

(h) Will the previous licensee surrender its license? ☒ Yes ☐ No

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying
N/A There will be brewer, bottler, wholesaler, or manufacturer
4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held
all fixtures are in proper working condition to be used as functioning restaurant & bar

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Bekki Garcia
(Signature)

CLASS OF BUSINESS

Name Calaveras Fine Fusion

Original Location 526 W. College Ave

Ward _____

Proposed Location 511 W College Ave

Ward _____

License No. _____

Treasurer's Receipt No. 4770-13

Filed 3-17-23

Submitted to Council or Board

Approved _____ Date _____

Denied _____ Date _____



City of Appleton Alcohol License Questionnaire

1. Name of Applicant: Rebekka L Garcia

2. Name of Business: Calaveras Fine Fusions LLC

(Check Applicable Box(s) to identify primary business activity)

- ☒ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Microbrewery/Brewpub
☐ Painting/Craft Studio
☐ Other (describe) _____

3. Address of Business: ~~528 W College Ave~~ → 511 W College Ave

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes X No _____

AND/OR been convicted of a felony? Yes _____ No X

If yes to either question, please explain in detail below:

DUI in 2018

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

<u>Rebekka</u>	<u>L</u>	<u>Garcia</u>	<u>●●●● / ●●●●</u>
First name	M.I.	Last name	Date of Birth
<u>Edgar</u>	<u>m</u>	<u>Garcia-Samaniego</u>	<u>●●●● / ●●●●</u>
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

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

Name: Steve Van Fossen

First name Middle Initial Last name

Address: 511 W College Ave Appleton WI

City State ZIP

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

Name: Slackers / Fress

(Check Applicable Box(es) 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 X 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?

13 months ago.

10. Seating capacity: Inside 299 Outside N/A

11. Operating hours (Inside the building): ~~Thurs~~ Wednesday-Saturday 5pm-2am
Operating hours (Outdoor seating areas): N/A

12. Employees/Staff

Number of floor personnel 10 Number of door checkers 2

13. In general, state the size and operational details of the proposed establishment:

- a. Gross floor building area of the premises to be licensed: 6000 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:

Looking to move our current bar/restaurant
to this space with an actual functioning kitchen
to serve food. After kitchen hours will remain
a cocktail lounge

Rebecca Garcia
Signature

3.15.23
Date