

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 6-30-2019 ending: 6-30-2020  
(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. 11  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<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 checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Fox River Boat Holding Company 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Mortara</u>	<u>Canace</u>	<u>Lou</u>	<u>1301 N. Briard Cliff Dr Appl. 54915</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Williams</u>	<u>Christhe</u>	<u>Joy</u>	<u>1037 W. Oklahoma Appl. 54914</u>
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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>WILLIAMS</u>	<u>CHRISTINE</u>	<u>Joy</u>	<u>1037 W. Oklahoma App. 54914</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name River Tyme Bistro Business Phone Number 920-903-1415  
 2. Address of Premises 425 W. Water St #100 Post Office & Zip Code Appl 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.)  
4325 sq. feet interior of mixed use business.  
Business previously held Atlas Coffee Mill + Banquets for 15 years.  
No living space. Building is leased to occupant. Bar will be  
under control of bar tender or coffee shop employee. Liquor, wine  
and beer also stored in basement that is secured by tenant.

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? Atlas Coffee Mill

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

Christine Williams - agent

7. Is the applicant an employe 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 2015 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?  Yes  No  
**If yes, explain.**

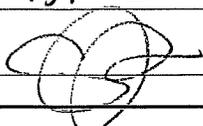
Yes - WI state liquor licenses for RiverTyme + RiverTyme Two, both boats in Dogenet Appleton WI, name Fox River Tours

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>Christine Williams</u>	Title/Member <u>Agent/member</u>	Date <u>12-12-19</u>
Signature 	Phone Number <u>920-749-0415</u>	Email Address <u>Christine@foxrivertours.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	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

### Liquor License Questionnaire

1. Name of Applicant: Christine Williams

2. Name of Business: River Tyme Bistro

3. Address of Business: 425 W. Water St., Suite 100  
Appl 54911

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: \_\_\_\_\_

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

<u>Christine J. Williams</u>			<u>          </u>
<small>First name</small>	<small>Initial</small>	<small>Last name</small>	<small>Date of Birth</small>
<u>Cardice</u>	<u>L.</u>	<u>Mortara</u>	<u>          </u>
<small>First name</small>	<small>Initial</small>	<small>Last name</small>	<small>Date of Birth</small>
			<u>  /  /  </u>
<small>First name</small>	<small>Initial</small>	<small>Last name</small>	<small>Date of Birth</small>
			<u>  /  /  </u>
<small>First name</small>	<small>Initial</small>	<small>Last name</small>	<small>Date of Birth</small>
			<u>  /  /  </u>

6. Name of person/corporation you are ~~buying~~ renting the premises and equipment from?

Name: Randy Stadmueller (Stadmueller & Associates)

Address: 333 N. Commercial St. Neenah WI 54956

City, State, Zip: \_\_\_\_\_

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

~~#14~~ Atlas Coffee Mill  
- coffee shop, restaurant, event space

8. Are alcohol sales an existing use in this building? Yes \_\_\_\_\_ No X  
If no, When did the operation cease? 7 months ago.

9. Are alcohol sales a new use in this building? Yes \_\_\_\_\_ No X  
If yes, please contact the Community Development Department at 832-6468 to obtain a Special Use Permit.

10. Is your primary business restaurant? Yes X No \_\_\_\_\_

11. Seating capacity: Inside 145 Outside 40

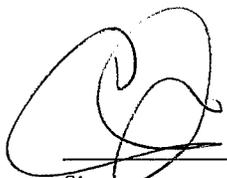
12. Operating hours: 7-9 pm<sup>M-F</sup>, 8-9 Sat., 9-9 Sun.

13. Number of floor personnel 2-3 Number of door checkers —

14. In general, state the size, design and type of the proposed establishment and the operational details.

4325 sq. feet interior  
1700 sq. feet exterior.  
drawing included in packet

12-12-19  
Date

  
Signature

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

**ONSITE ALCOHOL CONSUMPTION  
PLAN OF OPERATION AND LOCATIONAL INFORMATION**

**Business information:**

Name of Business: River Tyme Bistro

(Check applicable proposed business activity(s) proposed for the building or tenant space)

Restaurant     Bar/Night Club     Wine Bar     Microbrewery     Other event space

Provide detailed explanation of the type of business occupying the building or tenant space:

Coffee shop, breakfast + lunch items, meeting + event space. Liquor license for liquor, wine + beer for events

**Any planned remodeling of the building or tenant space proposed (please describe):**

Kitchen being moved front curved location to location on architectural drawing

**Proposed Hours of Operation for Indoor Space:**

Day	From	To
Week Days: Monday thru Thursday	7 am	9 pm (midnight if events)
Friday	7 am	9 pm (midnight if events)
Saturday	8 am	9 pm (midnight if events)
Sunday	9 am	9 pm (midnight if events)

**Building capacity and area:**

Anticipated maximum number of persons occupying the building or tenant space: 150 persons.

Gross floor area of the existing building or tenant space the business will occupy: 4325 sq.ft.

**Describe any potential noise emanating from the proposed use:**

A. Describe the noise levels anticipated from all equipment/amplified music.

dishwasher noise (minimum)  
amplified music (will be contained within walls)

B. How will the noise be controlled to comply with the Municipal Code Regulations?

It will not be loud enough to not be  
(contained in walls)

**Outdoor Space uses:**

(Check applicable proposed area)

None  Patio  Sidewalk Café  Deck  Other \_\_\_\_\_

Is there any alcohol service incorporated within the outdoor space? Yes  No \_\_\_\_\_

Are there plans for outdoor music/entertainment? Yes \_\_\_\_\_ No maybe  acoustic

If yes, describe how will the noise be controlled: will not be loud enough to leave  
property - acoustic only)

Is there any food service incorporated in the outdoor space? Yes  No \_\_\_\_\_

**Hours of Operation for Outdoor Uses (Sidewalk Café with Alcohol):**

\*\*\*\*\*Municipal Code Section 9-262(b)(4): The permit holder can begin serving alcoholic beverages in the sidewalk café at 4:00 p.m. Monday through Friday and 11:00 a.m. on Saturday and Sunday. All alcoholic beverages must be removed from the sidewalk café by 9:30 p.m.

**Proposed Hours of Operation for the Outdoor Space:**

Day	From	To
Week Days: Monday thru Thursday	7 AM	9 pm (midnight if event)
Friday	7 AM	9 pm (midnight if event)
Saturday	8 AM	9 pm (midnight if event)
Sunday	9 AM	9 pm (midnight if event)

**Number of Employees:**

Number of Proposed Employees: max. 6  
Number of employees scheduled to work on the largest shift: max. 6

**Number of off-street parking spaces:**

Total Number of off-street parking space located on-site: 170