

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending 4/30 2016

TO THE GOVERNING BODY of the: Town of }
 Village of } Allouez
 City of }

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

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Wisconsin Pub and Palette, 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 name, title, and place of residence of each person.

President/Member	Title	Name	Home Address	Post Office & Zip Code
	<u>Owner</u>	<u>Carrie Schmechel</u>	<u>1043 Marvelle Ln #A5</u>	<u>Green Bay WI 5304</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>Carrie Schmechel</u>		
Directors/Managers				

3. Trade Name Palette and Pub Business Phone Number 940-8448
4. Address of Premises 516 Greene Ave Post Office & Zip Code Green Bay WI 54301

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 2014 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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? Yes No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) 2000 ft² 516 Greene Ave

10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 30 day of Nov., 2015

Debra M Baeres
(Clerk/Notary Public)

My commission expires 8/2/19

Carrie Schmechel
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	<u>11-30-15</u>	Date reported to council/board	<u>12-15-15</u>	Date provisional license issued		Signature of Clerk / Deputy Clerk
Date license granted		Date license issued		License number issued		



Proposal for Palette and Pub location at 516 Greene Ave. Allouez

Palette and Pub Allouez will be operated similarly to Palette and Pub Ashwaubenon, but with a few differences.

We will continue to be an art studio, bar and restaurant. We will host craft and painting classes. The difference is that we will operate more of a wine bar than in Ashwaubenon. We will have wine stations offering 24 different wine selections as well as craft beer and specialty cocktails. We will also have wine for sale for off-site consumption. We intend to be open solely as a wine bar approximately 2 nights a week, depending on demand. I anticipate closing around 9 or 10pm, not normal bar time.

The layout of the space is as follows: there will be an instruction area for art, a seating area for the wine bar, and a separate area for sale of wine for off-site purchases. (Refer to the floor plan.) The art instruction area will be able to be converted into more bar seating as needed. We will have a bistro style food menu requiring only a simple food prep area, but will still be able to offer a wide selection of food, appetizers and desserts, similar to what is done at our store in Ashwaubenon.

Carrie Schmechel
Owner
920-461-9557

