

## **OUTDOOR ALCOHOLIC BEVERAGE AREA**

PER	MIT APP	LICAT	ON				
	_ Renewa	al	🗘 Initial Permit				
*A	Fields Mu	st Be Cor	mpleted*	MANUAL	. 1	\$200.00	
1.	Name of	Applican	rt(s):	M DIMENT	[[		
2.	Name of Licensed Premises:						
3.	Address	of Licens	ed Premises: _	TOI DOGUE ST			
<b>4</b> .	birth. Plea	ase use a	additional sheets Blackwa	nvestors. Include full names or continue on back if n	ecessary.	8,27.83	
First	Name/	Initial	Last Name	Nature of Ownership/Inte	erest	Date of Birth	
 First	Name	Initial	Last Name	Nature of Ownership/Inte	erest	// Date of Birth	
 First	Name	Initial	Last Name	Nature of Ownership/Inte		Date of Birth	
5.	What was	s the prev	vious name and	nature of the business of	perating a	t this location?	
6.	Are alcohol sales a new use for the Licensed Premises to which this outdoor area permit applies? Yes No						
7.	Operating	g hours:				_	
	a.	Inside L	icensed Premis	$es^{2-2}$ Outdoor Alcoho	lic Bever	age Area <u>2-9</u>	
8.	Number of floor personnel:					,	
	a.	Inside L	icensed Premis	es $\bot$ Outdoor Alcoho	olic Bever	age Area 👤	
9.	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.						
10.	If this is a renewal, has the physical area described in the original application been altered in any way? If yes, please explain						
4	hona	ULW	Cll		-23-	<u> 2</u> 5	
	Applicant Signature Date Based upon information provided above, and based upon review of City staff, it is						
				ve, and based upon reviev olic Reverage Area Permi		otaii, it is	

Approved Denied	
	all provisions of the City of Kaukauna Municipal dditional terms and requirements set forth by City d "Permit Requirements."
By:	Date: