

# Renewal 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 ..... \$ \_\_\_\_\_     "Class A" Liquor (Cider Only) \$ 0  
 Reserve "Class B" Liquor \$ \_\_\_\_\_     "Class B" (Wine Only) Winery \$ \_\_\_\_\_

License Fees	\$ <u>100</u>
Publication Fee	\$ <u>60</u>
Background Check	\$ <u>7</u>
<b>Total Fees</b>	<b>\$ <u>167</u></b>

**Part A: Premises/Business Information**

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)  
Among Express LLC

2. Trade Name or DBA  
Among Express

3. Premises Address  
1216 N. Division St Appleton, WI 54911

4. County Outagamie      5. Municipality \_\_\_\_\_      6. Aldermanic District \_\_\_\_\_

7. Mailing Address (if different from premises address)  
339 W. Wisconsin Ave Appleton WI 54911

8. FEIN REDACTED      9. Wisconsin Seller's Permit Number REDACTED

10. Premises Phone 920-903-8035      11. Premises Email Among Express 1216 @ gmail.com

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

13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body.  
Small dining area for sale and consumption.  
Beer will be store down stairs in storage room.

**Part B: Questions**

1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? .....  Yes     No

If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.

First Name <u>Soua</u>	Last Name <u>Xang</u>	Title <u>Member</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Phone <u>REDACTED</u>			
First Name	Last Name		
Phone	Title		<input type="checkbox"/> Add <input type="checkbox"/> Remove
First Name	Last Name		
Phone	Title		<input type="checkbox"/> Add <input type="checkbox"/> Remove

**Part B: Questions Cont.**

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information .....  Yes  No
3. Does the licensee 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)? If yes, please explain using the space below. Attach additional sheets if necessary .....  Yes  No
4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? .....  Yes  No
5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)?  Yes  No
6. Is the business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  Yes  No
7. Does the applicant owe municipal property taxes, assessments, or other fees? .....  Yes  No

**Part C: For Corporate/LLC Applicants Only:**

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104 .....  Yes  No
- |                                   |                                    |                                |
|-----------------------------------|------------------------------------|--------------------------------|
| 2. Agent Last Name<br><i>Thao</i> | Agent First Name<br><i>Ka Ying</i> | Agent Phone Number<br>REDACTED |
|-----------------------------------|------------------------------------|--------------------------------|

**Part D: 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 <i>Ka Ying Thao</i>	Date <i>6/29/2023</i>
Name (Last, First, M.I.) <i>Thao Ka Ying</i>	
Title <i>owner</i>	Email REDACTED
Phone	

**Part E: For Clerk Use Only**

Date application was filed with clerk <i>6-29-23</i>	Date reported to governing body <i>7-19-23</i>	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		