RETAIL LICENSE TRANSFER - PREMISES TO PREMISES Wisconsin Department of Revenue

FEE \$ 2000

APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

	Madison, Wisconsin
	Madison, Wisconsin
To the governing body of the (City) (Village) (Town) of $\underline{\mathcal{Ma}}$	
County of Dane Wisconsin.	
The undersigned hereby applies for a transfer of Class to to	B license from 119 State St.
Madison WI to 2	02 State St. Madison, W.
on or about $\frac{9/1/08}{(date)}$	(proposed localion)
1 APPLICANT: (print name and address plainly)	•
(a) Full name of applicant Gus Paras	
(b) Address 2605 Middleton Bea	Ch Rel/Middleton, WI 53562
LOCATION AND DESCRIPTION OF PREMISES TO WHICE Describe building or buildings where alcohol beverages are	CH APPLICATION FOR TRANSFER IS MADE: e to be sold, served and stored.
(a) Street number <u>202</u> State Stre	et in our in
(a) Street number <u>JO2</u> State Street (b) Trade name of establishment <u>Cornedy</u> C	Jub on State
(c) Physical description of building, buildings and/or la Bottom floor of building Associated Bank as	nd area comprising licensed premises.
(d) Legal description (omit if street address is given above	'e.)
(e) Is any other business conducted on same premises BANK, health club, of	
(f) Was this location licensed for beer or liquor during t	
(g) Give name and address of previous licensee.	N/A
(h) Will the previous licenses surrender its licenses	No. No. N.A.
(h) Will the previous licensee surrender its license?	☐ Yes ☐ No N/A

AT-112 (R 3-01)

Wisconsin Department of Revenue

10425

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3	If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, o rectifier will hold in the premises for which you are applying 10 In terest											ufacturer, or	
4	if you do	you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held own all fixtures											
State Coun	of Wisco	onsin '	} ss									(Signature)	
Subso	day of Public, ommissio	nd swe	CHAI NO NO OF V	EL Quefore TARJ BLIC VISCO		his ,	20)S_	-	Man person(s)	above	Paras e named and that the The Arak	answers to
CEASS OF BUSINESS	Name	Original Location	Ward	Proposed Location	Ward	License No.	Treasurer's Receipt No.	Filed	Submitted to Council or Board	ApprovedDate	Denied Date		