

# Application for Transfer of Retail Licenses for Sale of Fermented Malt Beverages and/or Intoxicating Liquor From One Premises to Another

FEE \$ 10.00

BROWN CO., Wisconsin  
MARCH 3RD, 20 21

To the governing body of the  City  Village  Town of ALVOUZ  
County of BROWN Wisconsin.

The undersigned hereby applies for a transfer of Class BCOMBO license from \_\_\_\_\_  
1927 S. WEBSTER to 1651 S. WEBSTER  
(Present Location) (Proposed Location)  
on or about 3/5/2021.  
(Date)

1. APPLICANT: *(print name and address plainly)*
  - (a) Full name of applicant KEVIN OSADJAN
  - (b) Address 3217 W. TWIN PINES CT. G.B. 54311

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE:  
Describe building or buildings where alcohol beverages are to be sold, served, consumed, and stored.

- (a) Street number 1651 S. WEBSTER ST.
- (b) Trade name of establishment GALLAGHER'S PIZZA
- (c) Physical description of building, buildings and/or land area comprising licensed premises.  
STORED: WALK IN COOLER & BACK BAR AREA. SOLD, SERVED & CONSUMED:  
BAR, DINING ROOM & PATIO (20x40 FENCED IN AREA IN FRONT OF  
STORE)

(d) Legal description (omit if street address is given above.) \_\_\_\_\_

(e) Is any other business conducted on same premises?  Yes  No If so, what?  
\_\_\_\_\_

(f) Was this location licensed for beer or liquor during the past year?  Yes  No

(g) Give name and address of previous licensee. GALLAGHER'S PIZZA 1927 S.  
WEBSTER G.B.

(h) Will the previous licensee surrender its license?  Yes  No

**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, or rectifier will hold in the premises for which you are applying

NONE

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

WE OWN

**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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
\_\_\_\_\_  
(Signature)

**CLASS OF BUSINESS**

Name \_\_\_\_\_

Original Location \_\_\_\_\_

Ward \_\_\_\_\_

Proposed Location \_\_\_\_\_

Ward \_\_\_\_\_

License No. \_\_\_\_\_

Treasurer's Receipt No. \_\_\_\_\_

Filed \_\_\_\_\_

Submitted to Council or Board

\_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_