

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 \$ 100
 "Class A" Liquor \$ "Class B" Liquor \$
 "Class A" Liquor (cider only) \$ Reserve "Class B" Liquor \$
 Class C" Liquor (wine only) \$ 100 **Deposit \$50**

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$ <u>60</u>
Publication Fee	\$ <u>14</u>
Total Fees	\$ <u>274</u>

Part A: Premises/Business Information

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

TAMIL LLC

2. Business Trade Name or DBA

MADRAS CAFE

3. FEIN

4. Wisconsin Seller's Permit Number

456-1031973236-04

5. Entity Type (check one)

Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization

WISCONSIN

7. Date of Organization

04-15-2025

8. Wisconsin DFI Registration Number

9. Premises Address

819 & 821 West WISCONSIN AVE

10. City

APPLETON

11. State

WI

12. Zip Code

54914

13. County

OUTAGAMIE

14. Governing Municipality:

City Town Village

of: APPLETON

15. Aldermanic District

16. Premises Phone

920 903 1246

17. Premises Email

Pritya@SavamCuisine.com

18. Website

https://madrascuisine.wi.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.

① Beer and wine would be kept in the office room.
 ② cooler in the reception area

20. Mailing Address (if different from premises address)

21. City

APPLETON

22. State

WI

23. Zip Code

54914

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 OM INVESTMENT LLC DBA SATRAJ INDIAN CUISINE 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
SIVAKUMAR	PRIYA	OWNER	
Rajaraman	Sivakumar	Manager	

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.
SIVAKUMAR	PRIYA	
Title	Email	Phone
OWNER		

Signature S. Priya Date 01/17/2025

Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
1/12/26			

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

Alcohol Beverage
Appointment of Agent

Date

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)

TAMIL LLC

2. Business Trade Name or DBA

MADRAS CAFE

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.

Part B: Agent Information

1. Last Name

RAJARATHINAM

2. First Name

SIVAKUMAR

3. M.I.

4. Email

5. Phone

6. Home Address

1237 SYMPHONY ~~PLATINUM~~ BLVD

7. City

NEENAH

8. State

WI

9. Zip Code

54956

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 SIVAKUMAR	First Name PRYIA	M.I.
Title OWNER	Email	Phone
Signature S. priya	Date 01/06/2025	

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 Rajaramanam	First Name SIVAKUMAR	M.I.
Signature Harini	Date 01/06/2025	



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: Priya SIVAKUMAR
2. Business Name: TAMIL LLC DBA MADRAS CAFE
3. Date the LLC/corporation/partnership/sole proprietorship commenced: 04-15-2025
NOTE: A copy of a business's Wisconsin Department of Revenue Seller's Permit is required to be submitted with an alcohol license application.
4. Business Address: 819 & 821 W. WISCONSIN AVE, APPLETON
4. Primary Business Activity:
 Restaurant
 Tavern/Night Club/Wine Bar
 Painting/Craft Studio
 Other (describe) _____
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: CAFE
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? 04/01/2025
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? Already running.

9. Will your business sell or serve food?

Yes If yes, please describe the type of food offerings available INDIAN food,

No

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

Seating Capacity: Inside: 40

Outside: 0

Operating Days/Hours: Inside: 11-2:30 PM 4:30 to 9:30 PM,

Outside: _____

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

Approximate floor building area of the premises to be licensed: 1500 sq. ft.

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

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

Lunch 11-2:30 PM

Dinner 4-30 to 8:30 PM

South Indian food.

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



S. Singh

Date

01/06/25