

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality City of Appleton
License Period 2024-2025

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____ Class "B" Beer \$ 100
 "Class A" Liquor \$ _____ "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>0</u>
Publication Fee	\$ <u>60</u>
Total Fees	\$ <u>660</u>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) MAUTHE VENTURES LLC.			
2. Business Trade Name or DBA BAZIL'S PUB AND PROVISIONS			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1031723179-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 05/03/2024	8. Wisconsin DFI Registration Number M132105
9. Premises Address 109 W. COLLEGE AVE.			
10. City APPLETON		11. State WI	12. Zip Code 54911
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>APPLETON</u>		15. Aldermanic District
16. Premises Phone (920) 954-1707	17. Premises Email		18. Website WWW.BAZILSPUB.COM
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 109 W. COLLEGE AVENUE-2,000 SQ. FT. FIRST FLOOR BAR-700 SQ. FT. ON SECOND FLOOR FOR STORAGE-60x20 SQ.FT. PATIO TO COMPLY WITH STIPULATIONS OF SPECIAL USE PERMITS #14-05 AND #6-13.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

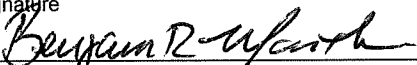
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
MAUTHE	BENJAMIN	OWNER	
MAUTHE	JENNIFER	OWNER	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one 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.

Last Name MAUTHE	First Name BENJAMIN	M.I. R
Title OWNER	Email	Phone
Signature 	Date 05/08/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Benjamin R. Mauthe

2. Name of Business: Mauthe Ventures LLC DBA Bazil's Pub and Provisions

(Check Applicable Box(s) to identify primary business activity)

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) _____

3. Address of Business: 109 W. College Ave

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes X No _____

AND/OR been convicted of a felony? Yes _____ No X

If yes to either question, please explain in detail below:

DUI 2007 - Two weeks house arrest + Fined - Oshkosh
DUI 2001 - Fined - Kaukauna

5. List all partners, shareholders or investors of your business. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

<u>Benjamin R</u>		<u>Mauthe</u>	<u>01/12/1982</u>
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

6. Name of person/corporation you are buying the premise and equipment from?

Name: Mark e. Behnke Behnke Enterprises

Address: 109 W. College Ave Appleton WI 54911

City State ZIP

7. What was the previous name and primary nature of the business operating at this location?

Name: Bazil's Pub and Provisions

(Check Applicable Box(s) to identify primary business activity)

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) _____

8. Was this premise licensed for alcohol sales/consumption during the past license year?

Yes If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.

No _____ If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.

9. If alcohol sales were a previous use in this building, when did the operation cease?

_____ months ago.

10. Seating capacity: Inside 100 Outside 40

11. Operating hours (Inside the building): 11:00AM - 2:00AM 7/days/week
Operating hours (Outdoor seating areas): 11:00 AM - Midnight 7days/week

12. Employees/Staff

Number of floor personnel 30 Number of door checkers 2

13. In general, state the size and operational details of the proposed establishment:

a. Gross floor building area of the premises to be licensed: 2,000 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 60x20 square feet.

c. Below, identify the operational details of the proposed establishment:

Benjamin R. Fawcett
Signature

5-9-24
Date

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
MAUTHE VENTURES LLC.

2. Business Trade Name or DBA
BAZIL'S PUB AND PROVISIONS

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name MAUTHE	2. First Name JENNIFER	3. M.I. M
4. Email BMAUTHE82@GMAIL.COM	5. Phone	
6. Home Address 3824 N. MILLWOOD DRIVE		
7. City APPLETON	8. State WI	9. Zip Code 54913
10. Age		
11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance	

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

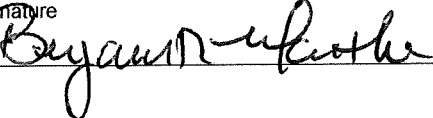
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

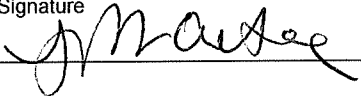
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name MAUTHE		First Name BENJAMIN	M.I. R
Title OWNER	Email	Phone 9	
Signature 		Date 05/08/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name MAUTHE		First Name JENNIFER	M.I. M
Signature 		Date 05/08/24	