Item 5 PUB FEE 93582

| FOR CLERKS ONLY |
|---|
| Municipality Allouez |
| License Period |

Form **AT-106**

# Original Alcohol Beverage License Application

**License(s) Requested**

| | |
|---|---|
| ☐ Class "A" Beer . . . . . $ | ☐ "Class A" Liquor . . . . . $ |
| ☑ Class "B" Beer . . . . . $ 100 | ☑ "Class B" Liquor . . . . . $ 400 |
| ☐ "Class C" Wine . . . . . $ | ☐ "Class A" Liquor (Cider Only) $ 0 |
| ☐ Reserve "Class B" Liquor $ | ☐ "Class B" (Wine Only) Winery $ |

| | |
|---|---|
| License Fees | $ 500.00 |
| Publication Fee | $ 60.00 |
| Background Check | $ |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Picasso Moon LLC

2. Trade Name or DBA

3. Premises Address
1235 S. Webster Ave

| 4. County | 5. Municipality | 6. Aldermanic District |
|---|---|---|
| Brown | Allouez | |

7. Mailing Address (if different from premises address)

| 8. FEIN | 9. Wisconsin Seller's Permit Number |
|---|---|
| 99-0555728 | 456-1031923417-04 |
| **10. Premises Phone** | **11. Premises Email** |
| 920-530-3384 | chefandycreates@gmail.com |

12. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.
First level of 1235 S. Webster Ave. ALL Food, beverage and alcohol will be stored and served on this level.

## Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate . . . . . ☑ Yes ☐ No

2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? . . . . . ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

## Part C: For Corporate/LLC Applicants Only

| 1. State of Registration | 2. Date of Registration |
|---|---|
| Wisconsin | 1/5/24 |

3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ☐ Yes ☒ No

| Name of Parent Company | FEIN of Parent Company |
|---|---|
| | |

4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

| 5. Agent's Last Name | Agent's First Name | Phone |
|---|---|---|
| Mueller | Andrew | 920-530-3384 |

## Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Mueller | Andrew | Agent/owner | 920 530-3384 |
| | | | |
| | | | |
| | | | |

## Part E: Attestation

Who must sign this application?

• sole proprietor • one general partner of a partnership • one corporate officer • one managing 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.

| Signature | Date |
|---|---|
| Andrew W Mueller | 7/15/25 |

Name (Last, First, M.I.)
Mueller Andrew W.

| Title | Email | Phone |
|---|---|---|
| Agent/owner | cherandycreates@gmail.com | 920 530-3384 |

## Part F: For Clerk Use Only

| Date application was filed with clerk | Date reported to governing body | Date provisional license issued (if applicable) |
|---|---|---|
| 7-15-2025 | | |
| **Date license granted** | **License number** | **Date license issued** |
| | | |

Signature of Clerk/Deputy Clerk