

Form
AT-115

Renewal Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality City of Appleton
License Period 2024-2025

License(s) Requested

- | | |
|---|---|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input type="checkbox"/> "Class A" Liquor \$ _____ |
| <input checked="" type="checkbox"/> Class "B" Beer \$ _____ | <input checked="" type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Wine \$ _____ | <input type="checkbox"/> "Class A" Liquor (Cider Only) \$ _____ |
| <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____ |

License Fees	\$ 500
Publication Fee	\$ 20
Background Check	\$ 7
Total Fees	\$ 527

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) Kim Williams		
2. Trade Name or DBA Corner Pub		
3. Premises Address 1123 N. Mason St. Appleton WI 54914		
4. County Outagamie	5. Municipality Appleton	6. Aldermanic District 10
7. Mailing Address (if different from premises address) 200 E Harding Dr. Appleton WI 54915		
8. FEIN 456-0002312585-03	9. Wisconsin Seller's Permit Number 456-0002312585-03	
10. Premises Phone 920-450 8456	11. Premises Email NONE	
12. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body. 1123 North Mason Street - 110x230 sq ft. Tavern - 40x40 sq ft Basement storage		

Part B: Questions		
1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.		
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove

Part B: Questions Cont.

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information Yes No

3. Does the licensee or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary Yes No

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

5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)? Yes No

6. Is the business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

7. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No

Part C: For Corporate/LLC Applicants Only:

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104. Yes No

2. Agent Last Name	Agent First Name	Agent Phone Number
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Part D: Attestation

Who must sign this application?

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing 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.

Signature <i>Kim Williams</i>	Date <i>3-11-24</i>	
Name (Last, First, M.I.) <i>Kim M. Williams</i>		
Title <i>owner</i>	Email	Phone <i>920-450-8456</i>

Part E: For Clerk Use Only

Date application was filed with clerk <i>3/11/2024</i>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		