

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	Appleton
License Period	23-24

License(s) Requested

- ☐ Class "A" Beer \$ _____ ☐ "Class A" Liquor \$ _____
- ☒ Class "B" Beer \$ 100.00 ☒ "Class B" Liquor \$ _____
- ☐ "Class C" Wine \$ _____ ☐ "Class A" Liquor (Cider Only) \$ 0
- ☐ Reserve "Class B" Liquor \$ 10,500 ☐ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ <u>10,600.00</u>
Publication Fee	\$ <u>60.00</u>
Background Check	\$ <u>7.00</u>
Total Fees	\$ <u>10,667.00</u>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)

301 Petroleum LLC

2. Trade Name or DBA

Friends and Neighbors

3. Premises Address

148 S. Walter Avenue, Appleton, WI, 54915

4. County

Outagamie

5. Municipality

6. Aldermanic District

7. Mailing Address (if different from premises address)

28 2811 E. Newberry St. Appleton, WI, 54915

8. FEIN

Wisconsin Seller's Permit Number

456-1028811933-02

10. Premises Phone

11. Premises Email

12. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ 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.

Alcohol beverages will be sold and stored behind the bar and in the liquor cabinets. Liquor cabinets and coolers will only be accessed by the owners and bar employees and vendors.

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 ☒ Yes ☐ 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)? ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.



Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin		2. Date of Registration August 2015
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	Agent's First Name	Phone

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.

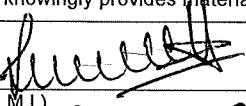
Last Name	First Name	Title	Phone
GOEL	SUDHANSH	Member	
GOEL	SUYASH	Member	

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 2/2/2024
Name (Last, First, M.I.) GOEL, SUYASH	
Title Member	Email sgpetro27@gmail.com
Phone 832-465-3018	

Part F: For Clerk Use Only

Date application was filed with clerk 2-7-2024	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		



City of Appleton Alcohol License Questionnaire

1. Name of Applicant: SBI Petroleum LLC

2. Name of Business: Friends And Neighbors

(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: 148 S. Walter Ave Appleton, WI, 54915

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

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

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

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.

SUDHANSH	P.	GOEL	<u>02-27-1988</u>
First name	M.I.	Last name	Date of Birth
SUYASH		GOEL	
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: Michael Mattson

First name Middle Initial Last name

Address: Appleton WI, 54915

City State ZIP

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

Name: ~~Neighborhood~~ Friends & Neighbours.

(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?

Never months ago.

10. Seating capacity: Inside _____ Outside _____

11. Operating hours (Inside the building): 11 AM - 12 AM

Operating hours (Outdoor seating areas): NO

12. Employees/Staff

Number of floor personnel 4 Number of door checkers NO

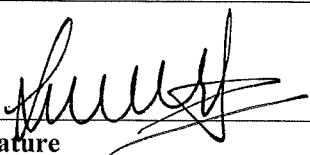
13. In general, state the size and operational details of the proposed establishment:

a. Gross floor building area of the premises to be licensed: 2000 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 500 square feet.

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

The bar will be open from Tuesday through Sunday. The hours of operations will be 11 AM - 12 AM.


Signature

2/2/2024
Date

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 ☒ City of Appleton County of Outagamie

The undersigned duly authorized officer/member/manager of SG Petroleum LLC
(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

located at 2811 E. Newberry St. Appleton, WI, 54915
(Trade Name)

appoints SUYASH GOEL
(Name of Appointed Agent)

4401 N. Marshall Heights Ave Appleton, WI, 54913
(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? 9 years

Place of residence last year 4401 N. Marshall Heights Ave Appleton, WI, 54913

For: SG Petroleum LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]
(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, SUYASH GOEL, 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.

[Signature] 2/2/2024 Agent's age [Redacted]
(Signature of Agent) (Date)

4401 N. Marshall Heights Ave Appleton, WI, 54913 Date of birth [Redacted]
(Home Address of Agent)

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)