

Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

**License(s) Requested:** (up to two boxes may be checked)

- Class "A" Beer ..... \$ \_\_\_\_\_      Class "B" Beer ..... \$ 100  
 "Class A" Liquor ..... \$ \_\_\_\_\_     "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_      Reserve "Class B" Liquor \$10,500  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_     Deposit \$50

Fees	
License Fees	\$10,600
Background Check Fee	\$ 14
Publication Fee	\$ 60
<b>Total Fees</b>	<b>\$</b>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) KayZa, LLC.			
2. Business Trade Name or DBA Tomaso's			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1031808942-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 04/01/2024	8. Wisconsin DFI Registration Number K064112
9. Premises Address 115 E. Washington St. Suite 106			
10. City Appleton		11. State WI	12. Zip Code 54911
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District
16. Premises Phone (414) 708-8339	17. Premises Email lukesgmt@gmail.com		18. Website Tomasosza.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. The square footage of our restaurant is 2,875. We will store and sell alcoholic beverages. Our space is on the first floor in the Urbane building (suite 106). We will store beverages in a walk in cooler, storage area and behind the bar.			
20. Mailing Address (if different from premises address) 201 S. Riverheath Way Apt 202			
21. City Appleton		22. State WI	23. Zip Code 54915

Part B: Questions		
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . .  Yes  No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . .  Yes  No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

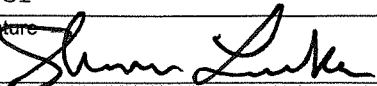
Last Name	First Name	Title	Phone
Lukes	Shawn	Owner	
Curlee	Janelle	Owner	

**Part D: Attestation**

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Lukes	First Name Shawn	M.I. P
Title Owner	Email	Phone
Signature 		Date 02/18/20

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 2/18/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

# Alcohol Beverage Appointment of Agent

Date
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Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <span style="float: right; font-size: 1.2em;">Kayza LLC</span>	
2. Business Trade Name or DBA <span style="float: right; font-size: 1.2em;">Tomaso's</span>	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name <span style="font-size: 1.2em;">Curlee</span>	2. First Name <span style="font-size: 1.2em;">Janelle</span>	3. M.I. <span style="font-size: 1.2em;">M</span>	
4. Email		5. Phone	
6. Home Address <span style="font-size: 1.2em;">201 S Riverheath Way #202</span>			
7. City <span style="font-size: 1.2em;">Appleton</span>	8. State <span style="font-size: 1.2em;">WI</span>	9. Zip Code <span style="font-size: 1.2em;">54915</span>	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	Curlee	First Name	Janelle	M.I.	M
Title	owner	Ema		Phone	
Signature	Janelle M. Curlee			Date	2.18.25

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	Curlee	First Name	Janelle	M.I.	M
Signature	Janelle M. Curlee			Date	2.18.25



# City of Appleton

## Alcohol License Questionnaire

1. Applicant Name: Janelle Curlee

2. Business Name: Kay Za LLC

Date the LLC/corporation/partnership/sole proprietorship commenced: \_\_\_\_\_

NOTE: A copy of a business's Wisconsin Department of Revenue Seller's Permit is required to be submitted with an alcohol license application.

3. Business Address: 115 E Washington St, Ste 106 Appleton WI, 54911

4. Primary Business Activity:
- Restaurant
  - Tavern/Night Club/Wine Bar
  - Painting/Craft Studio
  - Other (describe) \_\_\_\_\_

5. Select the type of business premises:  Existing Building  New Construction.  
If existing building, please indicate the primary nature of the previous business that operated at this location: \_\_\_\_\_

6. Do you lease or own the building?  Lease  Own  
NOTE: Proof of control of premises is required to be submitted with an alcohol license application. Acceptable documents include a lease or purchase agreement.

What is the date of purchase or the date the lease began? 12/1/2024

7. Did you purchase the business from another individual entity?  Yes  No

If yes, is your acquisition of the business based upon an "arm's length transaction"?  
An arm's length transaction is defined as an open market sale in which the owner is willing but not obligated to sell, and the buyer is willing, but not obligated to buy.

Yes  No

If yes, are you related to the former business owner/licensee by blood, adoption, or marriage?  
 Yes  No

Did you hold ANY interest in the previously licensed business, or related real estate or equipment used by the previous business?  
 Yes  No If yes, explain: \_\_\_\_\_

8. Anticipated date of opening? 4/15/2025

9. Will your business sell or serve food?

Yes  If yes, please describe the type of food offerings available pizza, salad  
sandwiches, desserts

No

10. Fill in the information about operational details listed below. Attaching a copy of the floor plan is encouraged.

Seating Capacity: Inside: 60

Outside: 0

Operating Days/Hours: Inside: Wed-Sun 11-9 pm

Outside: NA

Employees/Staff (per shift/day) Number of Personnel: 6

Approximate floor building area of the premises to be licensed: 2800 sq. ft.

Approximate outdoor area of the premises to be licensed: 550 sq. ft.

Summarize the day-to-day operations of the business in the space below:

Cooking made to order pizza, salad,  
sandwiches + offering desserts for  
both dine-in + carryout. We will offer  
beverages, both alcoholic + NA. It will be  
the best pizzeria + pizza in Appleton ☺

I, the applicant, understand that providing materially false information on this or any application for a license or permit under State Statute §125 is subject to civil, monetary, and license penalties. I understand that providing false information to a police officer in conjunction with the required background check for this application is subject to criminal and civil prosecution as "obstructing an officer".

Janelle M. Culee  
Signature

2.18.25  
Date