



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: _____

2. Business Name: _____

3. Business Address: _____

4. Primary Business Activity:

- Restaurant
- Tavern/Night Club/Wine Bar
- Painting/Craft Studio
- Other (describe) _____

5. Select the type of business premises: Existing Building New Construction

If existing building, please indicate the primary nature of the previous business that operated at this location. _____

Anticipated date of opening? _____

6. Will your business sell or serve food?

Yes If yes, please describe the type of food offerings available _____

No

See back

7. Fill in the information about operational details listed below. Attaching a copy of the floor plan is encouraged.

Seating Capacity: Inside: _____

Outside: _____

Operating Days/Hours: Inside: _____

Outside: _____

Employees/Staff (per shift/day) Number of Personnel: _____

Approximate floor building area of the premises to be licensed: _____ sq. ft.

Approximate outdoor area of the premises to be licensed: _____ sq. ft.

Summarize the day-to-day operations of the business in the space below:

Signature

Date