Alcohol License Premises Amendment Request Form

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE — CASH OR CHECK ONLY!

Date Recv'd 3 / 30 / 26

[X] License Fee - $10.00

Total $ 10.00

Receipt #: 160 88-2

SECTION 1 – ESTABLISHMENT INFORMATION

Establishment Name	Establishment Phone Number
Sangrias Mexican Grill	920-955-3755

Establishment Address: 215 S Memorial Dr

Agent Name	Agent Phone Number *(Required)*
Sarah Gregory	

SECTION 2 – PREMISES AMENDMENT **A drawing/diagram of the proposed area must be submitted with this application**

Is this Premises Amendment permanent or temporary? [X] PERMANENT [ ] TEMPORARY

Please describe the change in premises: adding basement to premises

If temporary, please specify the event or reason for the amendment: _____

If temporary, please list the **date(s)** and **time(s)** that this premises amendment will be utilized: _____

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Sarah G Date: 3 / 30 / 26

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				

Safety and Licensing Date:	Recommendation:	Common Council Date:	Recommendation:

Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
___/___/___	___/___/___	___/___/___	___/___/___	

Return completed form to the Office of the City Clerk: 100 N Appleton St Appleton, WI 54911