



License Number: TAV-2649

"CLASS B" INTOXICATING LIQUOR LICENSE BUSINESS PLAN

- 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.): HARBOR PETROLEUM LLC

Trade Name: THE SPICES RESTAURANT AND BAR Phone Number: 9202261786

Address of Establishment: 2328 N RAPIDS RD, MANITOWOC, WI 54220

Agent or Owner of Establishment: OWNER

BUSINESS DESCRIPTION

Predicted Open Date: 07/01/2026

Predicted Date the Business will be ready for Inspection: 04/30/2026

Brief Description of the Business: Indian Dine in restaurant with Bar.

****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

[Signature]
Signature of Agent or Owner of Establishment

04/21/2026
Date

Office Use Only

Date Received by Clerk's Office: _____

Approved

Common Council Date: _____

Denied

PAID

Save Print Clear

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality: CITY OF MANITOWOC
License Period: 07/01/2016 - 06/30/27

Application Type (check one)
License(s) Requested: (up to two boxes may be checked)
Fees: License Fee(s) \$600, Background Check Fee \$, Publication Fee \$25, Total Fees \$675

Part A: Premises/Business Information
1. Legal Business Name: HARBOR PETROLEUM LLC
2. Business Trade Name or DBA: THE SPICES RESTAURANT & BAR
3. FEIN: 81-5142758
4. Wisconsin Seller's Permit Number: 456-1029454014-02
5. Entity Type: Limited Liability Company
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes
7. State of Organization: WI
8. Date of Organization: 01/27/2017
9. Wisconsin DFI Registration Number: H059086
10. Premises Address: 2328 N RAPIDS RD
11. City: MANITOWOC
12. State: WI
13. Zip Code: 54220
14. County: Manitowoc
15. Governing Municipality: City of MANITOWOC
16. Aldermanic District
17. Premises Phone: (920) 226-1786
18. Premises Email: MISSIONBDA@GMAIL.COM
19. Website
20. Premises Description: The Alcohol beverages will be stored in the bar area and in the store room. Related records are kept in the office room.
21. Mailing Address: 916 MULBERRY LN
22. City: KOHLER
23. State: WI
24. Zip Code: 53044

Part B: Questions
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

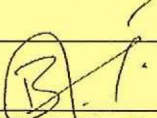
(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one 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.

Last Name ADHIKARI		First Name BASUDEV		M.I.
Title OWNER		Email MISSIONBDA@GMAIL.COM	Phone (920) 226-1786	
Signature 			Date 04/14/26	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-22-2026	License Number TAV-2649	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

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

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.

Harbor Petroleum LLC, DBA The Spruce Restaurant and Bar
Print Name of Corporation/Partnership/Individual


2328 N 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

SIGNATURE AUTHORITY (required)

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

04/21/26
Date

Form
AB-101

**Alcohol Beverage
Appointment of Agent**

Date
04/14/2026

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
HARBOR PETROLEUM LLC

2. Business Trade Name or DBA
THE SPICES RESTAURANT & BAR

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name **ADHIKARI** 2. First Name **BASUDEV** 3. M.I.

4. Email **MISSIONBDA@GMAIL.COM** 5. Phone **(920) 226-1786**

6. Home Address **916 MULBERRY LN**

7. City **KOHLER** 8. State **WI** 9. Zip Code **53044** 10. Date of Birth **[REDACTED]**

11. Driver's License/State ID Number **[REDACTED]** 12. Driver's License/State ID State of Issuance **WI**

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

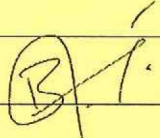
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

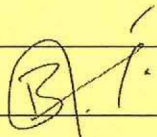
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name ADHIKARI		First Name BASUDEV	M.I.
Title OWNER	Email MISSIONBDA@GMAIL.COM		Phone (920) 226-1786
Signature 		Date 04/14/2026	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name ADHIKARI		First Name BASUDEV	M.I.
Signature 		Date 04/14/2026	



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Basudev Adhikari

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
07/29/2024



Expiration Date
07/29/2026



Certificate #
WI-00629314

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

**Alcohol Beverage
Individual Questionnaire**

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) HARBOR PETROLEUM LLC	
2. Business Trade Name or DBA THE SPICES RESTAURANT AND 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. Last Name ADHIKARI		2. First Name BASUDEV		3. M.I.	
4. Relationship to Business (Title) OWNER		5. Email MISSIONBDA@GMAIL.COM		6. Phone (920) 226-1786	
7. Home Address 916 MULBERRY LN					
8. City KOHLER		9. State WI	10. Zip Code 53044		11. Date of Birth [REDACTED]
12. Driver's License/State ID Number [REDACTED]			13. Driver's License/State ID State of Issuance WI		

Part C: Address History			
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 04/2013
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.			
Previous Address 1 916 MULBERRY LN	City KOHLER	State WI	Zip Code 53044
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County SHEBOYGAN	State	County
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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.

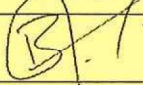
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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 E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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	04/14/2026
-----------	---	------	------------