| ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION | Applicant's WI Seller's Permit No.: FE | 83-381516 |
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| Submit to municipal clerk. | LICENSE REQUESTED | |
| For the license period beginning $\underline{\text{July } 15}$ $\underline{\text{20 } \underline{19}}$; | TYPE | FEE |
| For the license period beginning $\underline{July\ 15}$ $\underline{20\ 19}$; ending $\phantom{00000000000000000000000000000000000$ | Class A beer | \$ |
| ☐ Town of ▶ | _ Class B beer | \$ |
| — | _ Class C wine | \$ |
| TO THE GOVERNING BODY of the: Village of Appleton | Class A liquor | \$ |
| X City of | Class B liquor | \$ 600 |
| County of Outagamie Aldermanic Dist. No. (if required by ordinance) | Reserve Class B liquor | \$ \0,000 |
| , | ☐ Class B (wine only) winer | |
| 1. The named INDIVIDUAL PARTNERSHIP X LIMITED LIABILITY COMPANY | | \$60 +7 |
| CORPORATION/NONPROFIT ORGANIZATION | TOTAL FEE | \$10.667 |
| hereby makes application for the alcohol beverage license(s) checked above. | | THO ; OU I |
| 2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give r | registered name): | |
| Luangpraseuth, Bounpheng Ping; Thai Ginger Bistro LLC | | |
| An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this applicati partnership, and by each officer, director and agent of a corporation or nonprofit organization | ion by each individual applicant, , and by each member/manager | by each member of a |
| liability company. List the name, title, and place of residence of each person. | i, and by each membermanager | and agent of a minted |
| Title Name H | ome Address Pos | t Office & Zip Code |
| President/Member Member Luangpraseuth, Bounpheng Ping 24 | 903 N Rankin St, Apt 1, App | leton, WI 54911 |
| Vice President/Member | | |
| Secretary/Member | | |
| Treasurer/Member | | |
| Agent LUANGPRASEUTH BOUNPHENG PING Directors/Managers | | |
| Directors/Managers | | |
| 3. Trade Name Thai Ginger Bistro LLC Busines | ss Phone Number N/A | |
| 4. Address of Premises ▶ 1619 W College Ave, Suite F, Appleton Post Of | ffice & Zin Code > 54914 | |
| 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the re | • | * * |
| training course for this license period? | sponsible beverage server | X Yes No - |
| 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? | | |
| Is the applicant air employe or agent or, or acting on behalf of anyone except the named applicant? Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or contribution. | | |
| 8. (a) Corporate/limited liability company applicants only: Insert state <u>Wisconsin</u> and a | | |
| (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary of any other corporation or limited liability company as subsidiary or liability company as | | |
| | | Li tes 🔼 NO |
| (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or | • | □ Vaa 🖾 Na |
| agent hold any interest in any other alcohol beverage license or permit in Wisconsin? | | Yes X No |
| (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 | , | |
| 9. Premises description: Describe building or buildings where alcohol beverages are to be sold and sto | red. The applicant must include | |
| all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alco | | |
| may be sold and stored only on the premises described.) Stored in cabinets & refrigerator in bar area 10. Legal description (omit if street address is given above): Sales & consumption in bar and dining area | , shelving in dining area and shelving Records kent in office room | <u>g & refrigerator in kitch</u> en |
| | | |
| 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? | | Yes X No |
| (b) If yes, under what name was license issued? N/A | | |
| 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) | | ₩ Vaa Na |
| before beginning business? [phone 1-800-937-8864] | | [X] Yes |
| 13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the sar | | 57 V |
| Section 2, above? [phone (608) 266-2776] | | |
| 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin who | lesalers, breweries and brewpubs? | X Yes No |
| READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above | | |
| edge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities | s conferred by the license(s), if grante | d, will not be assigned to |
| another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/ | managers of Limited Liability Compani | es must sign.) Any lack of |
| access to any portion of a licensed premises during inspection will be deed as a redusar to populity inspection. Such refu | usar is a misdemeanor and grounds for | revocation of this license. |
| SUBSCRIBED AND SWORN TO BEFORE ME | | September of the Park of the P |
| access to any portion of a licensed premises during inspection will be deemed a regular to pormit inspection. Such refuse this | | |
| Compoer of Corporation | n/Member/Manager-of Limited Liability Co | ompany/Partner/Individual) |
| (Clerk/Notary Public) = (Officer of Corp. | oration/Member/Manager of Limited Liabil | lity Company/Partner\ |
| My commission expires 10/31/2021 = 0 PUBLIC / E | S. G. G. M. W. G. M. G. M. G. | , Joinpanyn armen |
| (Additional Par | tner(s)/Member/Manager of Limited Liabi | lity Company if Any) |
| TO BE COMPLETED BY CLERK | - | |
| Date received and filed Date reported to council/board ///, Date provisional license issued | Signature of Clerk / Deputy Clerk | |
| With Humicipal ciefs 4-15-19 | | |
| Date license granted | | |
| AT-106 (R. 6-14) | Wiscon | nsin Department of Revenue |



City of Appleton Liquor License Questionnaire

| | ant:Luanprase | euth, Bounpher | ng Ping | |
|---------------------------------------|---------------------------------------|------------------|----------------------|--------------------------|
| 2. Name of Busine | ss: Thai Ging | er Bistro LLC | | |
| 3. Address of Busin | ness: 1619 W (| College Ave, S | uite F, Appleton, WI | 54914 |
| ordinance violatior AND/OR been co | n? Yes nvicted of a fel | No_X ony? Yes | | ed of a misdemeanor or |
| birth. Please use a | dditional sheet | s if necessary. | | ddle initial and date of |
| Bounpheng | P | . , | ngpraseuth | |
| First name | Initial | Last | name | Date of Birth |
| First name | Initial | Last | name | Date of Birth |
| First name | Initial · | Last | name | Date of Birth/ |
| First name | Initial | Last | name | Date of Birth |
| 6. Name of persor | | ou are buying | the premises and equ | ipment from? |
| Name: N/A | · · · · · · · · · · · · · · · · · · · | | | |
| Name: N/A First name Address: | | Initial | Last name | |
| First name Address: | | | | |
| First name Address: City, State, Zip: | | • | | |

| 8. | Are alcohol sales an existing use in this building? Yes No_X If no, When did the operation cease? about 12 months ago. |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. | Are alcohol sales a new use in this building? Yes X 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 X No |
| 11. | Seating capacity: Inside 80 Outside Nil |
| 12. | Operating hours: 11:00 am to 10:00 pm |
| 13. | Number of floor personnel 4 Number of door checkers Nil |
| op Th | In general, state the size, design and type of the proposed establishment and the erational details. e proposed establishment, once completed, will be a new independent, family-owned restaurant to the second of |
| ına | t serves Thai food. The restaurant, still under construction, is in one of the tenant spaces of an |
| exi | sting strip mall. The size of the restaurant is 50 ft x 80 ft. Beer, wine, liquor and other |
| no | n-alcoholic beverages will be served to complement the fine food prepared in the restaurant. |
| Th | e alcoholic beverages will be brought to the tables or dispensed over bar counter by restaurant |
| ser | vers. |
| _{Dat | 1, / 9 Signature |
| | · |
| | |
| | |
| | Reasonable accommodations for persons with disabilities will be made upon request and if feasible. |