

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 05/01/2021 ending: 06/30/2021
(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. 13
 (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 checked="" type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$ 159⁰⁰

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
APPLETON HOTEL VENTURE, 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)
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)
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)
GRAVERSON	TROY	R	<u>6255B Ridgelyfield Ct Appleton, WI 54915</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
GERBER	SHANE	R	<u>4641 N unity Rd Lena IL 61048</u>

1. Trade Name CAMBRIA SUITES Business Phone Number 815-246-2002

2. Address of Premises 3940 N GATEWAY DRIVE Post Office & Zip Code APPLETON, WI 54913

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.)
All alcohol is stored in a locking Room/closet within the mechanical Room. Alcohol can be purchased from the bar area. 85,000 sq ft Full service hotel that allows guests to purchase and consume alcohol in guest rooms, F&B area and public spaces.

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? APPLETON HOTEL VENTURE, LLC

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
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 DELAWARE and date 01/26/07 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? **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.) <i>Garber, Shang</i>	Title/Member Manager	Date <i>4/2/2021</i>
Signature <i>[Signature]</i>	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:** Appleton Hotel Venture, LLC

2. **Name of Business:** Cambria Suites

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

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

3. **Address of Business:** 3940 N Gateway Dr. Appleton, WI 54913

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.** ** attached page*

Shane	R	Gerber	/ /
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
T			/ /
First name	M.I.	Last name	Date of Birth

6. **Name of person/corporation you are buying the premise and equipment from?**

Name: NA

First name	Middle Initial	Last name

Address: NA

City	State	ZIP

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

Name: NA

(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 _____ 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?

12 months ago.

10. Seating capacity: Inside 24 Outside 8

11. Operating hours (Inside the building): Hotel 24 5PM-12PM

Operating hours (Outdoor seating areas): Hotel 24 hours/ Bar area 5PM-12PM

12. Employees/Staff

Number of floor personnel 1 Number of door checkers 0

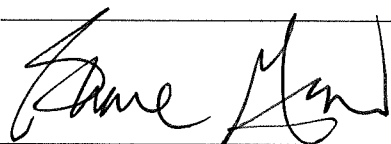
13. In general, state the size and operational details of the proposed establishment:

a. Gross floor building area of the premises to be licensed: 800 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:

A 105-Room full service Hotel with on
on site bar and Restaurant.



Signature

03/29/21

Date

