City of Appleton
Liquor License Questionnaire

1. Name of Applicant:

2. Name of Business:

3. Address of Business:

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes_____ No_____ AND/OR been convicted of a felony? Yes_____ No_____ If yes to either question, please explain in detail:

5. List all partners, shareholders or investors. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

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6. Name of person/corporation you are buying the premises and equipment from?

Name:

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Address:

City, State, Zip:

7. What was the previous name and nature of the business operating at this location?
8. Are alcohol sales an existing use in this building? Yes________ No________
   If no, When did the operation cease? _______ months ago.

9. Are alcohol sales a new use in this building? Yes________ No________
   If yes, please contact the Community Development Department at 832-6468 to obtain a
   Special Use Permit.

10. Is your primary business restaurant? Yes_______ No________

11. Seating capacity: Inside_______________ Outside_______________

12. Operating hours:________________________________________

13. Number of floor personnel_____________ Number of door checkers_____________

14. In general, state the size, design and type of the proposed establishment and the
    operational details.

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

________________________________________
Date

________________________________________
Signature

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

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