

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	26-27

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)

- | | |
|--|--|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> Regular "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ <u>100</u> | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ |

Fees	
License Fee(s)	\$ <u>110</u> 100
Background Check Fee	\$ <u>35</u>
Publication Fee	\$ <u>60</u>
Total Fees	\$ <u>205.00</u>

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) ODH Appleton Inc		
2. Business Trade Name or DBA Springhill Suites by Marriott Appleton		
3. FEIN		4. Wisconsin Seller's Permit Number
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization WI	8. Date of Organization 07/01/2024	9. Wisconsin DFI Registration Number 0044705
10. Premises Address 3940 N Gateway Dr		
11. City Appleton	12. State WI	13. Zip Code 54913
14. County Outagamie	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>	16. Aldermanic District 14
17. Premises Phone (920) 416-8180	18. Premises Email atuldesi@yahoo.com	19. Website
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input type="checkbox"/> 3940 NORTH GATEWAY DRIVE -85,000 SQ. FT. FULL SERVICE HOTEL, GUEST ROOMS, BAR, AND STORAGE ROOM. TO COMPLY WITH STIPULATIONS OF SPECIAL USE PERMIT #29-05.		
21. Mailing Address (if different from premises address) 307 Winding Ridge Rd		
22. City Cedar Falls	23. State IA	24. Zip Code 50613

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? . . . Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name PATEL	First Name ATUL	M.I. R
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Title OFFICER	Email	Phone
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Signature 	Date 03/04/26
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Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/7/26	License Number	Date License Granted	Date License Issued
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Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)
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Alcohol Beverage Appointment of Agent

Date
03/04/26

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) ODH APPLETON INC.	
2. Business Trade Name or DBA SPRINGHILL SUITES BY MARRIOTT	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

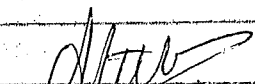
Part B: Agent Information			
1. Last Name GRAVERSON	2. First Name TROY	3. M.I. R	
4. Email		5. Phone	
6. Home Address 606 MARCELLA AVE			
7. City COMBINED LOCKS	8. State WI	9. Zip Code 54113	10. Date of Birth
11. Driver's License/State ID Number		12. Driver's License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days?..... See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

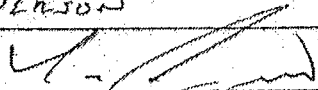
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the Underigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name PATEL	First Name ATUL	M.I. R
Title OFFICER	Email	Phone
Signature 	Date 03/04/26	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name GROVERSON	First Name TRAY	M.I. R
Signature 	Date 3/4/2026	



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: Saagar Patel
2. Business Name: SpringHill Suites by Marriott

Date the LLC/corporation/partnership/sole proprietorship commenced: 07/01/24

NOTE: A copy of a business's Wisconsin Department of Revenue Seller's Permit is required to be submitted with an alcohol license application.

3. Business Address: 3940 N Gateway Dr, Appleton, WI, 54913
4. Primary Business Activity:

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

5. Does the applicant or property have any outstanding financial obligations to the City of Appleton? Yes No

City Ordinance 9-23 requires payment of certain outstanding obligations prior to the issuance of an alcohol license to any individual or any location which has unpaid bills. This includes utility bills, invoices, special assessments, and delinquent real estate taxes. To avoid a potential delay in receiving your license and interruption of business, please give this your immediate attention. For questions on outstanding obligations, please contact the Finance Dept at 920-832-6442.

6. Select the type of business premises: Existing Building New Construction
If existing building, please indicate the primary nature of the previous business that operated at this location: It's a cambria suites being converted to SpingHill Suites

If existing building, will there be construction or renovations? Yes No

If yes, explain The hotel is currently going through renovations

NOTE: Contact the Inspections department (920-832-6411) for information on building codes and permits.

7. Do you lease or own the building? Lease Own
NOTE: Proof of control of premises is required to be submitted with an alcohol license application. Acceptable documents include a lease or purchase agreement.

What is the date of purchase or the date the lease began? July 1st, 2024

8. Did you purchase the business from another individual or entity? Yes No

If yes, is your acquisition of the business based upon an "arm's length transaction"?

An arm's length transaction is defined as an open market sale in which the owner is willing but not obligated to sell, and the buyer is willing, but not obligated to buy.

Yes No

If yes, are you related to the former business owner/licensee by blood, adoption, or marriage?

Yes No

Did you hold ANY interest in the previously licensed business, or related real estate or equipment used by the previous business?

Yes No If yes, explain: _____

(BUSINESS ALREADY OPEN) ↓

9. Anticipated date of opening? End of May (Running as a Cambria Hotel right now) Renovation Completion

10. Will your business sell or serve food?

Yes If yes, please describe the type of food offerings available _____
The business will serve complimentary breakfast to the guests in breakfast area

No

11. Fill in the information about operational details listed below. Attaching a copy of the floor plan is encouraged.

Seating Capacity: Inside: 70
Outside: 0

Operating Days/Hours: Inside: 6a-9a
Outside: n/A

Employees/Staff (per shift/day) Number of Personnel: 1

Approximate floor building area of the premises to be licensed: 200 sq. ft.


Approximate outdoor area of the premises to be licensed: 0 sq. ft.

Do you intend to utilize the amenity strip/sidewalk in your outdoor area? Yes No

Summarize the day-to-day operations of the business in the space below:

The alcohol would only be served in the small corner market by the front desk.
The hotel caters to guest that are staying in the Appleton area with providing lodging needs.

I, the applicant, understand that providing materially false information on this or any application for a license or permit under State Statute §125 is subject to civil, monetary, and license penalties. I understand that providing false information to a police officer in conjunction with the required background check for this application is subject to criminal and civil prosecution as "obstructing an officer".


Signature

2/9/26
Date