

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	City of Appleton
License Period	2023 - 2024

License(s) Requested

- ☐ Class "A" Beer \$ _____ ☐ "Class A" Liquor \$ _____
- ☒ Class "B" Beer \$ 100 ☒ "Class B" Liquor \$ 500
- ☐ "Class C" Wine \$ _____ ☐ "Class A" Liquor (Cider Only) \$ _____
- ☐ Reserve "Class B" Liquor \$ _____ ☐ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ 600
Publication Fee	\$ 60
Background Check	\$ 7
Total Fees	\$ 667

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)		
Sonys Bistro LLC		
2. Trade Name or DBA		
Meade Street Bistro		
3. Premises Address		
2729 N. Meade Street Appleton, WI 54911		
4. County	5. Municipality	6. Aldermanic District
Outagamie	Appleton	#6
7. Mailing Address (if different from premises address)		
Same As Above		
8. FEIN	9. Wisconsin Seller's Permit Number	
[REDACTED]	456-1031557990-04	
10. Premises Phone	11. Premises Email	
[REDACTED]	[REDACTED]	
12. 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		
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.		
Dining room, back Private space, Bar Area. Kitchen 2,000 sq. Ft Build.) Patio 150 sq Ft.		

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 WI		2. Date of Registration 10-1-23
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Parent Company Sony's Bistro LLC	FEIN of Parent Company [REDACTED]	
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 Meyer-Koehler	Agent's First Name Synova	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
N/A			
Synova J. Meyer		Owner	[REDACTED]

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 Synova Meyer Koehler	Date 2-27-24
Name (Last, First, M.I.) S. Meyer, Synova, J	
Title Owner	Phone [REDACTED]

Part F: For Clerk Use Only		
Date application was filed with clerk 2/28/24	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: Sydney J. Meyer

2. Name of Business: Sony's Bistro LLC

(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: 2729 N. Meade St. Appleton WI
54913

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

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

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.

NA

First name	M.I.	Last name	Date of Birth
<u>Sydney</u>	<u>J.</u>	<u>Meyer</u>	<u>[REDACTED]</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

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

Name: N/A

First name	Middle Initial	Last name

Address: _____

City State ZIP

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

Name: WHW Gastro Pub - DBA Meade Street
Bistro

(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?

opened 2019 months ago.

10. Seating capacity: Inside 300 Outside _____

11. Operating hours (Inside the building): T-4-8 / W, T 11-8 / F 11-9 / ~~S~~ 5-9
Operating hours (Outdoor seating areas): SAME

12. Employees/Staff

Number of floor personnel 27 Number of door checkers _____

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

Food & Beverage

Simona Muzw
Signature

2-27-24
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 Synova J. Meyer
(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

Sony's Bistro LLC DBA Meade Street Bistro
(Trade Name)

located at 2729 N. Meade Street Appleton, WI 54911

appoints Synova Meyer
(Name of Appointed Agent)

1342 N. Lake Ct. 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).

Sony's Bistro LLC

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? 28 yrs.

Place of residence last year 1342 N. Lake Ct. Appleton, WI 54913

For: Sony's Bistro LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Synova Meyer
(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, Synova Meyer, 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.

Synova Meyer 2-27-24
(Signature of Agent) (Date)
1342 N. Lake Ct. Appleton, WI 54913
(Home Address of Agent)

Agent's age [REDACTED]

Date of birth [REDACTED]

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)