

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	\$ 200
Background Check Fee	\$ 60
Publication Fee	\$ 14
Total Fees	\$ 274

### 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)		
<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	7. Date of Organization	8. Wisconsin DFI Registration Number
WISCONSIN	04-15-2025	
9. Premises Address		
819 & 821 West Wisconsin Ave		
10. City	11. State	12. Zip Code
APPLETON	WI	54914
13. County	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	
OUTAGAMIE	of: APPLETON	
15. Aldermanic District	16. Premises Phone	
	920 903 1246	
17. Premises Email		18. Website
priya@savancuisine.com		https://madrascafeWI.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	22. State	23. Zip Code
APPLETON	WI	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 . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <b>OM INVESTMENT LLC DBA SATRAH INDIAN CUISINE</b>	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. . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Part C: Individual Information</b>			
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	
<b>Part D: Attestation</b>			
One of the following must sign and attest to this application: <input checked="" type="checkbox"/> sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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		Date	
S. Peign		01/17/2025	
<b>Part E: For Clerk Use Only</b>			
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)	

Form  
AB-101

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 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 <b>SIVAKUMAR</b>		First Name <b>FRYA</b>	M.I.
Title <b>OWNER</b>	Email	Phone	
Signature <i>S. priya</i>		Date <b>01/06/2025</b>	

**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 <b>RAJARAMINAM</b>		First Name <b>SIVAKUMAR</b>	M.I.
Signature <i>[Signature]</i>		Date <b>01/06/2025</b>	



# City of Appleton

## Alcohol License Questionnaire

1. Applicant Name: PRIYA SIVAKUMAR
2. Business Name: TAMIL LLC DBA MADRAS CAFE

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.

3. 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:

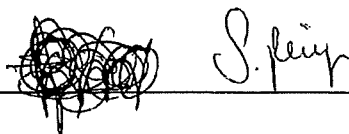
Lunch 11-2:30 PM

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



Date

01/06/25.