

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

7/01/2022

6/30/2023

For the license period beginning: 7/1/22 ending: 6/30/23  
(mm dd/yyyy) (mm dd/yyyy)

To the Governing Body of the: ☐ Town of } Appleton  
☐ Village of }  
☒ City of }

County of Outagamie Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company  
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>[REDACTED]</u>	
FEIN Number <u>[REDACTED]</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
<b>TOTAL FEE</b>	<b>\$ <u>160</u></b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Courtney Joyce Hayden The Breaking Point LLC

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 full name and place of residence of each person.

President / Member Last Name <u>Hayden</u>	(First) <u>Courtney</u>	(Middle Name) <u>Joyce</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W5939 County Road A Black Creek 54106</u>
Vice President / Member Last Name "	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) "
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Hayden</u>	(First) <u>Courtney</u>	(Middle Name) <u>Joyce</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W5939 County Rd A Black Creek 54106</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Breaking Point Business Phone Number 920-205-3780

2. Address of Premises 2011 N. Richmond St Post Office & Zip Code 54911

3. 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.)

rage rooms(2), paint splatter room, air soft indoor target range, small beer/seltzer bar

3,000 sq ft

beer will be stored behind the bar in a locked cooler

beer will be served & kept up at the bar

4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ..... ☐ Yes ☒ No

(b) If yes, under what name was license issued? \_\_\_\_\_

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ..... ☒ Yes ☐ No  
Course Completed on Jan 10th 2022  
Valid for 2 years
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ..... ☐ Yes ☒ No  
**If yes, explain.**  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ..... ☐ Yes ☒ No  
 \_\_\_\_\_  
 \_\_\_\_\_
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date March 2018 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ..... ☐ 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? **If yes, explain.** ☐ Yes ☒ No  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ..... ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ..... ☒ Yes ☐ No
12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) <u>Haupen, Courtney J</u>	Title/Member <u>owner</u>	Date <u>1/27/22</u>
Signature <u>Courtney J Haupen</u>	Phone Number <u>[REDACTED]</u>	Email Address <u>[REDACTED]</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>1-27-22</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



## City of Appleton Alcohol License Questionnaire

1. Name of Applicant: Courtney Hayden

2. Name of Business: The Breaking Point LLC  
(Check Applicable Box(s) to identify primary business activity)

- ☐ Restaurant  
☐ Tavern/Night Club/Wine Bar  
☐ Microbrewery/Brewpub  
☐ Painting/Craft Studio  
☒ Other (describe) rage room / paint splatter rooms

3. Address of Business: 2011 N Richmond St Appleton

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

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

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

OWI in 2011?

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>Courtney</u>	<u>J</u>	<u>Hayden</u>	<u>          </u>
First name	M.I.	Last name	Date of Birth
			/ /

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

Name: Craig Weborg  
First name Middle Initial Last name

Address: Menasha WI 54952  
City State ZIP

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

Name: Elite wrestling

(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 X 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?

1 months ago.

10. Seating capacity: Inside 15 Outside —

11. Operating hours (Inside the building): (4pm - 9pm M,T,Th) (4pm - 11pm Fri) (11am - 11pm Sat)  
Operating hours (Outdoor seating areas): —

12. Employees/Staff

Number of floor personnel 1-4 Number of door checkers 1

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

a. Gross floor building area of the premises to be licensed: 3,000 square feet.

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

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

rage room, paint splatter room, airsoft range  
beer/seltzer will be kept at a small  
beer near the front of our premises.

Christina Taylor  
Signature

11/27/22  
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 of APPLETON County of outagamie  
☒ City

The undersigned duly authorized officer/member/manager of The Breaking Point 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

The Breaking Point  
(Trade Name)

located at 2011 N Richmond St

appoints Courtney Hayden  
(Name of Appointed Agent)

WS939 County Road A Black Creek WI 54106  
(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 WS939 County Road A Black Creek WI 54106

For: The Breaking Point LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Courtney Hayden  
(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, Courtney Hayden, 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.

Courtney Hayden 11/27/22  
(Signature of Agent) (Date)  
WS939 County Road A Black Creek WI  
(Home Address of Agent) 54106

Agent's age 34  
Date of birth 11/27/88

## 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)