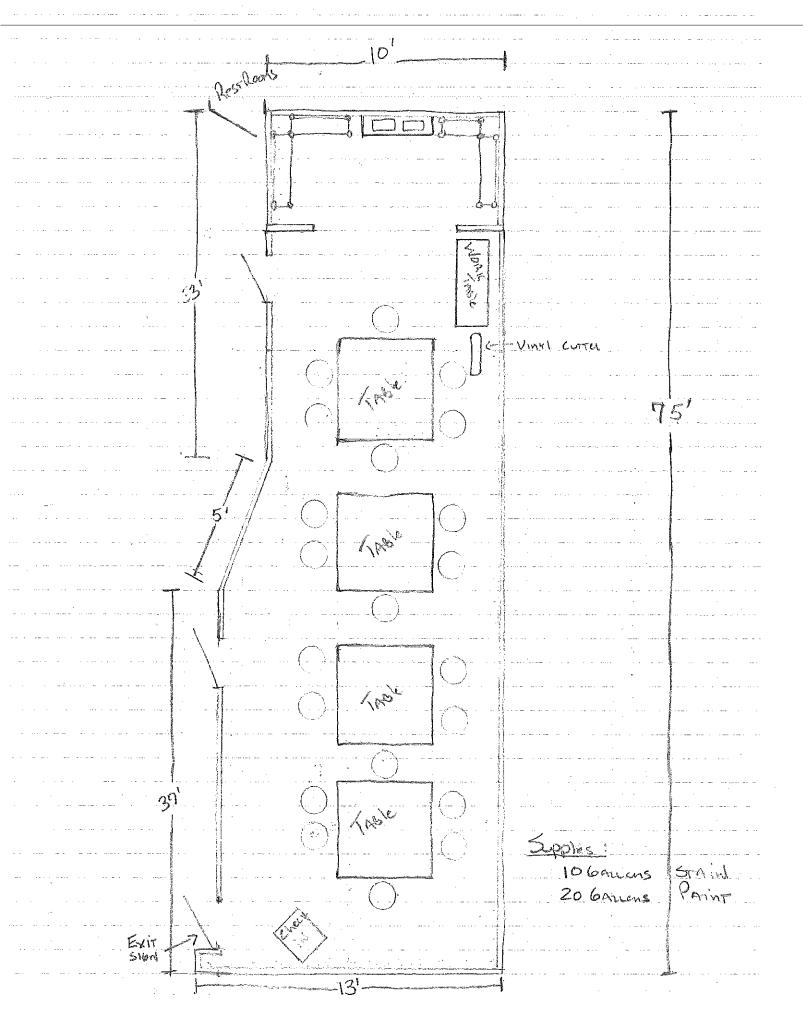
County of			BEVERAGE RETAIL !	LICENSE APPLICATION	Applicant's WI Seller's Permit No.: FEIN	Number: 2 - 0707427
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The named INDIVIDUAL PARTNERS-HP LIMITED LIABILITY COMPANY Class & Cymre only winnery S Color Color	Соц	ntv of	Aldermanic Dist N	(if required by ordinance)		
Name CorporationNonPropriet (CorporationNonPropriet (Corporation)) An "Auxiliary Questionnaire" Form Af 108, must be completed and attached to this application by each individual applicant, by each member/manager and agent of a limite liability company. List the name, 108, and place of residence of each person. Name	000		7 Nacima, no Biot. 14	(in required by ordinarios)		
Concept Continued Publication less SQ OC	1	The named INDIVID	JAI 🗆 PARTNERSHIP	☑ LIMITED LIABILITY COMPANY		
Name (individualipartners give last name, first, middle; corporations/limited liability companies give registered name). Name (individualipartners give last name, first, middle; corporations/limited liability companies give registered name). **PHE	,,	_		<i>-</i>	Publication fee	\$ 60.00
2. Name (individual/partners give last name, first, middle; corporations/limited liability comparaise give registered name): **THE LAFTY COOTTAILS** **An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each individual applicant, by each member of partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each individual applicant, by each member of partnership, and by each member of partnership. The partnership of the part					TOTAL FEE	\$ 83. <i>+</i> 7
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/finanager and agent of a limite liability company. List the name, title, and piace of residence of each person. Title President/Member Name		, ,,	• ()			
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of partnership, and by each member in a limite liability company. List the name, title, and place of residence of each person. When the president/Member is a post Office & Zip Code President/Member Member Manager and agent of a Company of the Manager Post Office & Zip Code Post-Member Member Memb	2.					
partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limite liability company. List the name, title, and place of residence of each person. Title						
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Treasurer/Member Agent Vancaure Cocco Directors/Managers 3. Trade Name Business Phone Number 4. Address of Premises Zell Cocco 4. Selection Post Office & Zip Code 54/9/1/ 5. is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? 8. (a) Corporatel/minted liability company applicants only: Insert state (2)15(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(Secretary/Member				
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3. Trade Name		Agent VATITE	une wood		-	
A. Address of Premises ▶ 20 1		Directors/Managers		•		
4. Address of Premises 20	3.	Trade Name		Busines		
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SUBSCRIBED AND SWORN TO BEFORE ME this day of May Ch Clerk/Notary Ryblic) My commission expires - 3(0 - 7) TO BE COMPLETED BY CLERK Date received and filed with municipal clerk Date reported to council/board with municipal clerk TANA POT Mission (Clerk/Nember/Manager of Limited Liability Company/Partner/Individual ROCINIAN (Clerk/Notary Ryblic) OF WISCONDIA Partner(s)/Member/Manager of Limited Liability Company if Any) TO BE COMPLETED BY CLERK Date received and filed with municipal clerk Date received and filed with municipal clerk	REAI edge anoth acces	O CAREFULLY BEFORE SIGNI of the signers. Signers agree to er. (Individual applicants and ea ss to any portion of a licensed pr	NG: Under penalty provided by law, to operate this business according to ach member of a partnership applicant emises during inspection will be deem	he applicant states that each of the above law and that the rightward pentionsibilities t must sign to hard officer of priestops ned a research permit inspection, such per	questions has been truthfully answered to s conferred by the license(s), if granted, v managers of Limited Liability Companies i usal is a misdemeanor and grounds for rev	the best of the knowl- will not be assigned to must sign.) Any lack of rocation of this license.
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City of Appleton Liquor License Questionnaire

1.	Name of Appli	cant: <u>KAI</u>	HFRINE	<i>വംം</i> ട്ര			· ·	·
2.	Name of Busin	iess: THE	CRAY	=TY	NOOSMA	un LLC		
3.	Address of Bus	iness: Zo	7 <u>w.</u>	College	AVE	Applele	W	<u>5</u> 491
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-	~	s, shareholders c			l name, mi	ddle initial an	d date o	of
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Fin	rst name	Initial	L	ast name		Date	of Birth	
Fin	rst name	Initial	L	ast name		Date	of Birth	
Fir	rst name	Initial	L	ast name		Date	of Birth	
Fir	rst name	Initial	L	ast namé		/	of Birth	
6.	Name of perso	on/corporation y	ou are buy	ing the prem	ises and equ	ipment from	5	
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A	First name ddress: 001	<u>w.</u>	Collage	Hast nam	/			
С	ity, State, Zip:_	Appleton	UT	15491				
7.	What was the	previous name a	ınd nature	of the busine	ss operatin	g at this locati	ion?	
	Photo	52000	nan .	Curally	Tusk	law Li	ے ن	<u>۱۳:۲</u> ۲
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8. Are alcohol sales an existing use in this building? Yes NoX If no, When did the operation cease?
9. Are alcohol sales a new use in this building? Yes No If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.
10. Is your primary business restaurant? Yes NoX
II. Seating capacity: Inside 24 Outside N PA
12. Operating hours: M-F 5:30-11:00PM Sur 7:30 AM - 11:00PM Sul 11:00AM -
13. Number of floor personnel 3 Number of door checkers 1
14. In general, state the size, design and type of the proposed establishment and the operational details. WOOD WONG Closes & instruction for Rale Graps
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to treat strind, senein Pans comple Payers Duy The 3 hour
Sessils we will of Sile of Bear of Wine. We will
Opense in a letan Spre from.
3/13/17 WAT CAN (DOL)

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Signature

Date