For the license period beginning:    Town of   Town of   Town of   Class A beer   S   Class B liquor   S   Class B li	)							
Cites & Deer   S   Cites & Deer   S   Cites & Deer & & D								
Class B beer   S   Class B deer   Class B deer   S   Class B deer   Class B deer   S								
Class C wine   S   Class C wine   S   Class C wine   S   Class A liquor   S   Class B (wine only) winery   S   Class B (winery B (winery B (winery B (winery B (winery B (winery B								
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Class B liquor   S   Reserve Class B   Reserve Class								
Class B liquor   S   Reserve Class B   Reserve Class								
Class B liquor   Service								
Class B (wine only) winery   Publication fee   Number Corporation/Nonprofit Organization   Publication fee   Number Corporations / Ilmited liability companies give registered name)   Number Corporations / Ilmited liability companies give registered name)   Number Corporations / Ilmited liability companies give registered name)   Number Corporations / Ilmited liability companies give registered name)   Number Corporations / Ilmited liability companies give registered name)   Number Corporation of nonprofit organization, and by ach member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by ach member/manager and agent of a limited liability company. List the full name and place of residence of each person.   Number/manager and agent of a limited liability company. List the full name and place of residence of each person.   Number/member/m								
Publication fee \$ TOTAL FEE \$    Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)   VAN DINTO   RTGG   Web 207   Use 2007   Use 2007   Ave Carennille S4942     Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)   VAN DINTO   RTGG   Web 207   Use 2007   Use 2007   Ave Carennille S4942     Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)   VAN DINTO   RTGG   Web 207   Use 2007   Us								
Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  VAN DINTON 6 REGG WG DOG DOG DOG DOG DOG DOG DOG DOG DOG DO								
Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  WAN DINTER 6 PTG WESS WISCASIN Ave Cheenville 54943  An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, yeach member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by ach 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)  Wice President / 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)  Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  1. Trade Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  1. Trade Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  1. Trade Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  2. Address of Premises (Street, City or Post Office, & Zip Code)  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.)  3. A Constant Residual Promes 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								
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Agent Last Name  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  PREUTON  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  PREUTON  (Middle Name)  PREUTON  (Middle Name)  Business Phone Number  Post Office & Zip Code  Apply Long Code  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.)  A So So Home Address (Street, City or Post Office, & Zip Code)  PREUTON  PREUTON  PREUTON  For Sold Code  Apply Long  Sold Code  Apply Long  And Sold Code  And Sold Code  And Sold Code  And Sold Code  An								
Directors / Managers Last Name  (First)  (Middle Name)  Home Address (Street, City or Post Office, & Zip Code)  1. Trade Name GNEGG Van Dinta DALEDST Post Office & Zip Code DDLEDG CODE Business Phone Number								
1. Trade Name								
2. Address of Premises <u>E12</u> . Solds GAIBAST Post Office & Zip Code <u>Apply to A. Cost</u> Solds.  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.)  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.)  4. Bo Saft Block 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.)								
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- US6 DRUM + # 21-05								
C - C Look half								
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?	١							
(b) If yes, under what name was license issued? Union Jack Angel PRAZ Age.  ELEDNON COSTE TOX MILL A	رلم							
T-106 (R. 3-19)								

6.	ls individual, partners or a beverage server training o	gent of corporation/limited lia course for this license period?	bility con	npany subject to cor explain	mpletion of the	responsible	☐ Yes	/IINo
	Is the applicant an employ	ye or agent of, or acting on be	ehalf of a	nyone except the na	amed applicant	?	☐ Yes	ONAÇ
8.	Does any other alcohol business? If yes, explain	everage retail licensee or wh	olesale	permittee have any	interest in or c	control of this	☐ Yes	₩ No
9.	(a) Corporate/limited lia of registration.	ability company applicants o	only: In	sert state	and da	te		
	(b) Is applicant corporati company? If yes, ex	on/limited liability company a	a subsidi	ary of any other cor	poration or lin	nited liability	☐ Yes	□KNo
	member/manager or	or any officer, director, stock agent hold any interest in any GNSING BON + GNSING BENCY COLLECTER	y other a	Ilcohol beverage lice	ense or permit	in Wisconsin?	[X] Yes	□ No
10.	Does the applicant under	stand they must register as a Tobacco Tax and Trade Bure -882-3277]	Retail B	everage Alcohol Dea	aler with the fe	deral e beginning	X Yes	□ No
11.	Does the applicant under	stand they must hold a Wisco	nsin Sel	ler's Permit? [phone	e (608) 266-27	76]	Yes Yes	☐ No
12.	Does the applicant under breweries and brewpubs'	stand that they must purchase?		l beverages only froi		holesalers,	[♥ Yes	☐ No
the b than assiq Com	est of the knowledge of the signs of the signs of the signer agrees to oper the signs of the sign of the	NING: Under penalty provided by I gner. Any person who knowingly prate this business according to law plicants, or one member of a partnet access to any portion of a licensed vocation of this license.	rovides ma and that ership app	aterially false informatio the rights and responsib licant must sign; one co	n on this applicat pilities conferred b rporate officer, or	ion may be require by the license(s), i he member/manag	ed to forfeit f granted, v er of Limite	not more will not be d Liability
Cont	act Person's Name (Last, First, M.I.)	), to		Title/Member o いんらへ		Date 4 - 16	,-21	
Signa	CN894 OCH T	J(n (=)		Phone Number		Email Address		
7								
	BE COMPLETED BY CLERK received and filed with municipal clerk	k Date reported to council / board	Date provis	ional license issued	Signature of Clerk /	Deputy Clerk		
Date	license granted	Date license issued	License nu	mber issued				
	. •							



## City of Appleton Liquor License Questionnaire

Restaurar	nt	dentify primary business activity)	
	ight Club/Wine wery/Brewpub	e Bar	
	Craft Studio		
Other (de	escribe)		- , Apple
3. Address of B	usiness:	112 S OIDL (	Dublon st 54
4. Have you or	any member o	f your organization eyer been co	
ordinance viola	-	No	
AND/OR been	convicted of a f		<u></u>
If yes to either o	question, pleaso	e explain in detail below:	
If yes to either o	question, pleas	e explain in detail below:	
If yes to either o	question, pleas	e explain in detail below:	
If yes to either o	question, pleaso	e explain in detail below:	
			a. Tushuda full nama middla
5. List all parts	ners, sharehold	ers or investors of your business	the contract of the contract o
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5. List all partification date	ners, sharehold of birth. Pleas	ers or investors of your businesses use additional sheets if necessary.	ary.
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5. List all partification date	ners, sharehold of birth. Pleas	ers or investors of your businesses use additional sheets if necessary.	ary.
5. List all partrinitial and date  ( \( \cap \eq 9 \)  First name	ners, sharehold of birth. Pleas  M.I.	ers or investors of your businesses use additional sheets if necessary  Van Dinten  Last name	Date of Birth  Date of Birth  Date of Birth
5. List all partrinitial and date  ( \( \cap \eq 9 \)  First name	ners, sharehold of birth. Pleas  M.I.	ers or investors of your businesses use additional sheets if necessary  Van Dinten  Last name	Date of Birth
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5. List all partrinitial and date  (	ners, sharehold of birth. Pleas  (. M.I.  M.I.  M.I.	lers or investors of your businesse use additional sheets if necessary  Und Dinted  Last name  Last name  Last name	Date of Birth  Date of Birth  Date of Birth  Date of Birth  /  Date of Birth /  Date of Birth
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5. List all partrinitial and date  (e negg First name  First name  First name  6. Name of per	mers, sharehold of birth. Pleas  M.I.  M.I.  M.I.  M.I.	Last name  Last name  Last name  Last name  Last name	Date of Birth

location? Name: UMON Tacles
(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?
10. Seating capacity: Inside 75 Outside 50
11. Operating hours (Inside the building): 11-2:30 Operating hours (Outdoor seating areas): 11-2:30
12. Employees/Staff Number of floor personnel 3 Number of door checkers
13. In general, state the size and operational details of the proposed establishment:
<ul> <li>a. Gross floor building area of the premises to be licensed: 1,480 square feet.</li> <li>b. Gross outdoor seating areas of the premises to be licensed: 500 square feet.</li> <li>c. Below, identify the operational details of the proposed establishment:</li> </ul>
1,480 Saft Block Bulling / First Floor too
1,480 Saft Block Concrete Bosemont 800
- BEER GARDON to COMPLY with Stipulation of
Special Use Permit #21-05
4-16-21
Signature