

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 ..... \$ 500  
 "Class A" Liquor (cider only) \$         Reserve "Class B" Liquor \$         
 "Class C" Liquor (wine only) \$       

Deposit \$50

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>14</u>
Publication Fee	\$ <u>60</u>
Total Fees	\$ <u>674</u>

**Part A: Premises/Business Information**

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

Cleo's Bar LLC

2. Business Trade Name or DBA

Cleo's Brown Beam

3. FEIN

4. Wisconsin Seller's Permit Number

456-1032223021-04

5. Entity Type (check one)

Sole Proprietor  Partnership  Limited Liability Company  Corporation  Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

11/04/2025

8. Wisconsin DFI Registration Number

C136028

9. Premises Address

203 W College Ave

10. City

Appleton

11. State

WI

12. Zip Code

54911

13. County

Outagamie

14. Governing Municipality:  City  Town  Village

of: Appleton

15. Aldermanic District

11

16. Premises Phone

(920) 739-2288

17. Premises Email

TDuerrCleos@pm.me

18. Website

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.

The premises is located at 203 W College Ave, Appleton WI 54911 and includes the tavern is on the first floor and liquor and beer storage in the basement of the 6,500 sqft building.

20. Mailing Address (if different from premises address)

PO Box 475

21. City

Neenah

22. State

WI

23. Zip Code

54957

**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   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
Duerr	Trent	Managing Member	
Duerr	Gregory	Member	

#### 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 Duerr	First Name Trent	M.I. G
Title Managing Member	Email	Phone
Signature 		Date 01/07/26

#### Part E: For Clerk Use Only

Date Application Was Filed With Clerk 1/9/26	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

## 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)

Cleo's Bar LLC

2. Business Trade Name or DBA

Cleo's Brown Beam

3. Entity Type (check one)

 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

 Municipal Retail License

5. If successor agent, provide State Permit or Municipal Retail License Number

 State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

## Part B: Agent Information

1. Last Name Duerr	2. First Name Trent	3. M.I. G
4. Email	5. Phone	
6. Home Address 470 Hawthorne st		
7. City Neenah	8. State WI	9. Zip Code 54956
11. Drivers License/State ID Number	10. Date of Birth 04/10/1991	
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 Duerr	First Name Trent	M.I. G
Title Managing Member	Email	Phone
Signature 	Date 01/07/26	

**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 Duerr	First Name Trent	M.I. G
Signature 	Date 01/07/26	



## City of Appleton

### Alcohol License Questionnaire

1. Applicant Name: Cleo Brown Bear

2. Business Name: Cleo's Bar LLC

Date the LLC/corporation/partnership/sole proprietorship commenced: 11/04/2025

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: 203 W College Ave, Appleton WI 54911

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: Tavern

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? 02/13/2026

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? 02/13/26

9. Will your business sell or serve food?

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

No

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

Seating Capacity: Inside: 95  
Outside: 0

Operating Days/Hours: Inside: M-Th 2p-12a, F-Sa 2p-2a  
Outside: 0

Employees/Staff (per shift/day) Number of Personnel: 3-4

Approximate floor building area of the premises to be licensed: 4150 sq. ft.

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

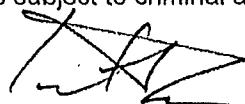
Summarize the day-to-day operations of the business in the space below:

Our intention is to operate Cleo's in the same manner in which it has been operated since it's founding in 1970: Serving great drinks with outstanding service in a festive, one-of-a-kind atmosphere.

\_\_\_\_\_

\_\_\_\_\_

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

01/08/2026

Date