				FEIN Number	
For the license period beginn	ina:	endina:	06/20/21	00000	
v v v v v v v v v v v v v v v v v v v	ning:(mm dd yyyy)	ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
T (1 - 0 1 - m - 1	Town of	Cinolai	_	Class A beer	\$
To the Governing Body of the	: Village of	MADIE TOX	()	Class B beer	\$
s s				Class C wine	\$
County of Outagar	mie.	Aldermanio	Dist. No by ordinance)	☐ Class A liquor ☐ Class A liquor (cider only)	\$ N/A
3		(if required	by ordinance)	Class B liquor	\$ N/A
	. /			Reserve Class B liquor	\$
Check one: [] Individual	Limited Liability	Company		Class B (wine only) winery	\$
☐ Partnership	☐ Corporation/No	nprofit Organizati	ion	Publication fee	\$
				TOTAL FEE	\$
V (1-1) (1) (1-1) (1-1)					
Name (individual / partners give last		•	r companies give registe	red name)	
Poppy Avenue Boutique	ie + Clean Bear	ity Bar	·		
y each member of a partne ach member/manager and	ership, and by each agent of a limited l	officer, directoriability company	r and agent of a c y. List the full nam	this application by each indi orporation or nonprofit orga e and place of residence of ea	anization, and l
resident / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
alof	Audra	Clarice		eath Way Apt 203 549	15
ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
rewer	Christian	Elizabeth		eath Way Apt 203 549	15
ecretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
easurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
jent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Salaf	Audra	charièe	2015 Live	sheath Wai Apt a	63 5496
ectors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	theath Way Apt a I, City or Post Office, & Zip Code)	
Trade Name PoppyAven	meBoutique+Cl	eanBeautyBa:	T Business Dh	one Number 9205854500	
Irade Name Forphyrven				3 Zip Code 54915	
	. SRiverheath '	Way Suite26	00 Post Office 8	7 7in Codo 54915	
			1 030 011100 0	x Zih Code =	
Address of Premises 161 Premises description: Des applicant must include all l	cribe building or bu	ildings where along quarters, if us	cohol beverages a sed, for the sales,	re to be sold and stored. The service, consumption, and/o stored only on the premises	r
Address of Premises 161 Premises description: Des applicant must include all storage of alcohol beverag described.)	cribe building or bu rooms including livings ges and records. (Al	ildings where along quarters, if us cohol beverages	cohol beverages a sed, for the sales, s may be sold and	re to be sold and stored. The service, consumption, and/o stored only on the premises	r
Address of Premises 161 Premises description: Des applicant must include all storage of alcohol beverag described.) Beer & Wine will b	cribe building or bu rooms including livings ges and records. (Al ne served on t	ildings where along quarters, if us cohol beverages he premises	cohol beverages a sed, for the sales, s may be sold and of 161 S Ri	re to be sold and stored. The service, consumption, and/o stored only on the premises verheath Way Suite	r
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Address of Premises 161 Premises description: Des applicant must include all storage of alcohol beverag described.) Beer & Wine will be 2700. Beer & wine ft. We will be ser	ccribe building or bu rooms including livings and records. (Al se served on t will be store ving 4 differ	ildings where along quarters, if us cohol beverages the premises doing our bacent wine op	cohol beverages a sed, for the sales, s may be sold and of 161 S Ri ck room of a tions + Komb	re to be sold and stored. The service, consumption, and/o stored only on the premises verheath Way Suite pproximently 444 sq ucha beer for our	r
Address of Premises 161 Premises description: Des applicant must include all storage of alcohol beverag described.) Beer & Wine will be 2700. Beer & wine ft. We will be ser wine & mask activi	cribe building or bu rooms including livings and records. (Alse served on towill be store ving 4 differty menu. On o	ildings where along quarters, if us cohol beverages the premises doing our basent wine op ur boutique	cohol beverages a sed, for the sales, s may be sold and of 161 S Ri ck room of a tions + Komb	re to be sold and stored. The service, consumption, and/o stored only on the premises verheath Way Suite pproximently 444 squcha beer for our bottles of wine will.	r
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	is the applicant an em							
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0								
O _i .	business? If yes, exp	ol beverage retail licensee of				<i></i>]Yes ☑	l No
٩								
9, (liability company applicar				8/2016		
(b) Is applicant corpora company? If yes, e	ation/limited liability compar explain	ny a subsidi				☐ Yes	☑ No

							•	
(0		n, or any officer, director, s r agent hold any interest in					☐ Yes	☑ No
	V						,	
	4.4		·	ر نی <u>ن به این می برد. برد برد برد برد برد برد برد برد برد برد</u>				
go bu:	vemment, Alcohol and siness? [phone 1-877	rstand they must register a d Tobacco Tax and Trade Bi 7-882-3277]	ureau (TTB)	by filing (TTB form 8	5630.5d) before	beginning		
1. Do	es the applicant unde	rstand they must hold a Wi	sconsin Sel	ler's Permit? [phone	(608) 266-2770	3]	. 🔽 Yes	□N
	es the applicant under weries and brewpubs	rstand that they must purch				olesalers,	. 🗹 Yes	
e best o an \$1,00 signed t empanie	of the knowledge of the si 00. Signer agrees to oper to another. (Individual app	NING: Under penalty provided gner. Any person who knowingle ate this business according to plicants, or one member of a paraccess to any portion of a licen procation of this license.	y provides ma law and that i rtnership app	aterially false information the rights and responsib licant must sign; one co	n on this application pilities conferred by pporate officer, one	on may be required the license(s) are member/man	ired to forfe , if granted, ager of Limi	it not mo will not ted Liab
tact Pers	son's Name (Last, First, M.I.)			Title/Member	1	Date	<u></u>	
	Audra, C			Member		9/3/20		
Bal	of G.E	ral of		Phone Number		Email Address		
SE COI	IPLETED BY CLERK			///				
		Date reported to council / board	Date provis	ional license issued	Signature of Clerk / I	Deputy Clerk		
received			Į.		1			



City of Appleton Liquor License Questionnaire

1. Name of Applicant: Wara Balof		
2. Name of Business: Poppy avenue Br	utique + Clean P	reauty Bo
(Check Applicable Box(s) to identify primary business a Restaurant	etivity)	
Tavern/Night Club/Wine Bar		
Microbrewery/Brewpub	5	
Painting/Craft Studio		•
Other (describe) Retail + Organic Windson S. Address of Business: 101 S Riverteath W	ned Mask Bar	,
3. Address of Business: 16 S Riverheath W Cuppleton, WI 54915	ay Suite 2600 + 3	1700
4. Have you or any member of your organization ever	been convicted of a misdeme	eanor or
ordinance violation? Yes No		
AND/OR been convicted of a felony? Yes	No	
If yes to either question, please explain in detail below:	e e e	
5. List all partners, shareholders or investors of your l	ousiness. Include full name	middle
5. List all partners, shareholders or investors of your linitial and date of birth. Please use additional sheets if		middle
initial and date of birth. Please use additional sheets if Cuda C Balot First name MI. Last name		••
initial and date of birth. Please use additional sheets if Cudra C Balot First name MI. Last name Christian E Browler	necessary.	irth
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7. What was the previous name and primary nature of the business operating at this
location?
Name: /U/A
(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?
YesIf 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.
NoIf 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?
MA months ago.
10. Seating capacity: Inside 10-16 Outside \sqrt{A}
10. Seating capacity: Inside 10-16 Outside 177
11. Operating hours (Inside the building): Closed Surday/Monday 11-6 Tuesday-Operating hours (Outdoor seating areas): 11/14 Saturda
12. Employees/Staff Number of floor personnel 5 Number of door checkers 6
13. In general, state the size and operational details of the proposed establishment:
 a. Gross floor building area of the premises to be licensed: 2876 square feet. b. Gross outdoor seating areas of the premises to be licensed: w// square feet. c. Below, identify the operational details of the proposed establishment:
Beer + wine will be served on the premises of 161 S liverhed
way Suite 2700. Beer & wine will be stored in our back room
Of approximently 444 sq ft. We will be serving 4 different
wine options +1 Konsbucha beer for our wine & mask activity menu. On our boutique side small bottles of will be sold in our gift section. Our primary focus is a Balof. Q. Balof. 9/3/20
retail of clothing, heavy, accessories & gifts. However
The continue of the experience in sto

