

AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

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 \$ 10,500
 - "Class C" Liquor (wine only) \$ _____
- Deposit \$50

Fees	
License Fees	\$10,600
Background Check Fee	\$ 7
Publication Fee	\$ 60
Total Fees	\$10,667

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <p style="text-align: center;">EL Sabor LLC</p>			
2. Business Trade Name or DBA <p style="text-align: center;">Binnies on the ave</p>			
3. FEIN		4. Wisconsin Seller's Permit Number <p style="text-align: center;">456-1030127263-04</p>	
5. Entity Type (check one) <input checked="" 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 <p style="text-align: center;">Wisconsin</p>		7. Date of Organization <p style="text-align: center;">2018</p>	8. Wisconsin DFI Registration Number
9. Premises Address <p style="text-align: center;">425 W College Ave</p>			
10. City <p style="text-align: center;">Appleton</p>		11. State <p style="text-align: center;">WI</p>	12. Zip Code <p style="text-align: center;">54911</p>
13. County <p style="text-align: center;">Outagamie</p>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <p style="text-align: center;">Appleton</p>		15. Aldermanic District
16. Premises Phone <p style="text-align: center;">9205720776</p>	17. Premises Email		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. <p style="text-align: center;">currently known as Speakeasy liquor will be stored in basement and first floor Approx. 2880 sf</p>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

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
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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
Santiago	Luis	Owner	

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 Santiago	First Name Luis	M.I. A
Title Owner	Email	Phone
Signature Luis A Santiago	Date 01-09-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 1/9/25	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)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>El Sabor LLC</u>	
2. Business Trade Name or DBA <u>Bonnies on the ave</u>	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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 <u>Santiago Ledezma</u>	2. First Name <u>Luis</u>	3. M.I. <u>A.</u>	
4. Email <u>Luis.ledezma1013@gmail.com</u>		5. Phone	
6. Home Address <u>4740 N Lyndale Dr.</u>			
7. City <u>Appleton</u>	8. State <u>WI.</u>	9. Zip Code <u>54913</u>	10. Age
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? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 <i>Santiago</i>		First Name <i>Luis</i>	M.I. <i>A</i>
Title	Email	Phone	
Signature <i>Luis A. Santiago</i>		Date <i>01-08-25</i>	

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 <i>Santiago</i>		First Name <i>Luis</i>	M.I. <i>A</i>
Signature <i>Luis A. Santiago</i>		Date <i>01-08-25</i>	



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: Luco Alejandro Santiago

2. Business Name: Bonnie's on the ave

Date the LLC/corporation/partnership/sole proprietorship commenced: 2018

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: 425 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: Night club

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? January 01 2025

7. Did you purchase the business from another individual 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? March 01 2025

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: 160

Outside: —

Operating Days/Hours: Inside: Monday - Sunday 7PM - 2am

Outside: —

Employees/Staff (per shift/day) Number of Personnel: 5 For Day

Approximate floor building area of the premises to be licensed: 2880 sq. ft.

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

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

Monday - Sunday
I intent to served Alcohol Beverage and have
a Dj perform.

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".

hus A. Santiago
Signature

01-08-25
Date