

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No

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

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

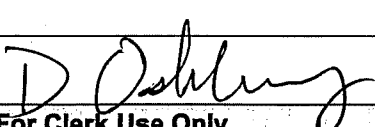
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Oshefsky	First Name David	M.I. P
Title Owner	Email	Phone
Signature 		Date 13 APR 26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-13-2026	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 13 APR 20

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)

The Newell Company, Inc.

2. Business Trade Name or DBA

Lumberjack Johnny's

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

Oshefsky

2. First Name

David

3. M.I.

P

4. Email

5. Phone

6. Home Address

2053 Shady Ln

7. City

Green Bay

8. State

WI

9. Zip Code

54313

10. Date of Birth

11. Driver's License/State ID Number

12. Driver's License/State ID State of Issuance

WI

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 Oshefsky		First Name David	M.I. P
Title Owner	Email	Phone	
Signature <i>D Oshefsky</i>		Date 13 APR 26	

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 Oshefsky		First Name Dave	M.I. P
Signature <i>D Oshefsky</i>		Date 13 APR 26	



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: DAVID OSHEFSKY

2. Business Name: Nevell Company, Inc. DBA Lumberjack Johnny's

Date the LLC/corporation/partnership/sole proprietorship commenced: July 2014
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: 2701 N. Oneida St, Appleton, 54911

4. Primary Business Activity:

- Restaurant Painting/Craft Studio
 Tavern/Night Club/Wine Bar Other (describe) Entertainment Center

5. Does the applicant or property have any outstanding financial obligations to the City of Appleton? Yes No

City Ordinance 9-23 requires payment of certain outstanding obligations prior to the issuance of an alcohol license to any individual or any location which has unpaid bills. This includes utility bills, invoices, special assessments, and delinquent real estate taxes. To avoid a potential delay in receiving your license and interruption of business, please give this your immediate attention. For questions on outstanding obligations, please contact the Finance Dept at 920-832-6442.

6. 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: No change

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.

7. 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. Lease Oct 2015

What is the date of purchase or the date the lease began? Purchased Jan 2024

8. 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: _____

9. Anticipated date of opening? Already open

10. Will your business sell or serve food?

Yes If yes, please describe the type of food offerings available BBQ meats, pizza
snacks

No

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

Seating Capacity: Inside: Apx 90-100

Outside: N/A

Operating Days/Hours: Inside: Wed-Thurs 3p-10p Fri 3p-11p SAT 11A-11p
Sun 11A-6p

Outside: N/A

Employees/Staff (per shift/day) Number of Personnel: 2-6

Approximate floor building area of the premises to be licensed: 7,300 sq. ft.

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

Do you intend to utilize the amenity strip/sidewalk in your outdoor area? Yes No

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

Open at 11A we offer Axe throwing, pinball, & Arcades all themed
towards adults. Seeking wine because we have customers
coming in after an escape room asking for it.

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".

D Shubing
Signature

13 APR 20
Date