

Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	Appleton
License Period	7/1/23 - 6/30/24

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ 100 "Class B" Liquor \$ _____
 "Class C" Wine \$ 100 "Class A" Liquor (Cider Only) \$ _____
 Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ <u>200</u>
Publication Fee	\$ <u>60</u>
Background Check	\$ <u>14</u>
Total Fees	\$ <u>274</u>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
off the vine Woodfire Pizza Co., LLC

2. Trade Name or DBA
Broken Tree Pizza

3. Premises Address
201 S. Riverheath Way Ste 1100

4. County Ottawa 5. Municipality Appleton 6. Aldermanic District _____

7. Mailing Address (if different from premises address)
629 Hansen St. Neenah WI 54956

8. FEIN
REDACTED

9. Wisconsin Seller's Permit Number
REDACTED

10. Premises Phone
920 257 4071

11. Premises Email
Keith@brokentreepizza.com

12. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.

Restaurant/Bar located at 201 S. Riverheath way, Ste 1100. There is a loft area, bar/dining area and patio where beverages will be sold + consumed. All alcoholic beverages will be stored in the walk-in cooler located behind bar on main floor.

Part B: Questions

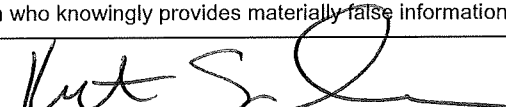
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. Yes No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only		
1. State of Registration WI		2. Date of Registration 2/14/2014
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company		FEIN of Parent Company
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name Schreiner	Agent's First Name Keith	Phone REDACTED

Part D: Individual Information
A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Schreiner	Keith	Member	REDACTED
Schreiner	Emily	Member	REDACTED

Part E: Attestation			
Who must sign this application? • sole proprietor • one general partner of a partnership • one corporate officer • one managing 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.			
Signature 		Date 9/1/23	
Name (Last, First, M.I.) Schreiner Keith P			
Title Member	Email REDACTED	Phone REDACTED	

Part F: For Clerk Use Only		
Date application was filed with clerk 9-1-23	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		



City of Appleton Alcohol License Questionnaire

1. Name of Applicant: Keith Schreiner

2. Name of Business: Off the Vine WoodFire Pizza Co., 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: 201 S. RiverHeath Way ste 100

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 below:

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.

Keith	P	Schreiner	REDACTED
First name	M.I.	Last name	Date of Birth
Emily	M	Schreiner	REDACTED
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: RiverHeath LLC
First name Middle Initial Last name

Address: 161 S. RiverHeath Way ste 2000 Appleton WI 54915
City State ZIP

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

Name: Mr. Brews Taphouse

(Check Applicable Box(s) 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 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?

4 months ago.

10. Seating capacity: Inside 100 Outside 50

11. Operating hours (Inside the building): 11am - 12pm mon-sun
Operating hours (Outdoor seating areas): 11am - 9pm mon-sun

12. Employees/Staff

Number of floor personnel 6 Number of door checkers 0

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

- a. Gross floor building area of the premises to be licensed: 3200 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 1000 square feet.
- c. Below, identify the operational details of the proposed establishment:

Pizza restaurant serving pizza, salads, various appetizers, draft beer and wine.

Kurt Schum
Signature

4/17/23
Date

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town
 Village of APPLETON County of Doutagamie
 City

The undersigned duly authorized officer/member/manager of Off the Vine Woodfire Pizza Co., LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
Broken Tree Pizza
(Trade Name)

located at 201 S. RiverHeath Way Ste 1100 Appleton 54915

appoints Keith Schreiner
(Name of Appointed Agent)
629 Hansen St. Neenah WI 54956
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Off the Vine Woodfire Pizza Co., LLC Neenah, WI

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 15 years

Place of residence last year 629 Hansen St. Neenah WI 54956

For: Off the Vine Woodfire Pizza Co., LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Keith Schreiner
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Keith Schreiner, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Keith Schreiner 4/17/23 Agent's age REDACTED
(Signature of Agent) (Date)

629 Hansen St. Neenah WI 54956 Date of birth REDACTED
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)