

Form  
AT-106

Original Alcohol Beverage  
License Application

FOR CLERKS ONLY	
Municipality	Appleton
License Period	12-25

License(s) Requested

- Class "A" Beer ..... \$ \_\_\_\_\_     "Class A" Liquor ..... \$ 450.00  
 Class "B" Beer ..... \$ \_\_\_\_\_     "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class C" Wine ..... \$ \_\_\_\_\_     "Class A" Liquor (Cider Only) \$ \_\_\_\_\_  
 Reserve "Class B" Liquor \$ \_\_\_\_\_     "Class B" (Wine Only) Winery \$ \_\_\_\_\_

License Fees	\$450.00
Publication Fee	\$60.00
Background Check	\$7.00
<b>Total Fees</b>	<b>\$517.00</b>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) FKG Oil Company		
2. Trade Name or DBA Ballard MotoMart		
3. Premises Address 2838 N Ballard Road		
4. County Outagamie	5. Municipality Appleton	6. Aldermanic District 13
7. Mailing Address (if different from premises address) FKG Oil Company, 721 West Main Street, Belleville, IL. 62220		
8. FEIN [REDACTED]	9. Wisconsin Seller's Permit Number 456000058597903	
10. Premises Phone (920) 738-7270	11. Premises Email BallardMotoMart@fkgoil.com	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> 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. 50x80 Sq.Ft. Convenience Store, Coolers and Backroom Storage.		

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.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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)?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please explain using the space below. Attach additional sheets if necessary.		

<b>Part C: For Corporate/LLC Applicants Only</b>		
1. State of Registration Missouri		2. Date of Registration 08/01/73
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 Mazanec	Agent's First Name Jason	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.

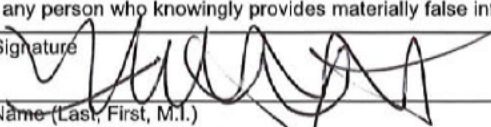
List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
			—
			—
			—
			—

**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: 03/07/2024

Name (Last, First, M.I.): Forsyth, Robert J

Title: VP for FKG Oil Company    Email: [REDACTED]    Phone: [REDACTED]

**Part F: For Clerk Use Only**

Date application was filed with clerk 3-18-2024	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

# 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 OUTAGAMIE  
 City

The undersigned duly authorized officer/member/manager of FKG OIL COMPANY  
(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  
BALLARD MOTOMART  
(Trade Name)

located at 2838 N. BALLARD RD. APPLETON, WI 54911

appoints JASON MAZANEC  
(Name of Appointed Agent)

912 E FRANCES ST. APPLETON, WI 54911  
(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?

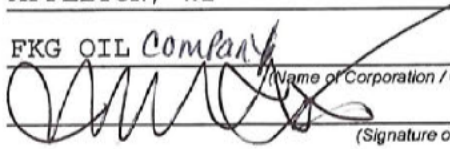
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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? 34 YEARS

Place of residence last year APPLETON, WI

For: FKG OIL COMPANY  
(Name of Corporation / Organization / Limited Liability Company)

By:   
(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, JASON MAZANEC, 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.

 3-8-24  
(Signature of Agent) (Date) Agent's age           

912 E FRANCES ST. APPLETON, WI 54911  
(Home Address of Agent) Date of birth           

## 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)