

PTAV-2565A

Form  
AB-200Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	CITY OF MANITOWOC
License Period	- 06/30/26

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 25- pd T/11
Total Fees	\$

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

NS Holiday Inn Manitowoc, LLC

2. Business Trade Name or DBA

Holiday Inn

3. FEIN

39-29139253

4. Wisconsin Seller's Permit Number

456-1032146659-04

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

4601 Catungt Ave

10. City

Manitowoc

11. State

WI

12. Zip Code

54220

13. County

Manitowoc

14. Governing Municipality: ☒ City ☐ Town ☐ Village  
of: Manitowoc

15. Aldermanic District

16. Premises Phone

920-682-6000

17. Premises Email

manitowoc.com  
frank@ns-holidayinn.com

18. Website

www.holidayinnmanitowoc.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Bar Area &amp; Barroom Room Locked

Records  
in office

20. Mailing Address (if different from premises address)

4601 Catungt Ave

21. City

Manitowoc

22. State

WI

23. Zip Code

54220

## 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? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

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



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No  
beverages.

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 distributor? . . . ☐ Yes ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

#### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Melchior	Dray	Agent	920-428-3028
Mund	Sabra	Member	773-329-0912

#### 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 Choudhry		First Name Sabra		M.I. J
Title Member		Email nchoudhri@yahoo.com		Phone 773-329-0912
Signature 			Date	

#### Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



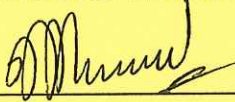
## SUPPLEMENT TO LICENSING APPLICATION

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.

NS Holiday Inn Manitowoc, LLC  
Print Name of Corporation/Partnership/Individual

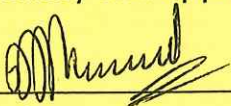
4601 Columbia Ave Manitowoc, WI  
Address of Licensed Premises

X   
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.

X   
Signature

01-08-25  
Date

Alcohol Beverage  
Appointment of Agent

Date

## 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)

MS Holiday Inn Marquette LLC

2. Business Trade Name or DBA

Holiday Inn

3. Entity Type (check one)

☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

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

need Gary Makhou to assist in the transfer of ownership

## Part B: Agent Information

1. Last Name

Makhou

2. First Name

Gary

3. M.I.

—

4. Email

g.makhoue@holidayinn-mar.com

5. Phone

920-428-3023

6. Home Address

520 E. Cornell St.

7. City

Appleton WI

8. State

WI

9. Zip Code

54915

10. Date of Birth

05-25-55

11. Drivers License/State ID Number

M420-2805-5185-03

12. Drivers 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 ☐ No3. 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 <i>Choudhary</i>		First Name <i>Sabra</i>	M.I. <i>J</i>
Title <i>Member</i>	Email <i>sabrachoudhary@yahoo.com</i>		Phone <i>773-329-0912</i>
Signature 			Date <i>07-08-25</i>

**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 <i>Maklow</i>		First Name <i>Gary</i>	M.I. <i>—</i>
Signature <i>Gary Maklow</i>			Date <i>07-08-25</i>

Alcohol Beverage  
Individual QuestionnaireDate  
07-08-25

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

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

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

## Part A: Business Information

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

NS Holiday Inn Montrose LLC

2. Business Trade Name or DBA

Holiday Inn

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

## Part B: Individual Information

1. Last Name

Choudry

2. First Name

Sabra

3. M.I.

J

4. Relationship to Business (Title)

Owner

5. Email

nchoudri@yahoo.com

6. Phone

773-329-0912

7. Home Address

1760 S. Brynmore Dr

8. City

Trenton

9. State

IL

10. Zip Code

60010

11. Date of Birth

12-27-76

12. Drivers License/State ID Number

C360-7907-6968

13. Drivers License/State ID State of Issuance

IL

## Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☒ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
4848 W. Morse Ave	Lislewood	IL	60712

Previous Address	City	State	Zip Code

Previous Address	City	State	Zip Code

Previous Address	City	State	Zip Code

Previous Address	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
IL	Cook						

State	County	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

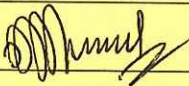
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

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

07/08/1925

# Alcohol Beverage Individual Questionnaire

Date  
07-08-25

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

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

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) Grand Axe Hotel, LLC	
2. Business Trade Name or DBA Holiday Inn	
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	

<b>Part B: Individual Information</b>		
1. Last Name Malchow	2. First Name Gary	3. M.I. —
4. Relationship to Business (Title) Owner	5. Email g.malchow@holidayinn-ba.com	6. Phone 920-428-3023
7. Home Address 520 E. Croul St.		
8. City Appleton	9. State WI	10. Zip Code 54915
11. Date of Birth 05-23-55		12. Drivers License/State ID Number M420-2805-5185-03
13. Drivers License/State ID State of Issuance WI		

<b>Part C: Address History</b>							
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) 05-25-55
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 520 E. Croul St.		City Appleton		State WI		Zip Code 54915	
Previous Address 2 110-112 Northbreeze Dr.		City Appleton		State WI		Zip Code 54911	
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	County	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 07-08-25



License Number: TAV-2565A

## "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.): NS Holiday Inn Manitowoc, LLC

Trade Name: Holiday Inn Phone Number: 920-682-6000

Address of Establishment: 4601 Columbus Ave

Agent or Owner of Establishment: Gary Malchow

### BUSINESS DESCRIPTION

Predicted Open Date: 08-15-25

Predicted Date the Business will be ready for Inspection: 07-31-25

Brief Description of the Business: Hotel Bn

**\*\*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

Gary Malchow  
Signature of Agent or Owner of Establishment

07-08-25  
Date

### Office Use Only

Date Received by Clerk's Office: \_\_\_\_\_

Common Council Date: \_\_\_\_\_

☐ Approved

☐ Denied



Date: 07-08-25

Honorable Mayor and Common Council of the City of Manitowoc:

I hereby surrender the following license:

     "Class A" Retail Intoxicating Liquor and Fermented Malt Beverage

  X   "Class B" Retail Intoxicating Liquor and Fermented Malt Beverage

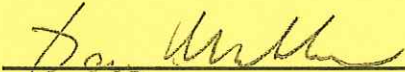
     Class "A" Fermented Malt Beverage

     Class "B" Fermented Malt Beverage

     Class "C" Wine License

for the premises at 4601 Colman Ave Manitowoc, WI 54220  
in favor of RS Holiday Inns Manitowoc, LLC effective                       
upon issuance of new license.

Very truly yours,

  
Signature

Gary M. Kahan  
Print Signature