



City of Appleton

100 North Appleton Street
Appleton, WI 54911-4799
www.appleton.org

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, March 3, 2021

6:45 PM

Council Chambers, 6th Floor

SPECIAL

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting
[21-0227](#) Safety & Licensing Minutes from February 10, 2021
Attachments: [S & L Minutes 2-10-21.pdf](#)
4. **Public Hearings/Appearances**
5. **Action Items**
[21-0191](#) Class "A" Beer application for Oneida Street Mini Mart LLC d/b/a Oneida BP, Prabhu Dhungana, Agent, located at 1306 S Oneida St, contingent upon approval from all departments.
Attachments: [Oneida BP.pdf](#)
[21-0195](#) Amusement Device License application for Oneida Street Mini Mart LLC d/b/a Oneida St BP, Prabhu Dhungana, applicant, located at 1306 S Oneida St, contingent upon approval from all departments.
Attachments: [Oneida St BP 2021 S&L.pdf](#)
[21-0208](#) Cigarette License application for Oneida Street Mini Mart LLC d/b/a Oneida BP, located at 1306 S Oneida St.
Attachments: [Oneida St BP 2021 S&L.pdf](#)
[21-0190](#) Pet Store License application for Fancy Fish, Sia Y. Lor, applicant, located at 1804 S Lawe St, contingent upon approval from all departments.
Attachments: [Fancy Fish S&L.pdf](#)
6. **Information Items**

7. Adjournment

Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.

Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.



City of Appleton

100 North Appleton Street
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Meeting Minutes - Final Safety and Licensing Committee

Wednesday, February 10, 2021

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

The meeting was called to order by Chair Siebers at 5:30 p.m.

2. Roll call of membership

Present: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

3. Approval of minutes from previous meeting

[21-0163](#)

Minutes from Jan 27th, 2021 meeting.

Attachments: [S & L Minutes 1-27-21.pdf](#)

**Lobner moved, seconded by Reed, that the Minutes be approved. Roll Call.
Motion carried by the following vote:**

Aye: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

4. **Public Hearings/Appearances**

5. **Action Items**

[21-0147](#)

Class "A" Beer License application for Kedaar LLC d/b/a Appleton Clark, Lekha Timilsaina, Agent, located at 1200 W Wisconsin Ave, contingent upon approval from all departments.

Attachments: [Appleton Clark.pdf](#)

Lobner moved, seconded by Van Zeeland, that the License be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

[21-0142](#)

Class "B" Beer and "Class B" Liquor License Temporary Premise Amendment application for Sangria's Mexican Grill, Sarah Gregory, Agent, for May 5, 2021, contingent upon approval from all departments.

Attachments: [Sangrias S&L.pdf](#)

This Report Action Item was recommended for approval

Aye: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

[21-0165](#)

Class "B" Beer and "Class B" Liquor License Change of Agent application for Apollon II LLC d/b/a Apollon, Tara E. Ziebell, New Agent, located at 207 N Appleton St, contingent upon approval from Appleton Police Department.

Attachments: [Tara E Ziebell S&L.pdf](#)

Lobner moved, seconded by Van Zeeland, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

[21-0148](#)

Cigarette License application for Kedaar LLC d/b/a Appleton Clark, located at 1200 W Wisconsin Ave.

Attachments: [Appleton Clark S&L.pdf](#)

Lobner moved, seconded by Reed, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

[21-0149](#)

Cigarette License application for M.D. Tobacco & Snacks LLC d/b/a M.D. Tobacco & Snacks, located at 1415 W Kamps Ave #4.

Attachments: [M.D. Tobacco & Snacks S&L.pdf](#)

This Report Action Item was recommended for approval

Aye: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

6. Information Items

[21-0164](#)

Director's Reports
-City Clerk
-Fire Chief
 Annual Report Review
 AFD Response to Fox River Mall Shooting
-Police Chief
 APD Response to Fox River Mall Shooting

Attachments: [2020 AFD Annual Report.pdf](#)

[21-0124](#)

Police Department information on liquor law violation convictions.

There were none to report.

7. Adjournment

Lobner moved, seconded by Van Zeeland, that the meeting be adjourned at 5:55 p.m. Roll Call. Motion carried by the following vote:

Aye: 5 - Siebers, Lobner, Reed, Schultz and Van Zeeland

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: _____
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Appleton
 Village of }
 City of }

County of Outagamie Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Oneida Street mini mart llc

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Dhungana</u>	(First) <u>Prabhu</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>4716 W Grand Meadows Dr, Appleton, WI 54914</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Dhungana</u>	(First) <u>Prabhu</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>4716 W Grand Meadows Dr, Appleton, WI, 54914</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Oneida Street mini mart llc Business Phone Number 920 731 3518

2. Address of Premises 1306 S Oneida Street Appleton, WI, 54915 Post Office & Zip Code 54915

3. 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.)

36 x 71 sq ft.
sales floor and cooler

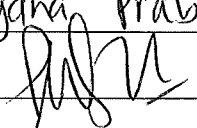


4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? Northern gas llc / You pump

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain Yes No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date 2/2/2021 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. Yes No
Hortonville BP
102 E Main Street, Hortonville, WI, 54994
10. 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 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, MI.) <u>Dhungana Prabhu</u>	Title/Member <u>owner</u>	Date <u>2/16/2021</u>
Signature 	Phone Number 	Email Address 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Liquor License Questionnaire

1. Name of Applicant: Prabhu Dhungana

2. Name of Business: Oneida street mini mart LLC

(Check Applicable Box(s) to identify primary business activity)

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) Gas station

3. Address of Business: 1306 S Oneida street, Appleton, WI, 54915

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes X No _____

AND/OR been convicted of a felony? Yes _____ No X

If yes to either question, please explain in detail below:

Sold Beer to minor in 2011 Perry county, Illinois

5. List all partners, shareholders or investors of your business. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

<u>Prabhu</u>		<u>Dhungana</u>	<u> </u> / <u> </u> / <u> </u>
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth

6. Name of person/corporation you are buying the premise and equipment from?

Name: Northern gas LLC

First name Middle Initial Last name

Address: 1306 S Oneida street Appleton WI 54915

City State ZIP

7. What was the previous name and primary nature of the business operating at this location?

Name: Northern gas llc

(Check Applicable Box(s) to identify primary business activity)

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) Gas Station

8. Was this premise licensed for alcohol sales/consumption during the past license year?

Yes If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.

No If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.

9. If alcohol sales were a previous use in this building, when did the operation cease?

0 months ago.

10. Seating capacity: Inside Outside

11. Operating hours (Inside the building): 8 AM - 12 AM

Operating hours (Outdoor seating areas):

12. Employees/Staff

Number of floor personnel 1 Number of door checkers

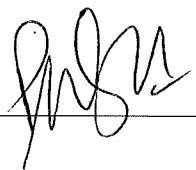
13. In general, state the size and operational details of the proposed establishment:

a. Gross floor building area of the premises to be licensed: square feet.

b. Gross outdoor seating areas of the premises to be licensed: square feet.

c. Below, identify the operational details of the proposed establishment:

• 36x71 sq ft
sales floor and cooler

Signature 

Date 2/16/2021



"meeting community needs
.....enhancing quality of life"

FEES ARE NON-REFUNDABLE	Date Rec'd ___/___/___
Acct Code: CLCAMS License Fee:	
\$15.00 per machine (_____) X \$15.00 = _____	
	15 machines and over \$250.00
Acct Code: CLCPIF	Investigation Fee + \$7.00
TOTAL AMOUNT PAID \$ _____	
Receipt No. _____	
License period – July 1 and ending June 30 of the following year	

APPLICATION for MECHANICAL AMUSEMENT DEVICE LICENSE

DEFINITION – A mechanical amusement device is a machine which upon the insertion of a coin or slug operates a game, contest or amusement, *except music*. A billiard table or pool table is a mechanical device when operated commercially, whether is it coin operated or not.

SECTION 1 – BUSINESS INFORMATION – Answer all questions completely. Please PRINT clearly

Name of Corporation/ Individual	Oneida street mini mart LLC	Date of Birth	05/31/1979
Corporation/ Individual Address	Prabhu Dhurmana 4716 W Grand Meadows Dr	City	Appleton
		State	WI
		Zip	54914
Corporation/ Individual Telephone Number	[REDACTED]		

SECTION 2 – LOCATION INFORMATION

Trade Name of Establishment	Oneida BP Oneida street mini mart LLC	Telephone Number	920 731 3518
Street address where devices will be operated:	1306 S Oneida Street	City	Appleton
		State	WI
		Zip	54915

SECTION 3 – AMUSEMENT DEVICES

Number of Devices: 5	NOTE: IF YOU ARE LICENSING 15 OR MORE AMUSEMENT DEVICES, A SPECIAL USE PERMIT MAY BE REQUIRED. PLEASE CONTACT THE DEPARTMENT OF COMMUNITY DEVELOPMENT FOR DETAILS. (920.832.6468)
Description of Devices:	
Phone charging station	

SECTION 4 – PENALTY NOTICE

The undersigned request that a license be granted in accordance with Sections 9-126 to 9-129 of the Municipal Code of the City of Appleton.

Signature of Applicant: _____

FOR OFFICE USE ONLY

DEPARTMENT	APPROVE	DENY	BY	REASON
POLICE				
FIRE				
INSPECTION				
COMMUNITY DEVEL				

Date Issued:	License No:
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Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
 [Redacted]

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Oneida Street mini mart LLC			Federal Employer Identification No. (FEIN) [Redacted]		
Trade or Business Name (if different than Legal Name) Oneida BP			Telephone Number [Redacted]		
Business Address (License Location) 1306 S Oneida Street		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (920) 731 3518	
Municipality Appleton	State WI	Zip Code 54915	of: Appleton		County Outagamie
Mailing Address (if different than Business Address)			Municipality		State Zip Code

Organization (check one)

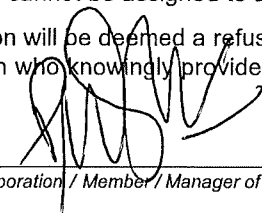
- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 2/2/2021
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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.


 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)



"meeting community needs
.....enhancing quality of life"

APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDABLE		Date Rec'd <u>2/5/2021</u>
See SECTION 5 for Fee Schedule		
License Fee - Initial	\$ <u>90.00</u>	Acct. Code: CLPETK
License Fee - Renewal	\$ _____	Acct. Code: CLPETK
Investigation Fee	+ \$ 7.00	Acct. Code: CLCPIF
Total Amount Paid	\$ <u>97.00</u>	Receipt <u>97.00</u>
License period July 1 to June 30		1778-0006

PLEASE ALLOW 4 WEEKS FOR PROCESSING

SECTION 1 - BUSINESS LOCATION - Answer all questions completely. Please PRINT clearly

NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.

Business Name <u>Fancy Fish (Long Cheng Market place)</u>			
Business Street Address <u>1804 S. Lawer St.</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>
Business Telephone Number <u>Primary (920) 681-0788 Secondary (920) 242-7896</u>			

SECTION 2 - APPLICANT INFORMATION

Name <u>Sia Y. Lor</u>			
Home Street Address <u>929 S. 24th St.</u>	City <u>Manitowoc</u>	State <u>WI</u>	Zip <u>54220</u>
Date of Birth ●●●●●●	Male	Female <input checked="" type="checkbox"/>	Telephone Number ●●●●●●

SECTION 3 - SERVICES TO BE PROVIDED

Please check the type(s) of services your establishment will offer:

<input type="checkbox"/> Pet Accessories	<input checked="" type="checkbox"/> Fish	<input type="checkbox"/> Live animals	<input type="checkbox"/> Pet Food
Other <u>Fish Foods, live bloodworms, Dry blood worms plants, and Brine Shrimp</u>			

SECTION 4 - PENALTY NOTICE

Having knowledge of all governmental laws, rules or regulations governing the keeping or protection of animals, I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: S. Jay Lor

SECTION 5 - FEE SCHEDULE

Pet Store License	Initial Fee - \$90.00 ✓	Renewal Fee - \$75.00
Kennel License	10 or less animals - \$55.00	25 or less animals - \$130.00
	50 or less animals - \$255.00	More than 50 animals - \$5.00 per animal with a minimum of \$280.00

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
City Sealer				
Inspection				
Community Development				
S&L	Council	Date Issued	Exp. Date	
				License Number