

RESOLUTION NO.: 1—2024-25

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

MAJORITY

1 The Outagamie County Board adopted Resolution 112—2023-24 on March 12, 2024 which
2 approved a lease agreement effective May 1, 2024 with a new concessionaire, SSP America
3 ATW, LLC at the Appleton International Airport. As part of the process for obtaining a
4 “Class B” permit, pursuant to §125.51(5)(b)2, Wis. Stats., a resolution must be adopted by
5 the County Board as owner of the Appleton International Airport. SSP America ATW, LLC
6 has already obtained approval for a Class B permit from the Village of Greenville.

7
8 NOW THEREFORE, the undersigned members of the Property, Airport, Recreation and
9 Economic Development Committee recommend adoption of the following resolution.

10 BE IT RESOLVED, that the Outagamie County Board of Supervisors, pursuant to §125.51(5)(b)2,
11 Wis. Stats., as owner and operator of the Appleton International Airport, does support granting a “Class
12 B” permit to SSP America ATW, LLC to allow the sale of intoxicating liquor for consumption by the
13 glass and not in the original package or container on the premises, and

14 BE IT FURTHER RESOLVED, that the Outagamie County Board of Supervisors does authorize
15 and approve the County Board Chairperson and County Clerk to sign the attached AT-105: Application
16 for Airport/Public Facility Permit which by reference is made a part hereof, and

17 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy of
18 this resolution to the Appleton International Airport Director.

19 Dated this ____ day of April 2024

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Respectfully submitted,

PROPERTY, AIRPORT, RECREATION &
ECONOMIC DEVELOPMENT COMMITTEE

Duly and officially adopted by the County Board on: _____

Signed: _____
Board Chairperson

County Clerk

Approved: _____

Vetoed: _____

Signed: _____
County Executive

Excise Tax Unit
 Wisconsin Department of Revenue
 PO Box 8900
 Madison WI 53708-8900
 (608) 266-6701
 Fax (608) 261-7049

**AT-105: Application for
 Airport/Public Facility Permit**

DEPARTMENT USE ONLY	
Tax Account Number	
Date of Issuance	

Date	Telephone Number ()	Seller's Permit Number	Federal Employer Identification Number (FEIN)	Social Security Number (If you do not have a FEIN number)
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SECTION 1 – To be completed by Chairperson and Clerk of Municipality or County
 Under the provisions of secs. 125.51(5)(b), Wis. Stats. and a resolution passed by the governing body of (municipality) GREENVILLE or (county) _____ (a copy of which is attached), application is being made for a "Class B" intoxicating liquor permit for use on the following described premises which is:

A. Owned and Operated by <u>SSP AMERICA ATW, LLC</u>		Known as	
Address of Premises		Located In this: (Check One)	
Mailing Address <u>20408 BASHAN DR., SUITE 300</u>		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City of <u>GREENVILLE</u>	
	City <u>ASHBURN</u>	State <u>VA</u>	Zip <u>20147</u>
From the _____ day of _____ 20____		through the _____ day of _____ 20____	

B. APPLICANT: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company (LLC)				
INDIVIDUAL OR PARTNERSHIP: (If a partnership, all partners must be listed)				
Name (Last)	(First)	(M.I.)	SS#	Home Address
Name (Last)	(First)	(M.I.)	SS#	Home Address
Name (Last)	(First)	(M.I.)	SS#	Home Address
Name of Corporation/Limited Liability Company <u>SSP AMERICA ATW, LLC</u>				State and Date of Incorporation/Registration <u>VA 11/14/2023</u>
Is applicant corporation a subsidiary of any other corporation or Limited Liability Company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate corporate name or name of Limited Liability Company: <u>SSP AMERICA, INC.</u>				
OFFICERS AND DIRECTORS – AN AGENT MUST BE APPOINTED.				
President/Member Last Name	(First)	(M.I.)	SS#	Home Address
<u>SVAGDIS</u>	<u>MICHAEL</u>			
Vice President/Member Last Name	(First)	(M.I.)	SS#	Home Address
<u>MURRAY</u>	<u>PATRICK</u>			
Secretary/Member Last Name	(First)	(M.I.)	SS#	Home Address
<u>MBOYA</u>	<u>GEORGE</u>			
Treasurer/Member Last Name	(First)	(M.I.)	SS#	Home Address
Agent Last Name	(First)	(M.I.)	SS#	Home Address
Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)				
The fee in the amount of \$500 is payable every 2 years to the Wisconsin Department of Revenue. Also include \$20 BTR fee (if applicable). The fee for a permit for less than 12 months shall be prorated according to the number of months or fraction thereof for which the permit is issued.				

Declaration		
_____, Chairperson of the governing body of _____ and _____, Clerk of said body, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.		
Chairperson	Clerk	Date

SECTION 2 – To be completed by Concessionaire

Name owner of bar fixtures and state terms of lease or Rental.
N/A

Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade bureau (TTB) by filing (TTB Form 5630.5d) before beginning business? [phone 1-877-832-3277] Yes No

Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant?
Explain Yes answer in detail. Yes No

Does the applicant, any member of the partnership, officer, director, stockholder, member, or agent hold any interest in any other retail beer and/or liquor license or wholesale beer permit or liquor permit in Wisconsin? Yes No

If Yes, identify:


Name	Location	Type of License/Permit
SEE ATTACHED RIDER		

Does any retail alcohol beverage licensee, wholesale beer permittee or wholesale liquor permittee or any officer, director, stockholder, member, of such permittee or licensee have any interest in this permit? Yes No

If Yes, identify:

Name	Location	Type of License / Permit

Does the applicant understand that any permit issued will be void and subject to revocation if indebted in excess of 15 days for fermented malt beverages or 30 days for intoxicating liquors? Yes No


 (Signature of President of one Corp. or one Partner/Individual/Member of Limited Liability Company)

SECTION 3 – Approval by Law Officer

I, _____, chief law enforcement officer of _____, have searched the records maintained
 (Municipality in which the airport or public facility is located)
 by my department and have contacted the Wisconsin Crime Information Bureau. I know of no reason a retail "Class B" intoxicating liquor permit should not be issued to _____ to operate at the
 (Name of corporate officer(s), member(s) / manager(s) of limited liability company or agent to be permitted)

 (Name of airport or public facility)

 (Signature of Officer)

 (Title of Officer)

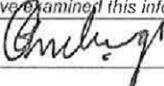
AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last) MBOYA		(First) GEORGE	(M.I.) O	Title CFO & SECRETARY
Date of Birth [REDACTED]	Place of Birth KENYA		Business or Occupation for Past Three Years CFO & SECRETARY	

- Yes No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated → Federal State Municipal Ordinance
(Attach explanation of any Yes answer.)
- Yes No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)
- _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ►  Date 03/14/2024
AT-105 (R. 11-19) Wisconsin Department of Revenue

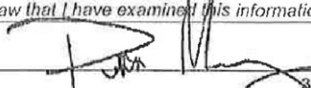
AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last) MURRAY		(First) PATRICK	(M.I.) J	Title EXECUTIVE VICE PRESIDENT
Date of Birth [REDACTED]	Place of Birth NY		Business or Occupation for Past Three Years EXECUTIVE VICE PRESIDENT	

- Yes No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated → Federal State Municipal Ordinance
(Attach explanation of any Yes answer.)
- Yes No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)
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Name (Last) Svagdis		(First) Michael	(M.I.) P	Title President & CEO
Date of Birth [REDACTED]	Place of Birth MA		Business or Occupation for Past Three Years President & CEO	

Yes No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
 If Yes, check type violated → Federal State Municipal Ordinance
 (Attach explanation of any Yes answer.) DUI, 1993 in South Carolina.

Yes No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
 (If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

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Your Signature ►  Date 03/14/2024

AT-105 (R. 11-19)

Wisconsin Department of Revenue

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Name (Last)		(First)	(M.I.)	Title
Date of Birth	Place of Birth		Business or Occupation for Past Three Years	

Yes No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
 If Yes, check type violated → Federal State Municipal Ordinance
 (Attach explanation of any Yes answer.)

Yes No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
 (If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

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Your Signature ► _____ Date _____

AT-105 (R. 11-19)

Wisconsin Department of Revenue