Original Alcohol Be [*] Submit to municipal clerk.)	verage Retail	Applicant's Wisconsin Seller's Permit Number			
,				FEIN Number	
For the license period beginning	(mm dd yyyy)		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
o the Governing Body of the:	☐ Town of 🔒	A 1 1		Class A beer	\$
o the Governing Body of the:	☐ Village of }	Appleto	Λ	☐ Class B beer	\$
	City of	1-1		☐ Class C wine	\$
l				Class A liquor	\$
County of Out Agami	<u> </u>	Aldermanic	Dist. No	Class A liquor (cider only)	\$ N/A
		(it required	by ordinance)	Class B liquor	\$
				Reserve Class B liquor	\$
Check one: Individual		Class B (wine only) winery	\$		
		Publication fee	\$		
	outpoid	prom organizan		TOTAL FEE	\$
Name (individual / partners give last r	name, first, middle; corpora	tions / limited liability	companies give registere	ed name)	
y each member of a partne	rship, and by each	officer, director	r and agent of a co	his application by each indiversalism or nonprofit orgation or nonprofit orgation and place of residence of ea	nization, and by
President / Member Last Name	(First)	(Middle Name)	-	City or Post Office, & Zip Code)	F
Flesident/ Welliber East Name	(11150)	(Middle Name)	Florite Address (Offeet,	City of Post Citice, & Zip Code;	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
1. Trade Name				ne Number	
2. Address of Premises	1125.01le	Dreida s	Post Office &	Zip Code	
	rooms including livit	ng quarters, if us	sed, for the sales, s	e to be sold and stored. The ervice, consumption, and/or stored only on the premises	-
1,48	O Satt	Block		- tirst Floo	R TAUERA
1,480 >0	THT 15160	r -ouc	ROTO BAS	emont , 800 >	77 ISEEN
(ODRNGA	To Cor		with ST	TDU (ATION)	of Special
- Dec Dar	mit # 7	1-05			- , specime
	J. 1	<u> </u>			
			MANUFACTURE TO SECULATE TO SECULATE THE SECULATION OF THE SECULATI		
4 1 2 2 2 2 2 2 2 2 2					
4. Legal description (omit if s					
5. (a) Was this premises lice			· ·		Yes No
(b) If yes, under what nan	ne was license issue	ant DW	0 11	1 1 1	NZ Agen-
AT-106 (R. 3-19)	- Luph	17/10/1/1	7 C17 C10	Wisconsin	n Department of Revenue

6.	Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain					☐ Yes	⊠ No	
7.	Is the applicant an employ If yes, explain.	e or agent of, or acting on be	ehalf of a	anyone except the n	amed applican	t?	☐ Yes	∏ No
8.		everage retail licensee or wh					☐ Yes	₽Į No
9.	(a) Corporate/limited lia	bility company applicants	only: In	sert state	and da	ate		
		on/limited liability company a olain					☐ Yes	Ŋ No
	member/manager or	or any officer, director, stock agent hold any interest in an tage (an Din +	y other a	alcohol beverage lic	ense or permit	in Wisconsin?	Yes	MNo
10.	government, Alcohol and	stand they must register as a Tobacco Tax and Trade Bure 882-3277]	au (TTB)) by filing (TTB form	5630.5d) before	re beginning	[V] Yes	□ No
11.	Does the applicant under	stand they must hold a Wisco	nsin Sel	ler's Permit? [phon	e (608) 266-27	76]	Yes	□ No
12.	Does the applicant undersbreweries and brewpubs?	stand that they must purchas				vholesalers,	Yes	□ No
the b than assiq Com	best of the knowledge of the sig \$1,000. Signer agrees to oper gned to another. (Individual app	NING: Under penalty provided by laner. Any person who knowingly pate this business according to law licants, or one member of a partner access to any portion of a licensed ocation of this license.	rovides mand that ership app	aterially false information the rights and responsil licant must sign; one co	on on this applicat bilities conferred b orporate officer, or	ion may be require by the license(s), it ne member/manage	ed to forfeit f granted, w er of Limite	not more vill not be d Liability
Cont	Contact Person's Name (Last First, M.I.)			Title/Member Date 3-1			3-20	
Signa	ature			Phone Number	. 666	Email Address		
TO E	BE COMPLETED BY CLERK							· · · · · · · · · · · · · · · · · · ·
Date	received and filed with municipal clerk	Date reported to council / board	Date provis	ional license issued	Signature of Clerk /	Deputy Clerk		
Date	license granted	Date license issued	License nu	mber issued				



City of Appleton

Liquor License Questionnaire

. Name of App	licant: 615	egy Van Dinter	
. Name of Busi	iness: 6/15	gg Van Dinter	
Address of Bu	usiness: 812	S. 01le Onei	las+ Apple 5491
rdinance violat ND/OR been	ion? Yes convicted of a felo	ur organization ever been convictory. No ony? Yes No plain in detail:	ted of a misdemeanor or
7	ers, shareholders on e additional sheets	r investors. Include full name, m if necessary.	iddle initial and date of
d Orega	1	VanDinter	
irst name	Initial	Last name	Date of Birth
irst name	Initial	Last name	Date of Birth
irst name	Initial	Last name	Date of Birth
irst name	Initial	Last name	Date of Birth
Name of pers	on/corporation yo	ou are buying the premises and eq	uipment from?
First name Address: <u>م</u>	Santa Ri	Initial Last name the Drive	
City, State, Zip:	Walnut	acely CA. 9	4596
		nd nature of the business operatin	g at this location?
7. What was the	e previous name ar	id flature of the business operation	8
7. What was the	_	tovern operat	

8.	Are alcohol sales an existing use in this building? Yes: No On Superior Conference of the Superior Con	۷.
9.	Are alcohol sales a new use in this building? Yes No If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.	
10.	. Is your primary business restaurant? Yes No	
11.	Seating capacity: InsideOutside	
12.	Operating hours:	
13.	Number of floor personnel Number of door checkers	
	. In general, state the size, design and type of the proposed establishment and the perational details.	
Dav	3-18-20 Signature	

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.