

Form
AT-106

Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	City of Kaukauna
License Period	07/01/23 - 06/30/24

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ 100.00 "Class B" Liquor \$ 350.00
 "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ 0
 Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ <u>450.00</u>
Publication Fee	\$ <u>25.00</u>
Background Check	\$ _____
Total Fees	\$ <u>475.00</u>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>Prime SSC, Ltd</u>		
2. Trade Name or DBA <u>Prime Steer Supper Club</u>		
3. Premises Address <u>704 E HYLAND AVE</u>		
4. County <u>Outagamie</u>	5. Municipality <u>Kaukauna</u>	6. Aldermanic District
7. Mailing Address (if different from premises address) <u>704 E HYLAND AVE</u>		
8. FEIN <u>39-6185369</u>	9. Wisconsin Seller's Permit Number <u>456000045684403</u>	
10. Premises Phone <u>(920)766-9888</u>	11. Premises Email	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" 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. <u>bar, dining room, walk in cooler</u>		

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. Yes 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)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration: Wisconsin 2. Date of Registration: 6-20-23

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 Yes No

Name of Parent Company: Prime SSC, Ltd FEIN of Parent Company: 39-6185369

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)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name: NATrop Agent's First Name: GARY Phone: (920) 540-1928

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
NATrop	GARY	President	920-540-1928
NATrop	LOSA	VP	920 540-1927

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: Mary Natrop Date: 6-20-23

Name (Last, First, M.I.): NATrop GARY L Phone: (920)

Title: Owner Email: gnatrop58@gmail.com Phone: 540-1928

Part F: For Clerk Use Only

Date application was filed with clerk <u>6-20-2023</u>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk <u>Sally Kenney</u>		

Date 6-20-23

Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
• all partners of a partnership
• all officers, directors, and agent of a corporation or nonprofit organization
• managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information
1. Registered Entity Name (or individual name if sole proprietor) Prime SSC, Ltd
2. Trade Name or DBA Prime Steer Supper Club
3. Entity Type (check one) [] Sole Proprietor [] Partnership [] Limited Liability Company [X] Corporation [] Nonprofit Organization

Part B: Individual Information
1. Name (Last, First, M.I.) NATROP GARY L
2. Relationship to Registered Entity (Title) owner
3. Email gnatrop58@gmail.com
4. Phone 920 540-1928
5. Home Address 224 Shady ridge ct
6. City Wrightstown
7. State WI
8. Zip Code 54180
9. Date of Birth 09/03/67
10. Drivers License/State ID Number N361-2926-7323-04
11. Drivers License/State ID State of Issuance Wisconsin

Part C: Address History
List in chronological order your last two residence addresses within the last 5 years.
Previous Address 1 1801 Kelly st
Previous City, State, Zip Little Chute WI 54140
Dates (MM/YYYY - MM/YYYY) 3-2019 - 11-2022
Previous Address 2
Previous City, State, Zip
Dates (MM/YYYY - MM/YYYY)

Part D: Employment History
List in chronological order your last two employers within the last 5 years.
Employer's Name Thilmany
Employer's Address 600 thilmany Rd KAUKAUNA WI 54130
Dates Employed (MM/YYYY - MM/YYYY) 2/13/2020
Employer's Name SELF Employed - Prime Steer Supper Club
Employer's Address 704 Hyland Ave KAUKAUNA WI
Dates Employed (MM/YYYY - MM/YYYY) 1983-2019

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

2. How long have you continuously lived in Wisconsin prior to the date of application?

Years	55	Months	6
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3. Do you 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 as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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>Mary J Natrop</i>	Date 6/19/23
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