

Form  
AB-200

## Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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 - deposit	\$ 50.00
Background Check Fee	\$ 7.00
Publication Fee	\$ 60.00
<b>Total Fees</b>	<b>\$ 117.00</b>

<b>Part A: Premises/Business Information</b>			
1. Legal Business Name (individual name if sole proprietorship) Bocce Baci LLC			
2. Business Trade Name or DBA Bocce E Baci			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 2/16/2026	8. Wisconsin DFI Registration Number B126515
9. Premises Address 208 S State St			
10. City Appleton		11. State WI	12. Zip Code 54911
13. County Outagamie		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton	15. Aldermanic District 9
16. Premises Phone 920-428-9772		17. Premises Email bocceebaci@gmail.com	18. Website bocceebaci.com
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.  208 S State St [APPROX. 7200ft <sup>2</sup> ] - Alcohol to be SOLD at the Bar and throughout green space and dining area. Alcohol products, supplies and documentation to be STORED in the bar structure and the storage room. Alcohol to be CONSUMED throughout the premises (Approx. 7200ft <sup>2</sup> ).			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

<b>Part B: Questions</b>			
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 . . .  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
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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.

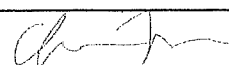
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Nagel	Chris	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 Nagel	First Name Chris	M.I. A
Title Owner	Email	Phone
Signature 		Date June 17, 2026

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk <b>06/18/2026</b>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



## Alcohol Beverage Appointment of Agent

Date  
June 17, 2026

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) Bocce Baci LLC	
2. Business Trade Name or DBA Bocce E Baci	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input 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.	

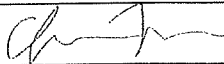
<b>Part B: Agent Information</b>			
1. Last Name Nagel	2. First Name Chris	3. M.I. A	
4. Email		5. Phone	
6. Home Address			
7. City	8. State WI	9. Zip Code	10. Date of Birth
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? ..... Submit proof of completion.	X 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)? .....	X Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? .....	X Yes <input type="checkbox"/> No
See instructions for exceptions.	

Continued →

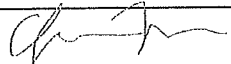
**Part D: Business Attestation**

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 Nagel	First Name Chris	M.I. A
Title Owner	Email	Phone
Signature 	Date 6/17/2026	

**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 Nagel	First Name Chris	M.I. A
Signature 	Date 6/17/2026	



# City of Appleton

## Alcohol License Questionnaire

1. Applicant Name: Chris Nagel

2. Business Name: bocce e baci (Bocce Baci LLC)

Date the LLC/corporation/partnership/sole proprietorship commenced: 2/16/26  
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: 208 S State St. Appleton, WI 54911

4. Primary Business Activity:

- Restaurant
- Tavern/Night Club/Wine Bar
- Painting/Craft Studio
- Other (describe) Multi-use community space/food park

5. 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: \_\_\_\_\_

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

If yes, explain \_\_\_\_\_

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

6. 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? 1/31/2026

7. 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: \_\_\_\_\_

8. Anticipated date of opening? July 11th

9. Will your business sell or serve food?

Yes  If yes, please describe the type of food offerings available The space will consist of 4 different food vendors (us being one)

We will operate a brick-oven pizza kitchen, and then we will (long-term) lease out 3 additional kitchen spaces for various types of food vendors

No

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

Seating Capacity: Inside: N/A - All outdoor space

Outside: ~~50-60~~ ~50

Operating Days/Hours: Inside: N/A

Outside: 8:30am - 12 AM

Employees/Staff (per shift/day) Number of Personnel: 4-6/shift

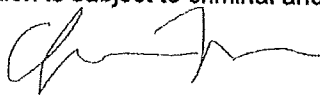
Approximate floor building area of the premises to be licensed: ~1000 sq. ft.

Approximate outdoor area of the premises to be licensed: ~6,200 sq. ft.

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

The premises will operate as a community space with multiple food vendors and outdoor green space with tables and light recreation (bocce ball courts), We will serve pizza ourselves, in addition to cafe beverages in mornings and other non-alcoholic beverages throughout the day. We will host all sorts of community events of our own and our hope is to work with lots of local organizations to host their community events as well.

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

6/17/2026

Date