



Alcohol License Premises Amendment Request Form

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE

CASH OR CHECK ONLY!

Date Rec'd 04/29/2026

License Fee - \$10.00

Total \$ 10.00

Receipt #: 10254-3

SECTION 1 - ESTABLISHMENT INFORMATION

Establishment Name CAPITOL CENTRE	Establishment Phone Number 920-735-9941
Establishment Address 725 W CAPITOL DRIVE, APPLETON, WI, 54914	
Agent Name MICHAEL GONNERING	Agent Phone Number (Required)

SECTION 2 - PREMISES AMENDMENT **A drawing/diagram of the proposed area must be submitted with this application**

Is this Premises Amendment permanent or temporary? PERMANENT TEMPORARY

Please describe the change in premises: WE WOULD LIKE TO UTILIZE EXTERIOR AREAS OF OUR PARKING LOT FOR WARM WEATHER MONTHS LEAGUES, EVENTS, AND CELEBRATIONS. ALL AREAS WOULD BE FENCED FOR DESIGNATION DURING SUCH ACTIVITIES.

ALCOHOLIC CONSUMPTION WOULD TAKE PLACE IN THESE AREAS. ALL PURCHASE WOULD HAPPEN INSIDE THE BUILDING.

SEE PLEASE MAP OF THE REQUESTED AREAS. THESE AREAS WOULD ONLY BE UTILIZED DURING WARM WEATHER MONTHS.

If temporary, please specify the event or reason for the amendment: _____

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: _____

SECTION 3 - PENALTY NOTICE

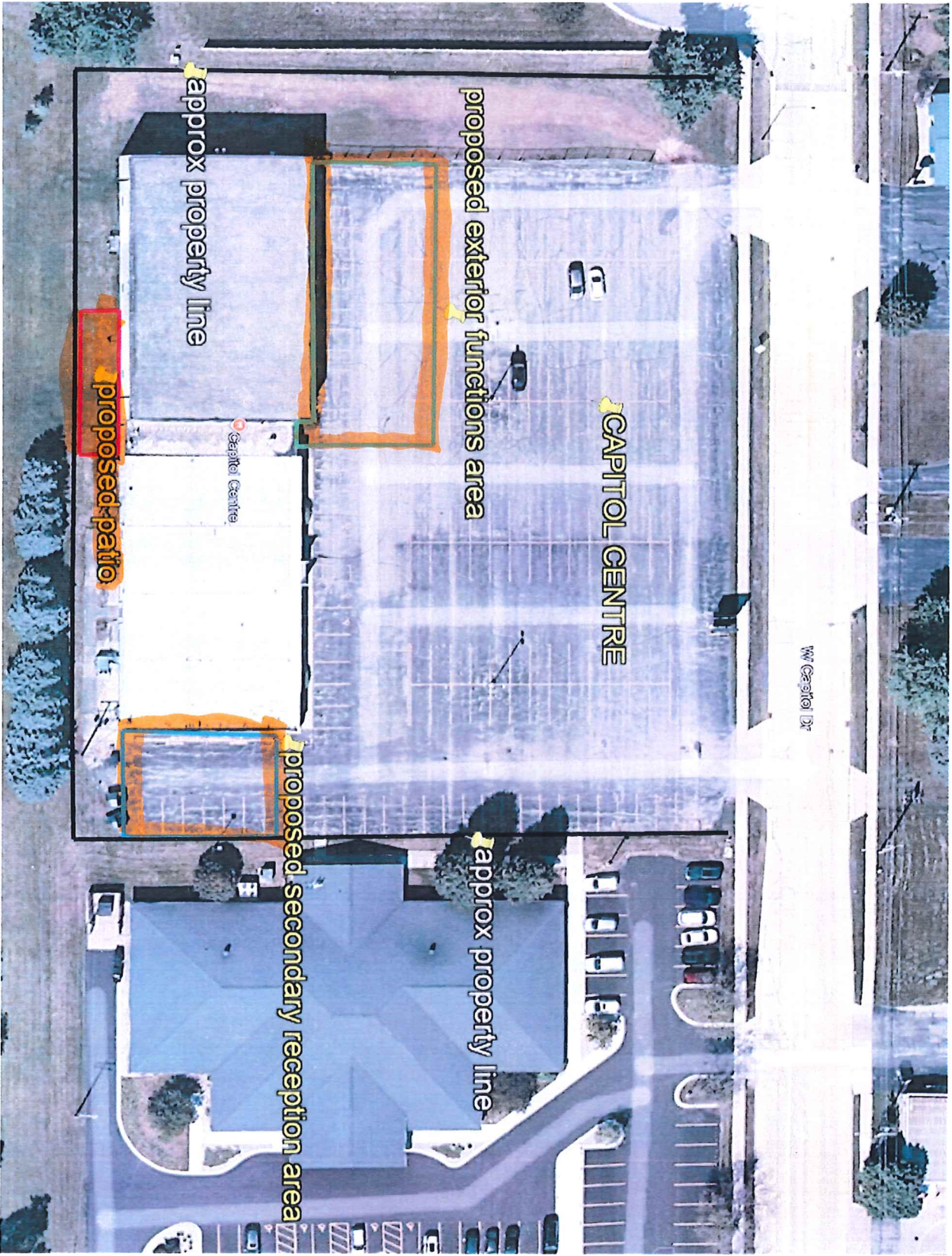
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: *Michael Gonnering* Date: 4/23/26

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason	
Police	X		B. Goodin	4-30-26	
Fire	X		D. Henson	4-30-26	
Health	X		S. Kihl	5-1-26	
Community Development					
Inspections					
Finance	X		J. Huss	4-29-26	
Public Works	X		P. Newberger	4-29-26	
Safety and Licensing Date:	<u>5-13-26</u>		Recommendation:	Common Council Date: <u>5-20-2026</u>	Recommendation:
Date sent for Review <u>4/29/26</u>	Date Approved ____/____/____	Date Issued ____/____/____	Expiration Date ____/____/____	License Number	



CAPITOL CENTRE

W Capitol Dr

proposed exterior functions area

approx property line

proposed patio

proposed secondary reception area

approx property line

Capitol Centre