

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

- | | |
|---|---|
| <input type="checkbox"/> Class "A" Beer \$ _____
<input checked="" type="checkbox"/> Class "B" Beer \$ <u>33</u>
<input type="checkbox"/> "Class C" Wine \$ _____
<input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class A" Liquor \$ _____
<input checked="" type="checkbox"/> "Class B" Liquor \$ <u>117</u>
<input type="checkbox"/> "Class A" Liquor (Cider Only) \$ _____
<input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____ |
|---|---|

License Fees	\$ <u>150.00</u>
Publication Fee	\$ <u>25.00 Ad.</u>
Background Check	\$ <u>—</u>
Total Fees	\$ <u>175.00</u>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) MG's B&G, LLC		
2. Trade Name or DBA BACHELOR'S BAR & GRILL		
3. Premises Address 1316 CROOKS AVE		
4. County OUTAGAMIE	5. Municipality KAUKAUNA	6. Aldermanic District 2
7. Mailing Address (if different from premises address)		
8. FEIN 93-4838105	9. Wisconsin Seller's Permit Number 456103154751504	
10. Premises Phone (920) 766-1601	11. Premises Email	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary. BASEMENT, BAR, LOCKED ROOM		

Part B: Questions

- | | |
|--|---|
| 1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?
If yes, please explain using the space below. Attach additional sheets if necessary. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Part C: For Corporate/LLC Applicants Only

1. State of Registration WISCONSIN		2. Date of Registration 12/04/23	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Parent Company MG's B&G, LLC		FEIN of Parent Company 93-4838105	
4. Does the parent company 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.			
5. Agent's Last Name DENTON		Agent's First Name GINGER	Phone (920) 202-1600

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
DENTON	GINGER	LESSEE	(920) 202-1600

Part E: 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>Ms. Ginger L Denton</i>		Date 2/1-2024	
Name (Last, First, M.I.) DENTON, GINGER, L			
Title OWNER		Email GDENTON@FUSION-ETC.COM	Phone (920) 202-1600

Part F: For Clerk Use Only

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



OUTDOOR ALCOHOLIC BEVERAGE AREA PERMIT APPLICATION

____ Renewal Initial Permit

All Fields Must Be Completed

\$200.00

- Name of Applicant(s): GINGER DENTON MG'S B&g, LLC
- Name of Licensed Premises: BACHELOR'S BAR & GRILL
- Address of Licensed Premises: 1316 CROOKS AVE, KAUKAUNA, WI 54130
- List all partners, shareholders, or investors. Include full name, middle initial, and date of birth. Please use additional sheets or continue on back if necessary.

First Name	Initial	Last Name	Nature of Ownership/Interest	Date of Birth
GINGER	L	DENTON	100%	05/26 / 1970

First Name	Initial	Last Name	Nature of Ownership/Interest	Date of Birth
_____	_____	_____	_____	____/____/____

First Name	Initial	Last Name	Nature of Ownership/Interest	Date of Birth
_____	_____	_____	_____	____/____/____

- What was the previous name and nature of the business operating at this location?
BACHELORS BAR & GRILL, LLC SERVE FOOD AND BEVERAGES
- Are alcohol sales a new use for the Licensed Premises to which this outdoor area permit applies? Yes ____ No
- Seating capacity:
 - Inside Licensed Premises 108 Outdoor Alcoholic Beverage Area 54
- Operating hours:

S-TH 11am-2am	
F/S 11am-2-:30am	

 - Inside Licensed Premises ____ Outdoor Alcoholic Beverage Area S-S 11am-11pm
- Number of floor personnel:
 - Inside Licensed Premises 1-3 Outdoor Alcoholic Beverage Area -
- Please attach a separate statement and site plan describing details of the Licensed Premises and proposed Outdoor Alcoholic Beverage Area, including dimensions, enclosures, entrances and exits, and any operational details.
- If this is a renewal, has the physical area described in the original application been altered in any way? If yes, please explain _____

Ms Ginger Denton
Applicant Signature

2/1-2024
Date

2.13.24

APPLICANT/AGENT: MG's B&G, LLC / Ginger Denton
DRIVER'S LICENSE: D535 2927 0686 03
DATE OF BIRTH: 05/26/1970
ADDRESS: 219 E. 14th St. Kaukauna

Agenda Date 2.15.24

BUSINESS NAME: Bachelor's Bar & Grill
BUSINESS ADDRESS: 1316 Crooks Ave. LL + OABA

Police Department recommendation:

I hereby certify that we have checked municipal and state criminal records. It is our recommendation that the license be:

Approved

Signed: [Signature]

Denied

Title: Assistant Police Chief

APPLICANT/AGENT: MG's B&G, LLC / Ginger Denton
BUSINESS NAME: Bachelor's Bar & Grill
BUSINESS ADDRESS: 1316 Crooks Ave.
FILE NO.:

LL + OABA

Fire Department approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to fire and safety issues. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Signed: [Signature]

Denied

Title: Assistant Chief / Inspector

APPLICANT/AGENT: Ginger Denton
BUSINESS NAME: MG'S B&G, LLC
BUSINESS ADDRESS: 219 E. 14th St., Kaukauna, WI 54130

City Attorney/Paralegal Suggestions:

Approved as to form.

Signed: Kevin W. Davidson

Title: City Attorney

Date: February 13, 2024

2.8.24
2.15.24

APPLICANT/AGENT: MG's B&G, LLC / Ginger Denton
BUSINESS NAME: Bachelor's Bar & Grill
BUSINESS ADDRESS: 1316 Crooks Ave.

Agenda Date: 2.15.24

LL+OABA

Planning and Community Development approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to planning and community development. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Signed: Lily Paul

Denied

Title: Associate Planner
Date: 02/15/2024

2.8.24
2.14.24

APPLICANT/AGENT: MG's B&G, LLC / Ginger Denton
BUSINESS NAME: Bachelor's Bar & Grill
BUSINESS ADDRESS: 1316 Crooks Ave.

Agenda Date: 2.15.24

LL+OABA

Building Inspector approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to building inspection. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Signed: [Signature]

Denied

Title: General Building Inspector
Date: 2/14/2024

If denied, please specify why _____