

Form
AB-200

**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	Appleton
License Period	25-26

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

Class "A" Beer \$ _____ Class "B" Beer \$ _____

"Class A" Liquor \$ _____ "Class B" Liquor \$ _____

"Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____

"Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 0
Background Check Fee	\$ 7
Publication Fee	\$ 0
Total Fees	\$ 7

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Top Dogz Vape Shop LLC

2. Business Trade Name or DBA

Top Dogz Vape Shop

3. FEIN

4. Wisconsin Seller's Permit Number

456-1031626267-04

5. Entity Type (check one)

Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

2-29-2024

8. Wisconsin DFI Registration Number

T102979

9. Premises Address

208 E Wisconsin Ave

10. City

Appleton

11. State

WI

12. Zip Code

54911

13. County

Outagamie

14. Governing Municipality:

City Town Village

of: Appleton

15. Aldermanic District

16. Premises Phone

920-740-5045

17. Premises Email

info@topdogzvapestshop.com

18. Website

19. Premises Description - 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.

Store front of 1750 square feet including office and bathroom

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

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. Yes 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 . . . Yes No beverages.

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 distributor? . . . Yes No If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . Yes No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Williams	Jason	Owner	

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	First Name	M.I.
Williams	Jason	V
Title	Email	Phone
Owner		

Signature Date: 1 2-9-2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
2/3/26			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)
---------------------------------	---

Agent Type (check one)

Original (no fee)

 Successor (\$10 fee for municipal licensees only)**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

TOP Dogz Vape shop LLC

2. Business Trade Name or DBA

TOP Dogz Vape shop

3. Entity Type (check one)

 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

 Municipal Retail License 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.

New ownership

Part B: Agent Information

1. Last Name

Williams

2. First Name

Jason

3. M.I.

V

4. Email

5. Phone

6. Home Address

1403 1/2 N Morrison St

7. City

Appleton

8. State

WI

9. Zip Code

54911

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, 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 <u>Williams</u>	First Name <u>Jason</u>	M.I. <input checked="" type="checkbox"/>
Title <u>OWNER</u>	Email	Phone
Signature <u>Jason Williams</u>	Date <u>2-3-2024</u>	

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 <u>Williams</u>	First Name <u>Jason</u>	M.I. <input checked="" type="checkbox"/>
Signature <u>Jason Williams</u>	Date <u>2-3-2024</u>	