Alcohol License Premises Amendment Request Form



<u>NOTE</u>: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY! Date Recv'd 4 18 25		
€ License Fee - \$10.00	Total \$		
	Receipt #:		

SECTION 1 - ESTABLISHMENT INFORMATION.							
Establishment Name RWBRSIDT B1	or/GR	4)		Establishment Phone N	lumber 5-3605		
906 S OIDE ONIBAD ST Apploton WISC 54915							
90-405900-009							
CONEGE UAN D	Agent Name (NEGCUAN DIN +6R 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: USB PARKING LUT FON BAR / TABLES							
If temporary, please specify the event or reason for the amendment:							
intemporary, please spec	ny the event	Of feason	ii lor the amendment				
Salaran demand		al(-)	4h-4 4hii	androus will be villined.			
If temporary, please list t	ne date(s) ar 	ia time(s)	that this premises and	andment will be utilized: _	Jus 300	7025	
	<u></u>	<u> </u>	F.00-	7:30 am All 6	141.9		
July 31 2025 - August 3pp 2025 B'W- Z:3Dam All Days SECTION 3-PENALTY NOTICE Am							
				the City of Appleton and a	agree that any licens	e 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 Applicanty Date: 06, 18, 25							
FOR OFFICE USE ONLY							
Department	Approve	Deny	Staff Member	Reason		· ·	
Police							
Fire							
Health		<u> </u>					
Community Development							
Inspections							
Finance							
Public Works							
Safety and Licensing Date:	J		Recommendation:	Common Council Date:		Recommendation:	
Date sent for Review	Date Approve	d	Date Issued	Expiration Date	License Number		
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