

FF - click mouse in 'For the license period beginning' field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

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Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 03-16-2023 ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Kaukauna

County of Outagamie Aldermanic Dist. No. _____
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1030778711-02	
FEIN Number 87-1162495	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 25.00
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 113.00
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25.00
TOTAL FEE	\$ 163.00

pro.
rated
for 3 mo.

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

173 W Wisconsin Ave LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hahn	Jeremy	Dennis Mark	133 n 6th Ave, apt 203, West Bend, WI 53095
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
La Chance	Jason	Lee	1973 Andraya Lane, De Pere WI 54115
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
La Chance	Jordan	Matthew	207 W 7th st, Kaukauna WI 54130

1. Trade Name JJ's Bottleroom Business Phone Number 920-373-1804
2. Address of Premises 173 W Wisconsin Ave Post Office & Zip Code 54130

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)

The building is a 2 story building with a cement basement located at 173 W Wisconsin Ave, Kaukauna WI. The basement consists of a large enclosed space with storage racks and a cooler. The main floor consists of a front porch/patio, a large open area with a bar/seating, one storage closet, a men's and a women's restroom, and a back patio. spirits/beer/wine will be stored and/or consumed at all these described locations, excluding the back patio at this time per Jordan La Chance. The upstairs is a separate apartment that will be rented out.

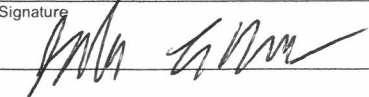
4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No THU

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☒ Yes ☐ No
The operating manager/owner (Jordan La Chance) has completed the
responsible beverage server training course and has been approved
for a bartender's license in the municipality of the business.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☒ Yes ☐ No
If yes, explain.
I (Jordan La Chance/operating owner) am acting on behalf of the entire LLC.
Including Jeremy Hahn and Jason La Chance.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☒ Yes ☐ No
One of the owners (Jeremy Hahn) has ownership in multiple other business
ventures within the alcohol/bar/tavern/restaurant industry.
9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 06/11/21 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** ☒ Yes ☐ No
Jeremy Hahn (President) has ownership in multiple other business
ventures within the alcohol/bar/tavern/restaurant industry.
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>La Chance, Jordan M</u>	Title/Member <u>Operating Owner</u>	Date <u>07/08/20</u>
Signature 	Phone Number <u>9203731804</u>	Email Address <u>luckyladsllc@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>07-09-21</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	