



City of Appleton

Liquor License Questionnaire

1. Name of Applicant: _____

2. Name of Business: _____

3. Address of Business: _____

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No _____

AND/OR been convicted of a felony? Yes _____ No _____

If yes to either question, please explain in detail: _____

5. List all partners, shareholders or investors. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth
_____	_____	_____	____/____/____
First name	Initial	Last name	Date of Birth

6. Name of person/corporation you are buying the premises and equipment from?

Name: _____

First name Initial Last name

Address: _____

City, State, Zip: _____

7. What was the previous name and nature of the business operating at this location?

8. Are alcohol sales an existing use in this building? Yes _____ No _____
If no, When did the operation cease? _____ months ago.

9. Are alcohol sales a new use in this building? Yes _____ No _____
If yes, please contact the Community Development Department at 832-6468 to obtain a
Special Use Permit.

10. Is your primary business restaurant? Yes _____ No _____

11. Seating capacity: Inside _____ Outside _____

12. Operating hours: _____

13. Number of floor personnel _____ Number of door checkers _____

14. In general, state the size, design and type of the proposed establishment and the
operational details.

Date

Signature

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.