

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

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

License Fees	\$
Publication Fee	\$ 25.00 Ad.
Background Check	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) New China Wok Inc		
2. Trade Name or DBA New China Wok		
3. Premises Address 1810 crooks ave B		
4. County Outagamie	5. Municipality Kaukauna	6. Aldermanic District District 4
7. Mailing Address (if different from premises address)		
8. FEIN 464668186	9. Wisconsin Seller's Permit Number 456102829645702	
10. Premises Phone (920) 376-3436	11. Premises Email newchinawok@yahoo.com	
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. The alcohol will be served in the dining area and the alcohol will be stored in the storage area that is for alcohol.		

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 type="checkbox"/> Yes <input checked="" 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 WI	2. Date of Registration 01/29/2014	
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	FEIN of Parent Company	
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 Chen	Agent's First Name Dong Sheng	Phone (920) 376-3436

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
Chen	Dong Sheng	Owner	(920) 376-3436

Part E: Attestation		
Who must sign this application? <ul style="list-style-type: none"> • 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>Dongsheng Chen.</i>	Date 03/15/24	
Name (Last, First, M.I.) Chen Dong Sheng		
Title Owner	Email newchinawok@yahoo.com	Phone (920) 376-3436

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		

Date

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 officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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) New China Wok Inc	
2. Trade Name or DBA New China Wok	
3. 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	


Part B: Individual Information			
1. Name (Last, First, M.I.) Chen, Dong Sheng			
2. Relationship to Registered Entity (Title) Owner		3. Email newchinawok@yahoo.com	4. Phone 9203763436
5. Home Address 125 Lamp Lighter DR #14			
6. City Kaukauna	7. State WI	8. Zip Code 54130	9. Date of Birth 07/26/19
10. Drivers License/State ID Number C500-1608-7766-02		11. Drivers License/State ID State of Issuance WI	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 125 Lamp Lighter DR #14, Kaukauna WI 54130	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY) 2014 - present
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 New China Wok Inc	
Employer's Address 1810 Crooks Ave # B Kaukauna WI 54130	Dates Employed (MM/YYYY - MM/YYYY) 05/2014 - present
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 checked="" 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 10	Months
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 	Date 03/15/2024

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town
 Village of Kaukauna County of Outagamie
 City

The undersigned duly authorized officer/member/manager of New China Wok Inc
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as New China Wok
(Trade Name)

located at 1810 crooks ave B, Kaukauna WI 54130

appoints Dong Sheng Chen
(Name of Appointed Agent)

125 Lamp Lighter DR # 14, Kaukauna WI 54130
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Since 2010

Place of residence last year 125 lamplighter Dr #14 Kaukauna WI 54130

For: New China wok inc
(Name of Corporation / Organization / Limited Liability Company)

By: Dongsheng Chen
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Dong Sheng Chen, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Dongsheng Chen 03/15/2024 Agent's age 36
(Signature of Agent) (Date)

125 Lamp Lighter DR # 14, Kaukauna WI 54130 Date of birth 07/26/1987
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

APPLICANT/AGENT: Dong Sheng Chen
BUSINESS NAME: New China Wok
BUSINESS ADDRESS: 1810 Crooks Ave B, Kaukauna, WI 54130

City Attorney/Paralegal Suggestions:

Okay as presented

Signed: Kevin W. Davidson

Title: City Attorney

Date: 3/19/2024

APPLICANT/AGENT: New China Wok Inc/Dong Sheng Chen
DRIVER'S LICENSE: C500-1608-7766-02
DATE OF BIRTH: 07/26/1987
ADDRESS: 125 Lamp Lighter Dr \$14 Kaukauna

BUSINESS NAME: New China Wok
BUSINESS ADDRESS: 1810 Crooks Ave B

Agenda 3.28

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 Clerk*

APPLICANT/AGENT: New China Wok Inc/Dong Sheng Chen
BUSINESS NAME: New China Wok
BUSINESS ADDRESS: 1810 Crooks Ave B

Agenda 3.28

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: *[Signature]*

Denied

Title: *Associate Planner*

APPLICANT/AGENT: New China Wok Inc/Dong Sheng Chen
BUSINESS NAME: New China Wok
BUSINESS ADDRESS: 1810 Crooks Ave B

Agenda 3.28

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: BRETT BRINSEN

Denied

Title: Senior Building Inspector
Date: 3/22/2024

If denied, please specify why _____

APPLICANT/AGENT: New China Wok Inc/Dong Sheng Chen
BUSINESS NAME: New China Wok
BUSINESS ADDRESS: 1810 Crooks Ave B
FILE NO.:

Agenda 3.28

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: Cody Jess

Denied

Title: Assistant Chief / Inspector
Date: 3-27-24

If denied, please specify why _____