

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 11/01/2020 ending: 07/01/2020
(mm dd yyyy) (mm dd yyyy)To the Governing Body of the: ☐ Town of }
☐ Village of } APPLETON
☒ 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 ●●●●●●●●	
FEIN Number ●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 400
<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	\$ 60
TOTAL FEE	\$ 560

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

ALDI, INC (WISCONSIN)**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)
YOUNGSTROM	CHARLES	ERNEST	4000 WINBERIE AVE. NAPERVILL, IL 60069
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)
PFORTMILLER	TERRY	EDWARD	40W657 PRAIRIE CROSSING, ELGIN, IL 60124
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
PFORTMILLER	TERRY	EDWARD	40W657 PRAIRIE CROSSING, ELGIN, IL 60124
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
MEIER	JULIE	APPLETON	115 DYKSTRA DRIVE, FALL RIVER, WI 53932
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name ALDI #86 Business Phone Number _____2. Address of Premises 2702 N RICHMOND AVE Post Office & Zip Code APPLETON 54911

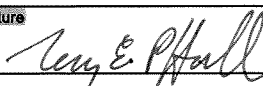


3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

SINGLE STORY BRICK BUILDING. ALCOHOL BEVERAGES WILL BE STORED IN THE
BACKROOM AND SOLD ON THE SALESFLOOR. ALCOHOL SALES RECORDS WILL BE KEPT IN
THE OFFICE AT THE STORE.4. Legal description (omit if street address is given above): GROCERY STORE5. (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
NEW LICENSE
-
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
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9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 02/10/98 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☒ Yes ☐ No
ALDI, INC.
-
- (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.) PFOOTMILLER, TERRY, E.	Title/Member SECRETARY/TREASURER	Date 9/2/20
Signature 	Phone Number 	Email Address 

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: ALDI, Inc. (Wisconsin)

2. Name of Business: ALDI #86

(Check Applicable Box(s) to identify primary business activity)

- ☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Microbrewery/Brewpub
☐ Painting/Craft Studio
☒ Other (describe) Retail Grocery

3. Address of Business: 2702 Richmond Avenue, Appleton, WI 54911
N St.

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.

CHARLES	E.	YOUNGSTROM	●	/	●	/	●●
First name	M.I.	Last name	Date of Birth				
TERRY	E.	PFORTMILLER	●	/	●	/	●●
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: _____

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? OAK #86

Name: _____

(Check Applicable Box(s) to identify primary business activity)

- ☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Microbrewery/Brewpub
☐ Painting/Craft Studio
☐ Other (describe) RETAIL GROCERY

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?

N/A months ago.

10. Seating capacity: Inside NONE Outside NONE

11. Operating hours (Inside the building): SUNDAY - SATURDAY: 9am - 8pm

Operating hours (Outdoor seating areas): N/A

12. Employees/Staff

Number of floor personnel _____ 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: _____ 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:

Signature



Date

9/2/20