



License Number: TAV-2372
PTAV-2372

"CLASS B" INTOXICATING LIQUOR LICENSE BUSINESS PLAN

COPY

- Business Plan must be submitted to the Clerk's Office with any Original Application
- The Finance Committee will review the application and make a recommendation
- Council will act on the application

APPLICANT INFORMATION

Applicant (Name of Corporation, LLC, Partnership, etc.): Manitowoc Business Developmt

Trade Name: Spice Restaurant ^{BAR} Phone Number: 920-226-1786

Address of Establishment: 2328 Popiss Rd. Manitowoc WI

Agent or Owner of Establishment: BASUDEV ADHIKARI

BUSINESS DESCRIPTION

Predicted Open Date: Feb 27/2024

Predicted Date the Business will be ready for Inspection: Feb 19, 2024

Brief Description of the Business: Nepalase food. Dine in Restaurant with BAR. Seating Area approximately for 25-30 people.

All the Alcoholic Beverages will be behind the counter only accessible to staff. Customers will be served only in Restaurant Space.

Attach an additional sheet or use the back of this form if more space is needed

Any additional information you wish to include: _____

SIGNATURE OF AGENT OR REPRESENTATIVE

B. J. i.
Signature of Agent or Owner of Establishment

1/30/2024
Date

Office Use Only

Date Received by Clerk's Office: 01/30/2024

Approved

Common Council Date: _____

Denied

TAV-2372
PTAV-2372

Form
AT-106

Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	City of Manitowoc
License Period	- 6/30/24

License(s) Requested

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class C" Wine \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (Cider Only) \$ _____
- "Class B" (Wine Only) Winery \$ _____

License Fees	\$
Publication Fee	\$
Background Check	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
MANITOWOC BUSINESS DEVELOPMENT LLC

2. Trade Name or DBA
Spices Restaurant & Bar

3. Premises Address
2328 N Rapids, Manitowoc, WI-54220

4. County
MANITOWOC

5. Municipality
MANITOWOC

6. Aldermanic District

7. Mailing Address (if different from premises address)
1710 INDIANA AVENUE, SHEBOYGAN, WI-53081

8. FEIN
88-1749648

9. Wisconsin Seller's Permit Number
456103148945804

10. Premises Phone

11. Premises Email
MISSIONMYSTORES@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.
1. The building is separated into two parts by a solid wall. This application applies to the South Section of the building which is a dine in Restaurant & Bar. Alcoholic Beverages will be stored in the back room and behind the serving counter. Only the bar tender (staff) serving the customers will have access to the alcoholic beverages to serve.

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 WI		2. Date of Registration 04/13/22	
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? If yes, please explain using the space below. Attach additional sheets if necessary. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Agent's Last Name Adhikari		Agent's First Name Basudev	Phone

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.

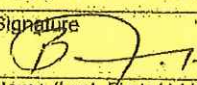
List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Adhikari	Basudev	Member	9202261786

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 01/22/2024	
Name (Last, First, M.I.) Adhikari Basudev			
Title Member		Email missionmystores@gmail.	Phone (920) 226-

Part F: For Clerk Use Only

Date application was filed with clerk 01/30/2024	Date reported to governing body	Date provisional license issued (if applicable) PTAV-2372
Date license granted	License number TAV-2372	Date license issued
Signature of Clerk/Deputy Clerk		

SUPPLEMENT TO LICENSING APPLICATION

1. Do you understand that a license may not be issued to any applicant with indebtedness for fermented malt beverages or intoxicating liquor pursuant to the timelines in Wisconsin law? Yes No


2. Do you understand that State Statutes do not provide for refunds of unused license fees? Yes No

3. Were you open for the minimum number of days throughout the licensing year? ("Class B" only)* Yes No
New

Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of his/her knowledge.

Manitowoc Business Done
Print Name of Corporation/Partnership/Individual

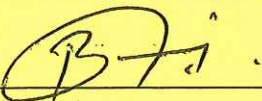
2324 Rapids Rd Manitowoc, WI
Address of Licensed Premises


Signature of Corporate Agent, Partner or Individual

* Reference Manitowoc Municipal Code section 11.010(12) for additional information

AUTHORITY.

The undersigned hereby represents and warrants that it has the authority to apply for this license. If the party applying for this license is not an individual, the person(s) signing on behalf of the entity represents and warrants that they have been duly authorized to bind the entity and apply for this license on the entity's behalf.


Signature

1/30/2024
Date

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of MANITOWOC County of MANITOWOC

The undersigned duly authorized officer/member/manager of MANITOWOC BUSINESS DEVELOPMENT LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as SPICES RESTAURANT & BAR

located at 2328 N Rapids Rd. Manitowoc, WI-54220 (Trade Name)

appoints BASUDEV ADHIKARI
(Name of Appointed Agent)

916 MULBERRY LN. KOHLER, WI-53044
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?


Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
JAI MARKETING LLC/AJ MARKETING LLC/JALAPA MARKETING LLC/MANTOWOC PETROLEUM

is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 16 YRS

Place of residence last year 916 MULBERRY LN. KOHLER, WI-53044

For: MANITOWOC BUSINESS DEVELOPMENT LLC
(Name of Corporation / Organization / Limited Liability Company)

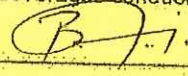
By: 
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, BASUDEV ADHIKARI
(Print / Type Agent's Name), hereby accept this appointment as agent for the

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 1-24-2024 Agent's age 43
(Signature of Agent) (Date)

916 MULBERRY LN. KOHLER, WI-53044 Date of birth 12/02/1980
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information	
1. Registered Entity Name (or individual name if sole proprietor) MANITOWOC BUSINESS DEVELOPMENT LLC	
2. Trade Name or DBA Spices Restaurant & Bar	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Name (Last, First, M.I.) ADHIKART BASUDEV			
2. Relationship to Registered Entity (Title) MEMBER	3. Email MISSIONBDA@GMAIL.COM	4. Phone 9202261786	
5. Home Address 916 MULBERRY LN.			
6. City KOHLER	7. State WI	8. Zip Code 53044	9. Date of Birth 12/02/80
10. Drivers License/State ID Number A3260608044207		11. Drivers License/State ID State of Issuance WI	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 916 MULBERRY LN.	
Previous City, State, Zip KOHLER, WI-53044	Dates (MM/YYYY - MM/YYYY) 03/2016-CURRENT
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name JAI MARKETING LLC	
Employer's Address 1710 Indiana Ave. Sheboygan, WI-53081	Dates Employed (MM/YYYY - MM/YYYY) 06/2008-Current
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

In 2005 in Davenport IA for about 1 Year


2. How long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
16	

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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 01/23/24

DRIVER LICENSE
REGULAR

USA
WISCONSIN

NOT FOR
FEDERAL
PURPOSES



4d A326-0608-0442-07

9 CLASS D

1 ADHIKARI
2 BASUDEV

8 916 MULBERRY LN
KOHLER, WI 53044

15 SEX M

16 HGT 5'-11"

17 WGT 200 lb

18 EYES BRO

19 HAIR BLK

3 DOB 12/02/1980

4a ISS 11/15/2016

4b EXP 12/02/2024

9a END NONE

5 DD OTM9W2016111514470587

DEC 80

Donor
Sticker
Here