ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION				Applicant's WI Seller's Permit No.: FEIN Number:		
Submit to municipal clerk.				456102982518002 82-2774088 LICENSE REQUESTED ▶		
For the license period beginning NOVEMBER 20 17 ;				TYPE	FEE	
		ng NOVEMBER	16 30 20 18	☑ Class A beer	\$ 200	
				Class B beer	\$	
T 0 -	THE COVERNING BODY	Town of		Class C wine	\$	
10	THE GOVERNING BODY o		LETON	Class A liquor	\$	
		✓ City of		Class A liquor (cider only)	\$ N/A	
Cou	County of OUTAGAMIE Aldermanic Dist. No. (If required by ordinance)			Class B liquor	\$	
				☐ Reserve Class B liquor☐ Class B (wine only) winery		
1.	The named INDIVIDUA	L PARTNERSHIP] LIMITED LIABILITY COMPANY	Publication fee	\$ 60	
		TION/NONPROFIT ORGANIZATIO	N	TOTAL FEE	\$ 260	
	hereby makes application for t	he alcohol beverage license(s) che	cked above.	TOTAL FEE	φ <u>2</u> 00	
2.	2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): * KAVYA GAS INC					
	An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person. Title Name Home Address Post Office & Zip Code President/Member PRESIDENT ARVINDKUMAR PATEL 71 HIGH ST, APT #2, CHELMSFORD, MA 01824 Vice President/Member					
	Secretary/Member					
	reasurer/iviemper	. אַס יייא אַע אָד	TEL 1201 N BADGER A	AVE ADDITETON WI 54	974	
	Agent / Directore/Managers	OAIAN1 EA	TEU TEUT N DADGEN F	ME DE		
3.				s Phone Number		
4.	Address of Premises 1201 N BADGER AVE Post Office & Zip Code APPLETON, WI 54914					
5.						
6.						
7.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?					
8.	\sim					
	(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 🔲 Yes 🔻 🗹 No					
	(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or					
	agent hold any interest in any other alcohol beverage license or permit in Wisconsin?					
	(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)					
9.	Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.) BUILDING AT 1201 N BADGER AVE, APPLETON, WI 54914					
10.	Legal description (omit if street address is given above):					
11.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ✓ Yes	
	(b) If yes, under what name was license issued? BADGER AVENUE GAS					
	. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864]					
	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]					
14.	. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 🗸 Yes 📗 No					
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.						
SUBSCRIBED AND SWORN/TO PEFORE ME						
this day of November Manager of Limited Liability Company/Partner/Individual) FRANK P. MARINO (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual) Notary Public Massachusetts (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)						
My commission expires Commission Expires Jan 30, 2020 (Additional Partner(s)/Member/Manager of Limited Liability Company If Any)						
TO BE COMPLETED BY CLERK						
Date	received and filed	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk		
1	municipal clerk e license granted	Date license issued	License number issued			
1		1	1			

Wisconsin Department of Revenue

AT-106 (R. 9-16)