

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	C. Watertown
License Period	

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)		Fees	
<input type="checkbox"/> Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ _____	License Fee(s) <i>TBD</i>	\$ _____
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____	Background Check Fee	\$ 14.00
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	Publication Fee	\$ 300.00
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Total Fees	\$ 314.00 <i>pd 313</i>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) APPHOP WATERTOWN INC			
2. Business Trade Name or DBA APPLEBEES NEIGHBORHOOD GRILL & BAR +IHOP			
3. FEIN 41-4589162		4. Wisconsin Seller's Permit Number 456-1032345097-02	
5. 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			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization WI		8. Date of Organization 03/02/2026	
9. Wisconsin DFI Registration Number A120743			
10. Premises Address 1512 S CHURCH ST			
11. City WATERTOWN		12. State WI	13. Zip Code 53094
14. County Jefferson		15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: WATERTOWN	
16. Aldermanic District			
17. Premises Phone (608) 824-2020		18. Premises Email APPLE1512@YOURIHOP.COM	
19. Website IHOP.COM			
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input type="checkbox"/> RESTAURANT AND FREE STANDING BAR. LIQUORIS STORED IN LOCKED CLOSET AND BEER IS A COOLER WITH PERMISES . INVOICES IN TH EMANAGER OFFICE <i>and outdoor patio (w.s)</i>			
21. Mailing Address (if different from premises address) 7006 SUNSET BLVD			
22. City HOLLYWOOD		23. State CA	24. Zip Code 90028

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

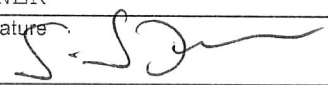
I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:

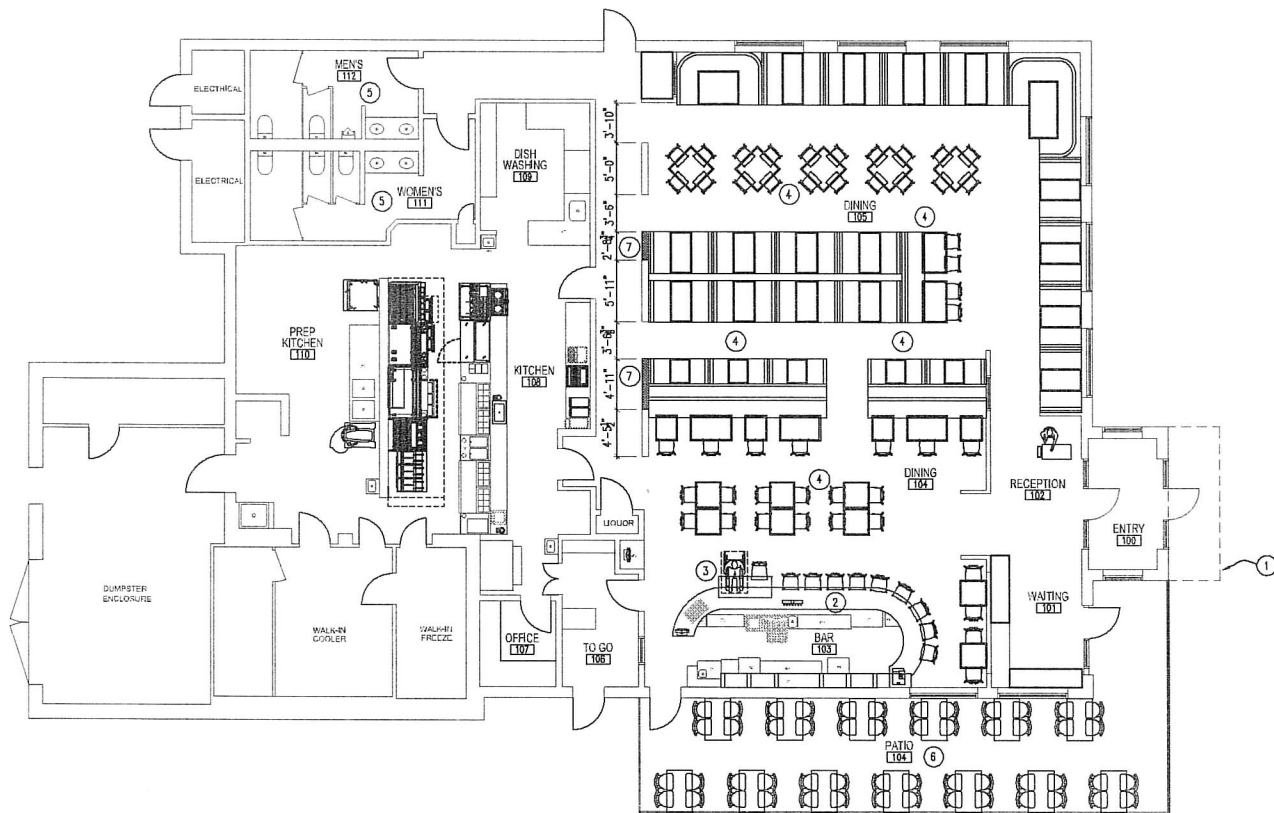
• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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.

Last Name SOLEIMANI		First Name SIYAVOUSH	M.I.
Title OWNER	Email SAM@YOURIHOP.COM		Phone (213) 925-7800
Signature 		Date 03/13/26	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3/13/26	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



FLOOR PLAN KEYED NOTES

- ① MODIFIED METAL CANOPY PER THE RENDERING WITH THE NEW SIGNAGE
- ② NEW BAR TOP
- ③ NEW ADA BAR TOP
- ④ REVISED SEATING
- ⑤ THE EXISTING ADA COMPLIANT BATHROOM TO REMAIN. NEW FINISHES TO BE APPLIED
- ⑥ PATIO AND PATIO SEATING TO REMAIN
- ⑦ 2x6 WOOD STUD HALF WALL TO MATCH THE EXISTING



FLOOR PLAN

SCALE - 1/8" = 1' - 0"

DEMOLITION FLOOR PLAN
PROPOSED FLOOR PLAN

PROPOSED RESTAURANT REMODELING
3100 GOLF ROAD
DELAFIELD, WI 53018

PROJECT TITLE
DATE: 6/24/2025
REVISION DATE:

JOB NO.: 2025068.00
DRAWN BY: TEV

A2-00