



# City of Appleton

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

## Meeting Agenda - Final Safety and Licensing Committee

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Wednesday, October 27, 2021

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[21-1524](#) Approval of minutes from previous meeting

**Attachments:** [S & L Minutes 10-13-21.pdf](#)

4. **Public Hearings/Apearances**

5. **Action Items**

[21-1419](#) Reserve "Class B" Liquor and Class "B" Beer License Permanent Premise Amendment application for Fox River Boat Holdings Co. d/b/a River Tyme Bistro, Candice Mortara, Agent, located at 425 W Water St Unit 100.

**Attachments:** [River Tyme Bistro S&L.pdf](#)

[Denial Recommendation -River Tyme Bistro.pdf](#)

**Legislative History**

10/13/21	Safety and Licensing Committee	held
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[21-1345](#) Class "A" Beer and "Class A" Liquor License application for Tee Tees Nachos LLC, Timasha Thornton, Agent, located at 550 N Morrison St #C, contingent upon approval from all departments.

**Attachments:** [Tee Tees Nachos LLC Class A Combo.pdf](#)

**Legislative History**

10/13/21	Safety and Licensing Committee	recommended for approval
10/20/21	Common Council	referred to the Safety and Licensing Committee

- [21-1439](#) Class "B" Beer License application for Tee Tee's Nachos LLC d/b/a Tee Tee's Nachos, Timasha Thornton, Agent, located at 550 N Morrison St Suite D, contingent upon approval from all departments.  
**Attachments:** [Tee Tees Nachos LLC Class B Beer.pdf](#)
- [21-1471](#) Class "A" Beer License application for True North Energy LLC d/b/a True North #822, Daniel J Pamperin, Agent, located at 3411 N Ballard Rd, contingent upon approval from all departments.  
**Attachments:** [True North #822.pdf](#)
- [21-1427](#) Temporary "Class B" Wine License application for Creative Downtown Appleton Inc, Jennifer Stephany, Person in Charge, Houdini Plaza, November 20, 2021, Light Up Appleton, contingent upon approval from all departments.  
**Attachments:** [Light Up Appleton S&L.pdf](#)
- [21-1445](#) Temporary Class "B Beer and "Class B" Wine License application for St. Bernard Catholic Parish, Michael Eash, Person in Charge, located at 1617 W Pine St, November 13, 2021, contingent upon approval from all departments.  
**Attachments:** [St Bernard Parish Family Game Night S&L.pdf](#)

## 6. Information Items

- [21-1526](#) Director's Reports  
-City Clerk  
-Fire Chief  
-Police Chief
- [21-1527](#) Police Department information on alcohol law violations.

## 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.*



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## Meeting Minutes - Final Safety and Licensing Committee

---

Wednesday, October 13, 2021

5:30 PM

Council Chambers, 6th Floor

---

1. Call meeting to order

*The meeting was called to order by Chair Van Zeeland at 5:30 p.m.*

2. Roll call of membership

**Present:** 4 - Schultz, Van Zeeland, Smith and Hartzheim

**Excused:** 1 - Reed

3. Approval of minutes from previous meeting

[21-1412](#)

Safety & Licensing Minutes from October 6th, 2021.

**Attachments:** [S & L Minutes 10-6-21.pdf](#)

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

**Aye:** 4 - Schultz, Van Zeeland, Smith and Hartzheim

**Excused:** 1 - Reed

4. Public Hearings/Appearances

5. Action Items

[21-1419](#)

Reserve "Class B" Liquor and Class "B" Beer License Permanent Premise Amendment application for Fox River Boat Holdings Co. d/b/a River Tyme Bistro, Candice Mortara, Agent, located at 425 W Water St Unit 100, contingent upon approval from all departments.

**Attachments:** [River Tyme Bistro S&L.pdf](#)

**Smith moved, seconded by Hartzheim, that the Premise Amendment be held until the next meeting. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Schultz, Van Zeeland, Smith and Hartzheim

**Excused:** 1 - Reed

[21-1345](#)

Class "A" Beer and "Class A" Liquor License application for Tee Tees Nachos LLC, Timasha Thornton, Agent, located at 550 N Morrison St #C, contingent upon approval from all departments.

**Attachments:** [Tee Tees Nachos LLC Class A Combo.pdf](#)

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

**Aye:** 4 - Schultz, Van Zeeland, Smith and Hartzheim

**Excused:** 1 - Reed

[21-1356](#)

"Class B" Liquor and Class "B" Beer Temporary Premise Amendment application for Dairyland Brew Pub, Dorri Schmidt, Agent, located at 1216 E Wisconsin Ave, contingent upon approval from all departments.

**Attachments:** [Dairyland Brew Pub-Lumberjack Day S&L.pdf](#)

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

**Aye:** 4 - Schultz, Van Zeeland, Smith and Hartzheim

**Excused:** 1 - Reed

[21-1407](#)

Temporary Class "B" Beer License application for Ice Dog Booster Club, Nick B Laird, Person in Charge, located at Appleton Family Ice Center, 1717 E Witzke Blvd, multiple days, contingent upon approval from all departments.

**Attachments:** [Fox Cities Ice Dogs Hockey Games S&L.pdf](#)

**Smith moved, seconded by Schultz, that the Report Action Item be approved. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Schultz, Van Zeeland, Smith and Hartzheim

**Excused:** 1 - Reed

[21-1408](#)

Temporary Class "B" Beer License application for Appleton Downtown Inc, Jennifer Stephany, Person in Charge, Jones Park parking lot, 301 W Lawrence St, November 6, 2021, contingent upon approval from all departments.

**Attachments:** [ADI 10K Finishline S&L.pdf](#)

**Smith moved, seconded by Schultz, that the Report Action Item be approved. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Schultz, Van Zeeland, Smith and Hartzheim

**Excused:** 1 - Reed



**6. Information Items**

[21-1416](#) 2022 Legal Services (Clerk's Office) Budget

**Attachments:** [2022 Legal Services Budget.pdf](#)

[21-1420](#) 2022 Police Budget

**Attachments:** [2022 Police Budget.pdf](#)

[21-1421](#) 2022 Fire Department Budget

**Attachments:** [2022 COA Fire Department Budget.pdf](#)

[21-1415](#) Director's Reports  
1. City Clerk  
    -Redistricting Update  
    -Election Worker Recruitment  
2. Police Chief  
3. Fire Chief  
    -Contracts  
    -Hiring Processes

[21-1351](#) Special Events:  
Johnston Elementary Mustang Mile, October 2, 2021  
Fox Valley Lagerfest, State Street, October 9, 2021

[21-1414](#) Police Department information on alcohol law violations.

**7. Adjournment**

**Smith moved, seconded by Hartzheim, that the meeting be adjourned at 6:07 p.m. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Schultz, Van Zeeland, Smith and Hartzheim

**Excused:** 1 - Reed



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

REQUEST for

# Alcohol License Premise Amendment

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>10/11/21</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>2694-2</u>	

## SECTION 1 – LICENSE INFORMATION

Name of Establishment	River Tyme Bistro		
Address of Establishment	425 W Water Street, Appleton 54915		
Name of Agent	Candice Mortara	Phone Number	

## SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:  
**\*A drawing/diagram of the proposed area must also be submitted with this application\***  
 Due to instability of the ground under the patio, and subsequent closing of our current patio, we would like to extend our liquor license to the ground level area to the West, East and South of the patio. (The area highlighted in green) This allows us to offer our customers outdoor dining with the option of cocktails, as well as allows us the flexibility of accommodating private event customers who need outdoor seating. Once the patio is stabilized, it will allow for much sought after additional outdoor seating. The closing of the patio has cut our revenue in half. Also, we request to extend to the rest of Unit 1. Again, we have private event requests for that room, and being able to accommodate them would help immensely. We greatly appreciate your consideration.

Is this change Permanent?	If this is temporary please specify the reason for the amendment:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:

## SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.  
 Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.  
 Signature of Applicant: Candice L Mortara

## FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				

**WATER**

RIGHT-OF-WAY

C.S.M. LOT 1

NO. 7627

RETAINING WALL

**UNIT 2**  
FIRST FLOOR  
DIMENSIONS SHOWN

**UNIT 1**  
FIRST FLOOR  
DIMENSIONS SHOWN

LCE UNIT 1

LCE UNIT 2

S49°41'03"W  
(S49°54'37"W)

**FOX**

05°(W)  
0'31"W  
4.09'  
SIDEWALK  
BUILDING

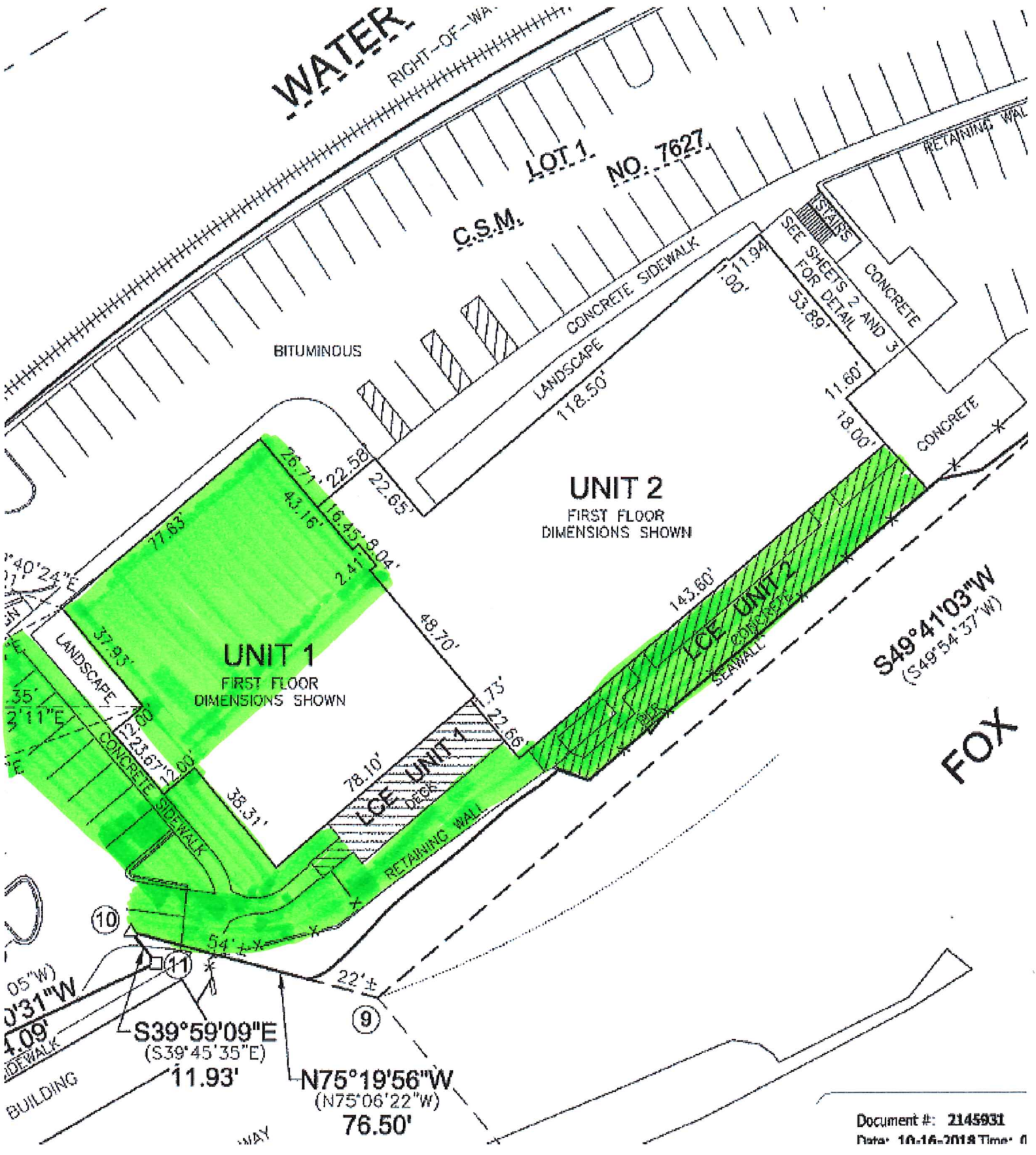
S39°59'09"E  
(S39°45'35"E)

11.93'

N75°19'56"W  
(N75°06'22"W)

76.50'

Document #: 2145931  
Date: 10-16-2018 Time: 11





## REPORT TO SAFETY AND LICENSING COMMITTEE

**Meeting Date:** October 27, 2021

**Premise Amendment Request Received from City Clerk's Office:**  
October 11, 2021

**Item:** Reserve "Class B" Liquor and Class "B" Beer License Permanent Premise Amendment Application for Fox River Boat Holdings Co. d/b/a River Tyme Bistro, Candice Mortara, Agent, Located at 425 W. Water Street Unit 100

**From:** Don Harp, Principal Planner

Pursuant to Section 9-77 of the Municipal Code and Section V. Procedures of the current General Policy Statement on Beer/Liquor Licensing, the Community and Economic Development Department investigation determines the following:

### **Outdoor Dining Request With or Without Alcohol Service**

1. Currently, the site has 128 off-street parking spaces to accommodate customer and employee parking for the Atlas Mill building and Fratello's Riverfront Restaurant. In accordance with Sections 23-42(c) and 23-172(m) of the Zoning Ordinance, all existing off-street parking spaces shall be maintained as parking spaces. The proposed expansion of the outdoor dining into the 10 off-street parking spaces (highlighted green) located on the west side of the building will cause a deficiency of 10 parking spaces on the site.
2. The proposed expansion of the outdoor dining into the interior parking lot landscape island (highlighted green) located on the west side of the building will cause a deficiency in the required amount of interior parking lot landscape islands. In accordance with Section 23-172(f)(1)a. of the Zoning Ordinance, the interior parking lot landscape islands shall be maintained as is for their intended purpose.

**Recommendation:** Based on the above findings, staff recommends the request for alcohol license permanent premise amendment for the expansion of the outdoor dining with or without alcohol service within the 10 off-street parking spaces and the interior parking lot landscape islands (highlighted green) be **DENIED** because request causes the property to be **NOT** in compliance with Section(s) 23-42(c), 23-172(m) and 23-172(f)(1)a. of the Zoning Ordinance as specified above.

### **Interior Expansion Within Unit 1**

3. Special Use Permit #01-06 was transferred to River Tyme Bistro on January 20, 2020 (see attached). Condition Number 2 of said transfer states, " Any future expansions into any area of building/property not part of this approval for the purpose of serving and/or consumption of

alcohol will require a *new Special Use Permit* application or a minor amendment request to be applied for and approved.”

*Note: A new Special Use Permit has not been applied for by the owner/applicant. Approval of a new Special Use Permit for a restaurant with alcohol sales is required prior to the issuance of the amended liquor license.*

Section III of the General Policy Statement on Beer/Liquor Licensing states, “Where required, no corporation, partnership or individual will be issued a beer/liquor license for the premises until a Special Use Permit application has been submitted. This would allow for the Community and Economic Development Department to review and determine whether or not the applicant must apply for and receive approval of a Special Use Permit pursuant to the current Zoning Code.”

**Recommendation:** Based on the above findings, the owner/applicant shall apply for and receive approval of a new Special Use Permit from the Common Council prior to the issuance of the request to expand alcohol service into the remaining area of Unit 1 located inside the building and the expanded outdoor premises area in compliance with all applicable Municipal Codes.

We recommend applicant/owner contact the Community and Economic Development Department at (920) 832-6468 to discuss the Special Use Permit approval process and assist with working out a solution to develop a proposal that satisfies the applicable Municipal Code regulations regarding the outdoor dining area.





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.....enhancing quality of life"

REQUEST for

# Alcohol License Premise Amendment

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>10/11/21</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>2694-2</u>	

## SECTION 1 – LICENSE INFORMATION

Name of Establishment <u>River Tyme Bistro</u>	
Address of Establishment <u>425 W Water Street, Appleton 54915</u>	
Name of Agent <u>Candice Mortara</u>	Phone Number <u>920-209-7789</u>

## SECTION 2 – PREMISE AMENDMENT

Please describe the change in premises:  
**\*A drawing/diagram of the proposed area must also be submitted with this application\***  
 Due to instability of the ground under the patio, and subsequent closing of our current patio, we would like to extend our liquor license to the ground level area to the West, East and South of the patio. (The area highlighted in green) This allows us to offer our customers outdoor dining with the option of cocktails, as well as allows us the flexibility of accommodating private event customers who need outdoor seating. Once the patio is stabilized, it will allow for much sought after additional outdoor seating. The closing of the patio has cut our revenue in half. Also, we request to extend to the rest of Unit 1. Again, we have private event requests for that room, and being able to accommodate them would help immensely. We greatly appreciate your consideration.

Is this change Permanent?	If this is temporary please specify the reason for the amendment:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:

## SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.  
 Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.  
 Signature of Applicant: Candice L Mortara

## FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				

**WATER**

RIGHT-OF-WAY

C.S.M. LOT 1

NO. 7627

RETAINING WALL

CONCRETE SIDEWALK

BITUMINOUS

LANDSCAPE 118.50'

STAIRS  
SEE SHEETS 2 AND 3  
FOR DETAIL  
53.89'

CONCRETE

CONCRETE

**UNIT 2**  
FIRST FLOOR  
DIMENSIONS SHOWN

**UNIT 1**  
FIRST FLOOR  
DIMENSIONS SHOWN

**LCE UNIT 2**

**LCE UNIT 1**

S49°41'03"W  
(S49°54'37"W)

**FOX**

1°40'24"E

35°2'11"E

05°(W)  
0°31'W

4.09'

BUILDING

WAY

S39°59'09"E  
(S39°45'35"E)

11.93'

N75°19'56"W  
(N75°06'22"W)

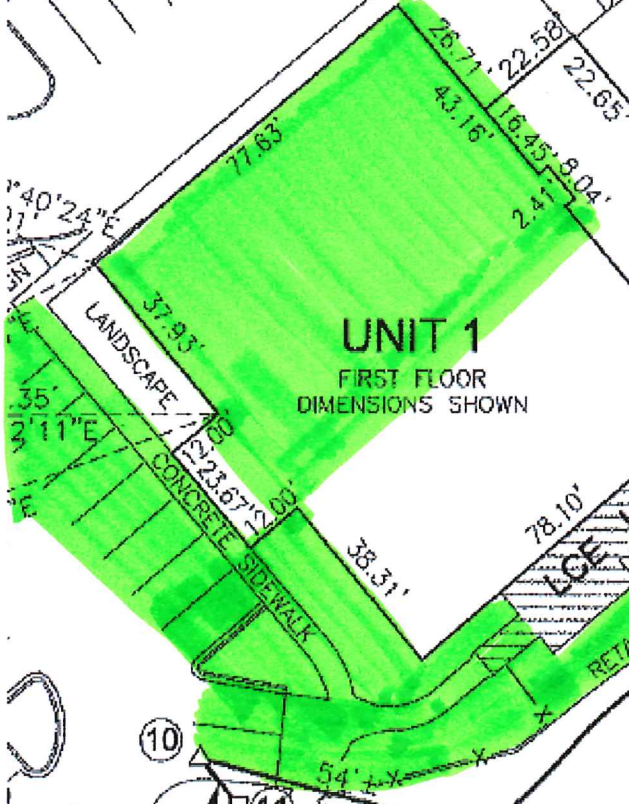
76.50'

9

10

11

22'±





**Special Use Permit #01-06**  
**Restaurant/Outdoor Deck with onsite alcohol sales and consumption**  
**425 West Water Street, Suite #100**

The previous tenant (Atlas Coffee Mill & Cafe) was allowed to operate a restaurant with alcohol sales and consumption, including the use of the deck (outside space) on the south side of the building located at 425 West Water Street, Suite #100 per Special Use Permit #01-06.

**Conditions of Special Use Permit #01-06:**

1. The applicant shall apply for and receive a Liquor License from the City Clerk prior to serving alcohol on the subject site and shall conform to the standards established in Chapter 9, Article III, Alcoholic beverages, of the Appleton Municipal Code.
2. Any future expansions into any area of building/property not part of this approval for the purpose of serving and/or consumption of alcohol will require a new Special Use Permit application or a minor amendment request to be applied for and approved.
3. The applicant shall install a building code compliant emergency exit gate between the existing level #2 outside dining deck and future level #1 outside dining deck prior to the City Clerk issuing the Liquor License for the level #2 and #3 outside dining decks. *(Building Permit B10-0186 was reviewed and approved for single level deck located on the south side of the building. Deck levels #2 and #3 have not been constructed)*
4. The applicant shall install a building code compliant emergency exit gate, a minimum 42" inch high railing to enclose the level #1 outside dining deck, and install the landscape areas (barberry species) as shown on the development plan prior to the City Clerk issuing the Liquor License for the level #1 outside dining deck.

**Analysis:**

The Plan of Operation/Floor Plan submitted for River Tyme Bistro, appears to meet the general intent and character of previously approved Special Use Permit #01-06. Therefore, Special Use Permit #01-06 can be transferred from Atlas Coffee Mill & Cafe to the owner of River Tyme Bistro for the operation of a restaurant with alcohol sales and consumption, including the use of the deck (outside space) on the south side of the building located at 425 West Water Street, Suite #100 within the highlighted area shown on the attached floor plan Sheet A-2, provided the above listed conditions are complied with.

Contact the Community and Economic Development Department at (920)832-6468 to discuss the amendment approval, if alcohol sales and consumption is being proposed outside of the highlighted area shown on the attached floor plan Sheet A-2.

January 20, 2020



**ONSITE ALCOHOL CONSUMPTION  
PLAN OF OPERATION AND LOCATIONAL INFORMATION**

**Business information:**

Name of Business: River Tyme Bistro

(Check applicable proposed business activity(s) proposed for the building or tenant space)

Restaurant    Bar/Night Club    Wine Bar    Microbrewery    Other event space

Provide detailed explanation of the type of business occupying the building or tenant space:

Coffee shop, breakfast + lunch items, meeting + event space. Liquor license for liquor, wine + beer for events

**Any planned remodeling of the building or tenant space proposed (please describe):**

Kitchen being moved from current location to location on architectural drawing

**Proposed Hours of Operation for Indoor Space:**

Day	From	To
Week Days: Monday thru Thursday	7 am	3pm (midnight if events)
Friday	7 am	3 pm (midnight if events)
Saturday	8 am	3 pm (midnight if events)
Sunday	9 am	2pm (midnight if events)

**Building capacity and area:**

Anticipated maximum number of persons occupying the building or tenant space: 150 persons.

Gross floor area of the existing building or tenant space the business will occupy: 4325 sq.ft.

**Describe any potential noise emanating from the proposed use:**

- A. Describe the noise levels anticipated from all equipment/amplified music.
- dishwasher noise (minimum)  
amplified music (will be contained within walls)

B. How will the noise be controlled to comply with the Municipal Code Regulations?

It will not be loud enough to not be  
(contained in walls)

**Outdoor Space uses:**

(Check applicable proposed area)

None  Patio  Sidewalk Café  Deck  Other \_\_\_\_\_

Is there any alcohol service incorporated within the outdoor space? Yes  No \_\_\_

Are there plans for outdoor music/entertainment? Yes \_\_\_ No maybe  acoustic)

If yes, describe how will the noise be controlled: will not be loud enough to leave  
property - acoustic only)

Is there any food service incorporated in the outdoor space? Yes  No \_\_\_

**Hours of Operation for Outdoor Uses (Sidewalk Café with Alcohol):**

\*\*\*\*\*Municipal Code Section 9-262(b)(4): The permit holder can begin serving alcoholic beverages in the sidewalk café at 4:00 p.m. Monday through Friday and 11:00 a.m. on Saturday and Sunday. All alcoholic beverages must be removed from the sidewalk café by 9:30 p.m.

**Proposed Hours of Operation for the Outdoor Space:**

Day	From	To
Week Days: Monday thru Thursday	7 AM	3pm (midnight if event)
Friday	7 AM	3pm (midnight if event)
Saturday	8 AM	3pm (midnight if event)
Sunday	9 AM	2pm (midnight if event)

**Number of Employees:**

Number of Proposed Employees: max. 6

Number of employees scheduled to work on the largest shift: max. 6

**Number of off-street parking spaces:**

Total Number of off-street parking space located on-site: 170



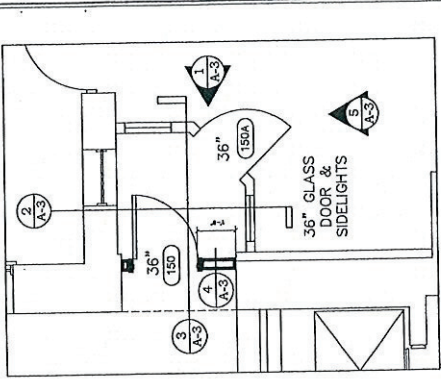
REVISIONS  
 SEE SHEET A-0 FOR REVISION

PHONE: (920) 868-8700  
 FAX: (920) 868-8703  
 EMAIL: info.cs@newtr.com

CONTRACTING SPECIALISTS INC.  
 333 N. COMMERCIAL STREET  
 SUITE 175  
 NEENAH, WI 54956

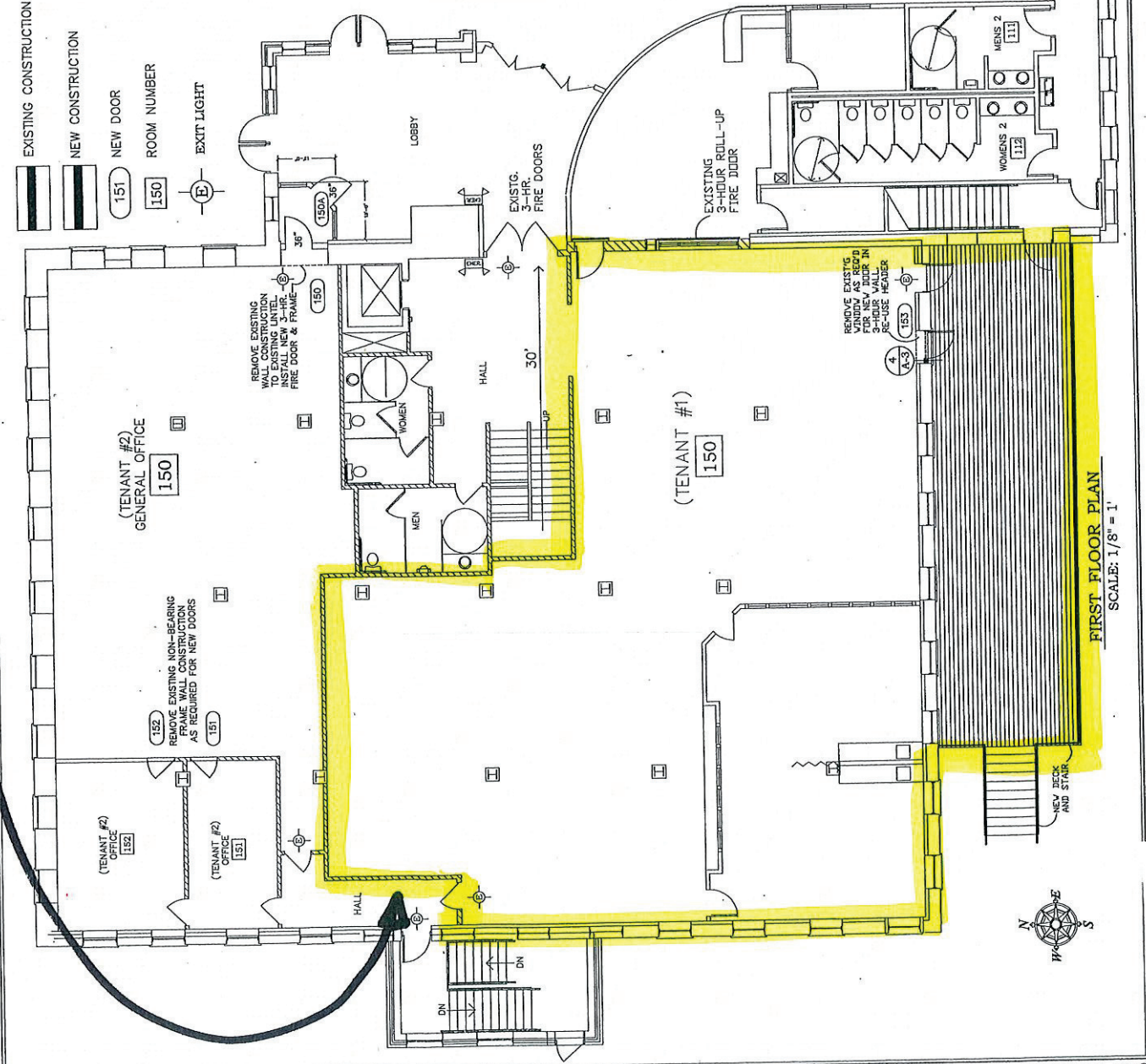
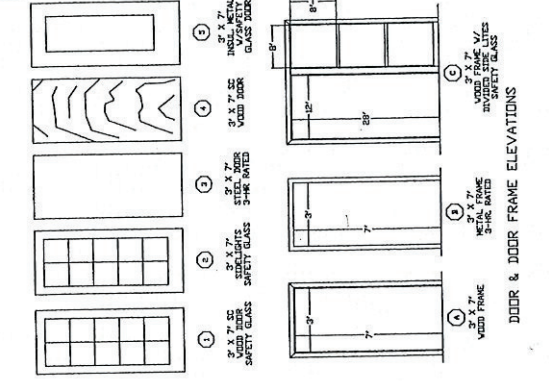
PROPOSED TENANT BUILD-OUTS & DECK FOR  
**ATLAS MILL**  
 425 W. WATER STREET  
 APPLETON, WI 54911

DATE: 05 APR 10  
 PROJECT NUMBER: 2010-01  
 SHEET: A-2



ENLARGED FLOOR PLAN  
 SCALE: 1/4" = 1'

DOOR	DOOR SIZE	TYPE	FRAME	FINISH	REMARKS
101	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
102	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
103	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
104	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
105	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
106	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
107	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
108	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
109	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
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115	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
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117	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
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154	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
155	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
156	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
157	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
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197	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
198	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
199	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING
200	3' X 7'	3-HR. RATED	STEEL	WOOD	EXISTING



Building permit: 610-0186





Sup # 01-06

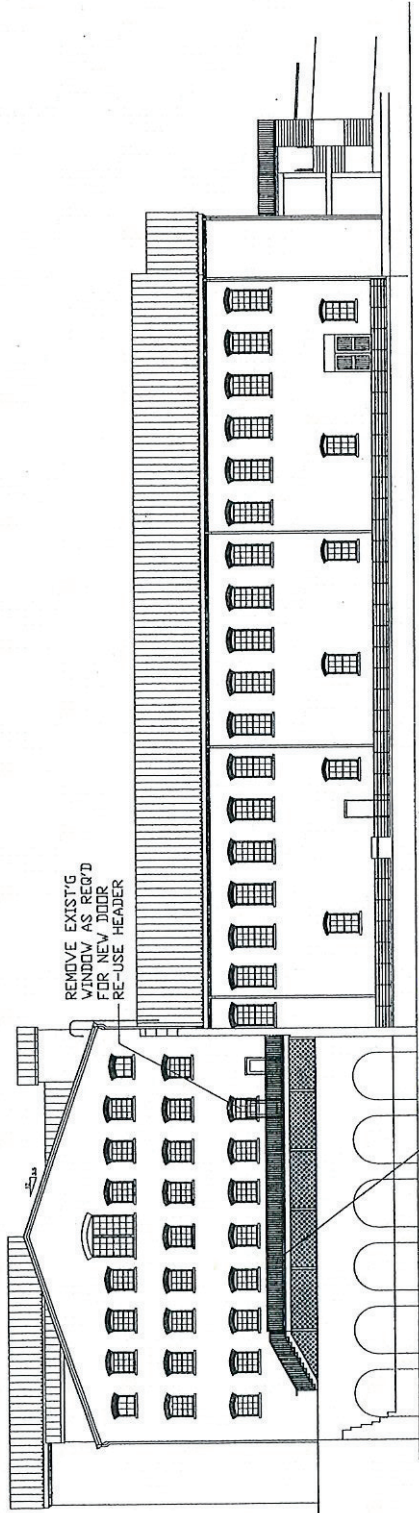
REVISIONS  
SEE SHEET A2.0  
FOR REVISION

PHONE: (920) 886-8700  
FAX: (920) 886-8703  
EMAIL: info-ca@new.r.com

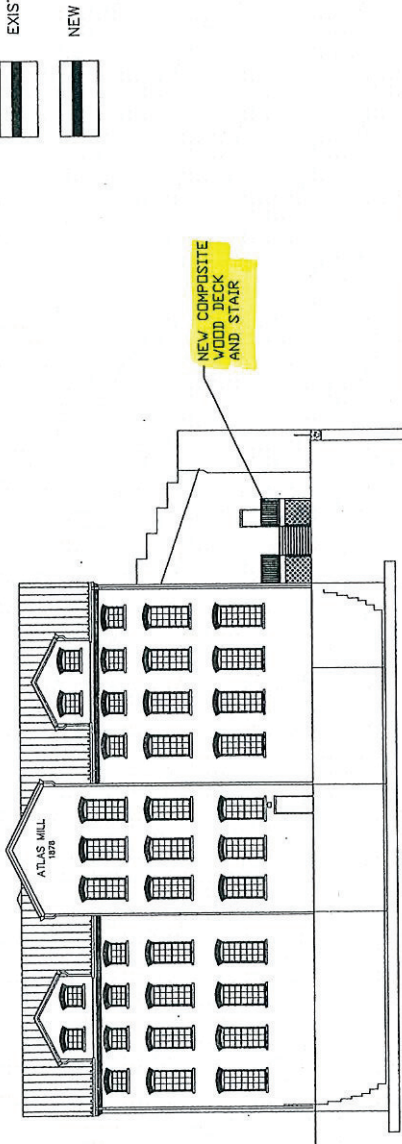
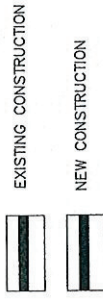
CONTRACTING SPECIALISTS INC.  
333 N. COMMERCIAL STREET  
SUITE 175  
NEENAH, WI 54956

PROPOSED TENANT BUILD-OUTS & DECK FOR:  
ATLAS MILL  
425 W. WATER ST/885F  
APPLETON, WI 54911

DATE: 05 APR 10  
PROJECT NUMBER: 2010-01  
SHEET: A-5



SOUTH ELEVATION  
SCALE: 1/16" = 1'



WEST ELEVATION  
SCALE: 1/16" = 1'

Building permit: B10-0186



# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 05/01/2021 ending: 06/30/2022  
(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 checked="" type="checkbox"/> Class A beer	\$ <u>500</u>
<input type="checkbox"/> Class B beer	\$ _____
<input type="checkbox"/> Class C wine	\$ _____
<input checked="" type="checkbox"/> Class A liquor	\$ <u>300</u>
<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	\$ <u>60</u>
<b>TOTAL FEE</b>	\$ <u>560</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
TEE TEES NACHOS 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Thornton</u>	<u>Timasha</u>	<u>F</u>	<u>500 S Pierce Ave, Appleton WI 54914</u>
<u>Junitna</u>	<u>Lewis</u>	<u>L</u>	<u>311 S Kools St Apt 1 Appleton WI 54914</u>
<u>Purnell</u>	<u>Jasmonique</u>	<u>D</u>	<u>500 S Pierce Ave Appleton WI 54914</u>
<u>James</u>	<u>Thornton</u>	<u>D</u>	<u>500 S Pierce Ave Appleton WI 54914</u>
<u>Thornton</u>	<u>Timasha</u>	<u>F</u>	<u>500 S Pierce Ave, Appleton WI 54914</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name TEE TEES NACHOS LLC Business Phone Number 920-515-5520  
 2. Address of Premises 550 N Morrison St #2 Post Office & Zip Code 54911

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.)  
It would be kept in the building and the back room of the offices, stack on top of the shelves. In a cooler in suite C. Suite C is 12 on the Diagram.

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? \_\_\_\_\_

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  
yes I take the online course on Security Alcohol Inc - Wisconsin Alcohol Seller/Server course
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 05-13-2021 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  
 \_\_\_\_\_  
 \_\_\_\_\_
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, M.I.) <u>Thornton Timasha F</u>	Title/Member <u>President</u>	Date <u>09-29-21</u>
Signature <u>Timasha Thornton</u>	Phone Number <u>[REDACTED]</u>	Email Address <u>[REDACTED]</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>9-24-2021</u>	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

## Alcohol License Questionnaire

1. Name of Applicant: Timasha Thornton

2. Name of Business: Tee Tee's Nachos

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

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

3. Address of Business: 550 W Morrison Ave Appleton, WI 54911

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

AND/OR been convicted of a felony? Yes  No

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

James Thornton - Had a family fight become a misdemeanor

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>Junitha</u>	<u>L</u>	<u>Lewis</u>	●	●	/	●	●
First name	M.I.	Last name	●	●	/	●	●
<u>James</u>	<u>D</u>	<u>Thornton</u>	●	●	/	●	●
First name	M.I.	Last name	●	●	/	●	●
<u>Jasmonique</u>	<u>D</u>	<u>Dunnell</u>	●	●	/	●	●
First name	M.I.	Last name	●	●	/	●	●
<u>Janiya</u>	<u>D</u>	<u>Thornton</u>	●	●	/	●	●
First name	M.I.	Last name	●	●	/	●	●

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

Name: Alan Ament

First name

Middle Initial

Last name

Address: W6442 Firelane B Menasha WI 54952

City

State

ZIP



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

Name: N/A Unsure

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

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

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?

N/A months ago.

10. Seating capacity: Inside 30 Outside 15

11. Operating hours (Inside the building): Monday - Saturday 9am - 9pm  
Operating hours (Outdoor seating areas): Monday - Saturday 9am - 6pm

12. Employees/Staff

Number of floor personnel 2 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:

In Suite C is were we going have  
Nachos Bar, Candy, Soda, and etc. In suite  
D were we going have Painting/Craft studio,  
Selling wine and beer in Suite C.  
etc. etc. etc. etc. etc. etc. etc.

Amish  
Signature

09-29-21  
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 of APPLETON County of Outagamie  
 City

The undersigned duly authorized officer/member/manager of TEE TEE'S Nachos 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  
TEE TEE'S Nachos LLC  
(Trade Name)

located at 550 N Morrison St Appleton WI 54911

appoints Timasha Thornton  
(Name of Appointed Agent)

500 S Pierce Ave Appleton WI 54914  
(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).

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? 44 years

Place of residence last year 500 S Pierce Ave Appleton WI 54914

For: TEE TEE'S Nachos LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: *[Signature]*  
(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, Timasha Thornton, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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.

*[Signature]* 9/23/2021  
(Signature of Agent) (Date)

Agent's age           

500 S Pierce Ave Appleton WI 54914  
(Home Address of Agent)

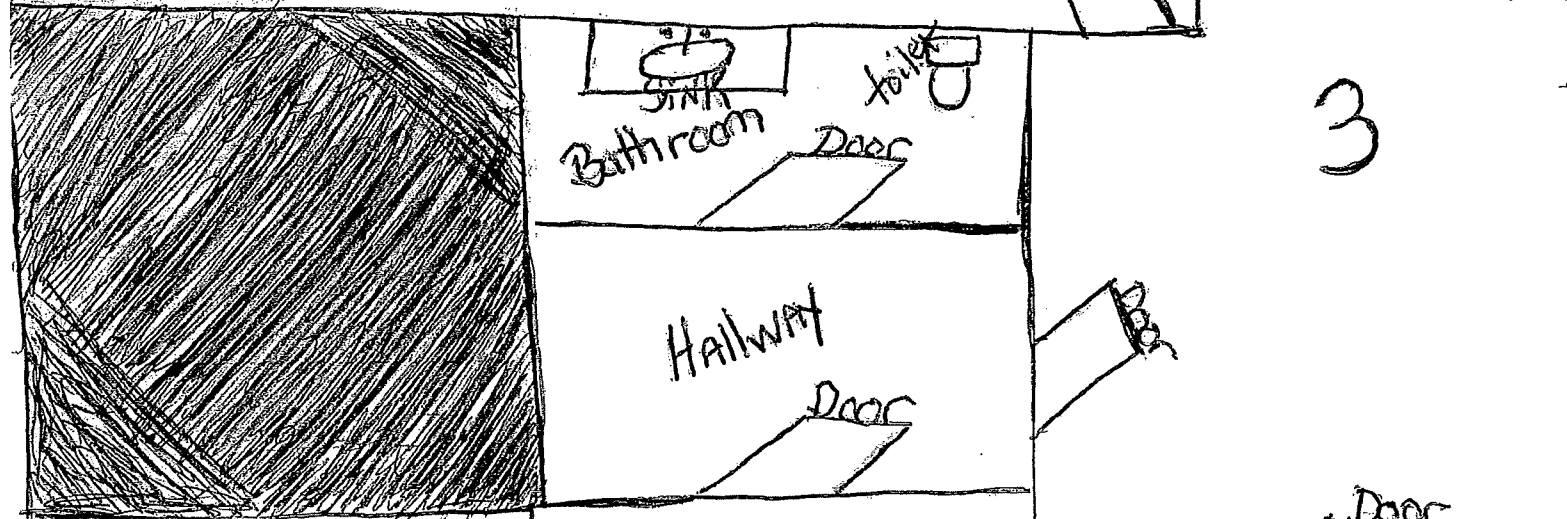
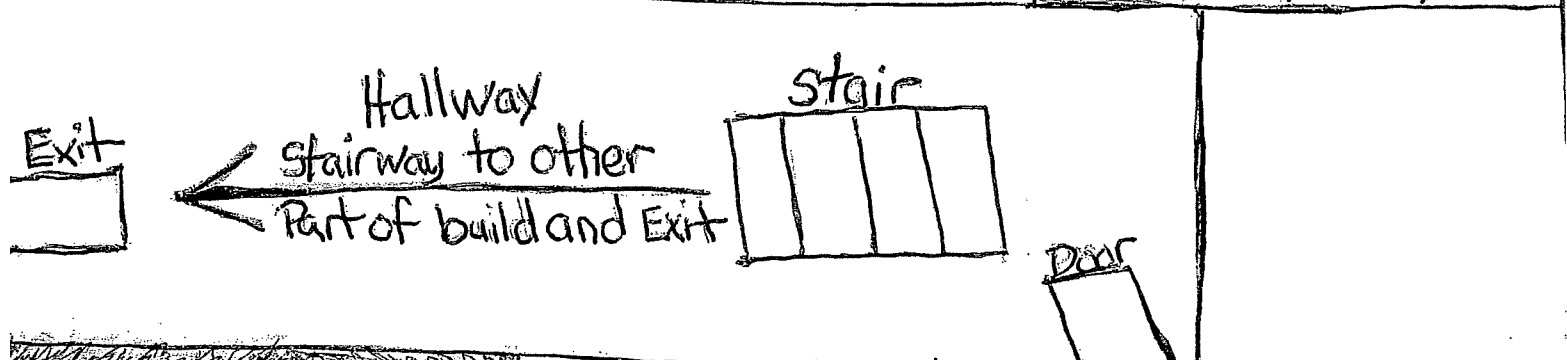
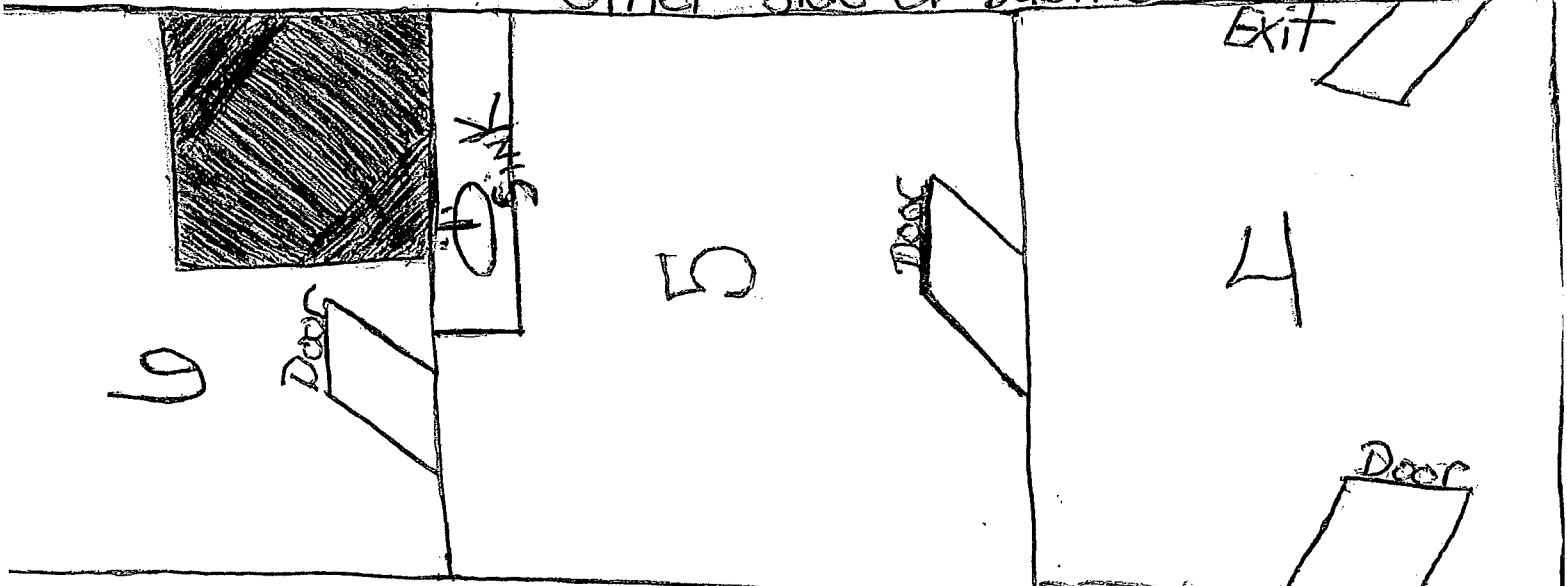
Date of birth           

### 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)

Other side of business



# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07-01-2021 ending: 06-30-2022  
(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 [REDACTED]	
FEIN Number [REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<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	\$ 60
<b>TOTAL FEE</b>	<b>\$ 160</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Tee Tee's Nachos 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Thornton	Timasha	F	500 S Pierce Ave Appleton, WI 54914
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Lewis	Junitha	L	311 S tools st Apt 1 Appleton, WI 54914
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Durnell	Jasmonique	D	500 S Pierce Ave Appleton, WI 54914
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Thornton	James	D	500 S Pierce Ave Appleton, WI 54914
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Thornton	Timasha	F	500 S Pierce Ave Appleton, WI 54914
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Thornton	Janiya	D	500 S Pierce Ave Appleton, WI 54914

1. Trade Name Tee Tee's Nachos Business Phone Number \_\_\_\_\_

2. Address of Premises 250 N Morrison St Unit D Post Office & Zip Code Appleton, WI 54911

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.)

We are consuming in unit D and storing in unit D in the sack storage rooms. Base on the Diagram unit D is number 3, 4, 5.

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? \_\_\_\_\_

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 \_\_\_\_\_ and date \_\_\_\_\_ 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
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, M.I.) <b>Thornton Timasha F</b>	Title/Member <b>President</b>	Date <b>10-8-2021</b>
Signature <i>Timasha F Thornton</i>	Phone Number <b>[REDACTED]</b>	Email Address <b>[REDACTED]</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>10-8-21</b>	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 Alcohol License Questionnaire

1. Name of Applicant: Timasha Thornton

2. Name of Business: Tee Tee's nachos

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

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

3. Address of Business: 550 N Morrison St Appleton, WI

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

AND/OR been convicted of a felony? Yes \_\_\_\_\_ No

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

Family Fight

---



---

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>Jynitra</u>	<u>L</u>	<u>Lewis</u>	●	/	●	/	●●●●
First name	M.I.	Last name					Date of Birth
<u>Jasmonique</u>	<u>D</u>	<u>Purwell</u>	●	/	●	/	●●●●
First name	M.I.	Last name					Date of Birth
<u>James</u>	<u>D</u>	<u>Thornton</u>	●	/	●	/	●●●●
First name	M.I.	Last name					Date of Birth
<u>Janiya</u>	<u>D</u>	<u>Thornton</u>	●	/	●	/	●●●●
First name	M.I.	Last name					Date of Birth

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

Name: Timasha L Thornton

First name                      Middle Initial                      Last name

Address: 500 S Pierce Ave Appleton WI 54914

City                      State      ZIP

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

Name: N/A

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

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

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?

N/A months ago.

10. Seating capacity: Inside 15 Outside 0

11. Operating hours (Inside the building): Monday-Saturday 9am-10pm  
Operating hours (Outdoor seating areas): Monday-Saturday 9am-6pm

12. Employees/Staff

Number of floor personnel 2 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 892 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:

Painting/Craft studio while drinking  
Beer, and serving nachos.

Amashe M. O.  
Signature

10-8-2021  
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 Appleton County of Outagamie

The undersigned duly authorized officer/member/manager of Tee Tee's Nachos  
(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 Tee Tee's Nachos  
(Trade Name)

located at 550 N Morrison St Appleton, WI

appoints Timasha Thornton  
(Name of Appointed Agent)

500 S Pierce Ave Appleton, WI  
(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).  
Tee Tee's Nachos

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? 44 years

Place of residence last year 500 S Pierce Ave Appleton, WI

For: Tee Tee's Nachos  
(Name of Corporation / Organization / Limited Liability Company)

By: Timasha Thornton  
(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, Timasha Thornton, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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.

Timasha Thornton 10-8-2021  
(Signature of Agent) (Date)

Agent's age 44

500 S Pierce Ave Appleton, WI  
(Home Address of Agent)

Date of birth ██████████

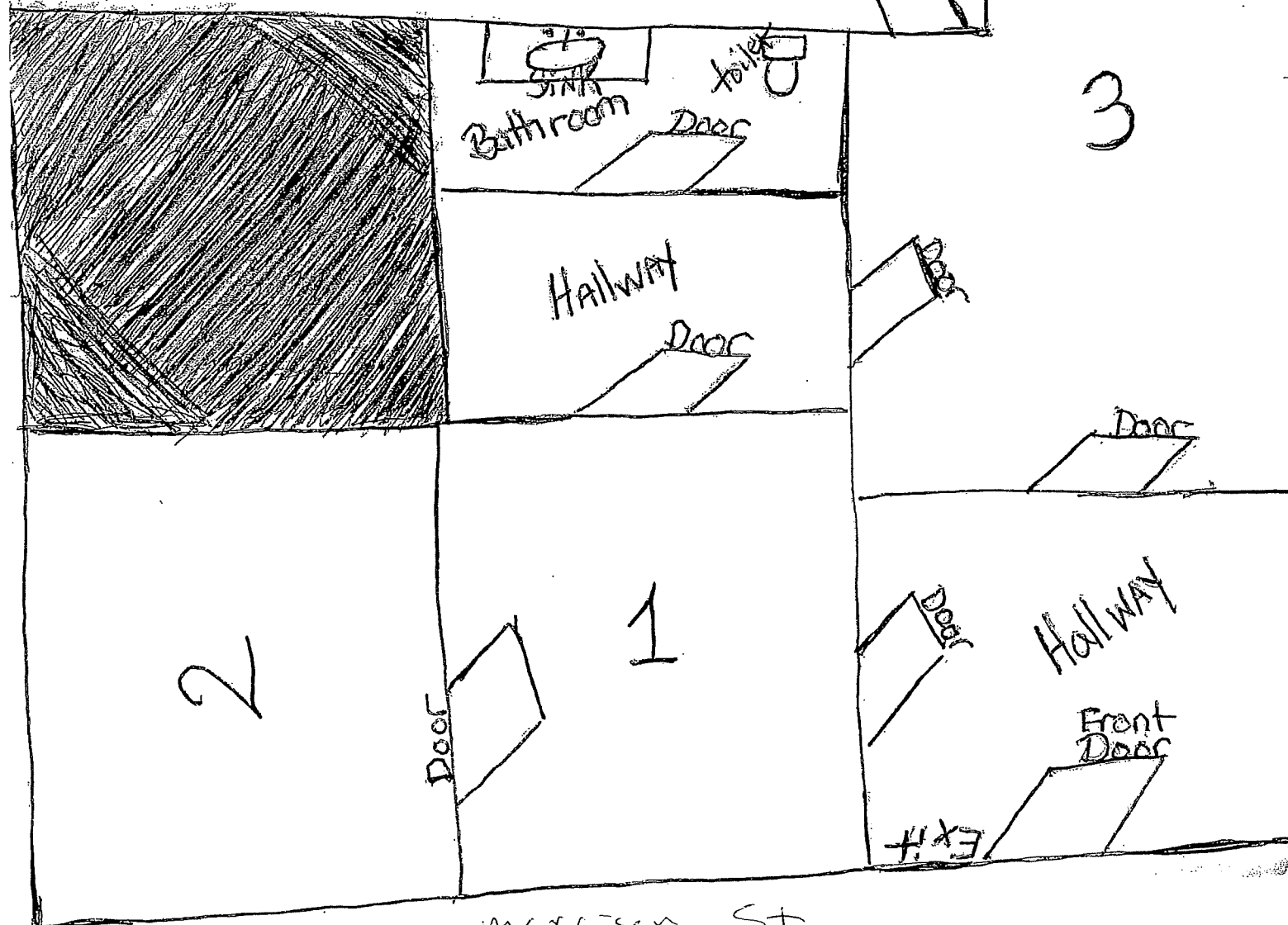
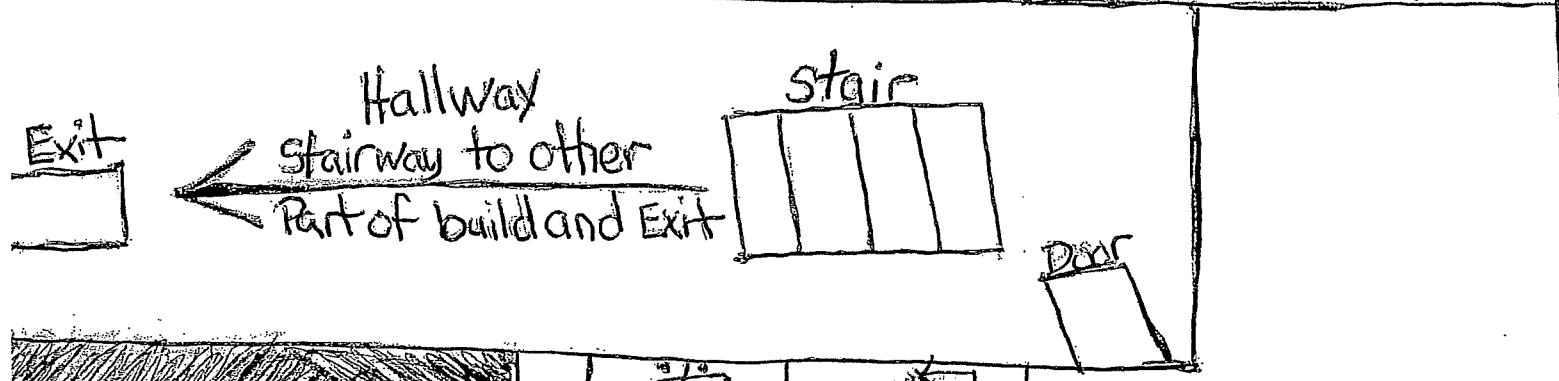
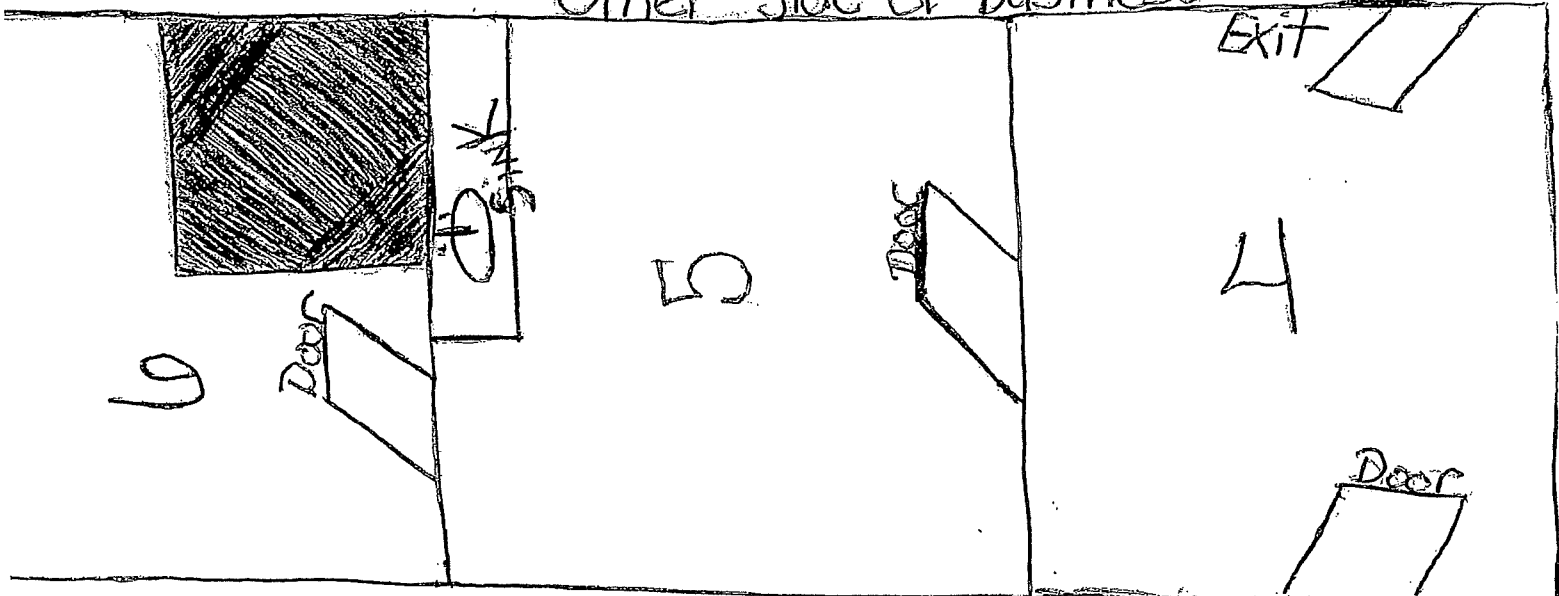
### APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

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)



Other side of business



# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022  
(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 checked="" type="checkbox"/> Class A beer	\$ <u>200</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input checked="" 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	\$ <u>60</u>
<b>TOTAL FEE</b>	\$ <u>260</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
TRUE NORTH ENERGY, 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
LYDEN	MARK	E.	18 COUNTRY PEPPER LN, PEPPER PIKE, OH 44124
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)
LYDEN	PATRICIA	G	2740 CONSEAR ROAD, LAMBERTVILLE, MI 48144
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
NIESE	DANIEL	J.	10203 WOODVIEW WAY, BRECKSVILLE, OH 44141
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
PAMPERIN	DANIEL	J.	396 TALUS CT., DE PERE, WI 54115
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name TRUE NORTH #822 Business Phone Number 440-792-4200  
 2. Address of Premises 3411 N BALLARD RD APPLETON Post Office & Zip Code 54911

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.)  
CONVENIENCE STORE WITH COOLERS. MANAGER'S OFFICE FOR STORE RECORDS, BEER  
AND ALCOHOL IS SOLD AT FRONT COUNTER.

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

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? BALLARD GCS LLC DBA BALLARD GRAND CENTRAL

Legal Description

For

3411 N. Ballard Rd., Appleton, WI 54911

LOT 1 OF CERTIFIED SURVEY MAP NO. 6590 RECORDED IN THE OFFICE OF THE REGISTER OF DEEDS FOR OUTAGAMIE COUNTY, WISCONSIN ON FEBRUARY 04, 2013, IN VOLUME 39, PAGE 6590 AS DOCUMENT NO. 1974904, BEING ALL OF LOTS 2 AND 3 AND PART OF LOT 1 OF STEINMAN COMMERCIAL PLAT, BEING PART OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 13, TOWNSHIP 21 NORTH, RANGE 17 EAST, IN THE CITY OF APPLETON, OUTAGAMIE COUNTY, WISCONSIN.

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 \_\_\_\_\_ and date \_\_\_\_\_ 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  
**SEE ATTACHED**


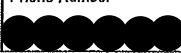

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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, M.I.) Howard, Ryan D.	Title/Member COO	Date 10-18-21
Signature 	Phone Number 	Email Address 

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 10-18-21	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

**Airport Shell, Inc**

**GCS Operations, LLC**  
**dba GCS Bellevue Crossing**  
**dba GCS Menasha**  
**dba Stadium Shell**  
**dba Bellevue Grand Central**  
**dba Lineville Travel Mart**  
**dba Ledgeview**  
**dba Riverside**  
**dba 21 Shell**  
**dba College**  
**dba Winneconne Shell**  
**dba East Troy Shell**

**C&D Shell LLC, dba Bay Beach**

**Depere Shell, Inc**

**Grand Central LLC**  
**dba Grand East**  
**dba Famous Dave's**

**Ballard GCS LLC**

**University Shell LLC**

**Voyageur Shell LLC dba Landing**

**GCS Holdings of Depere LLC**  
**dba Scheuring**



# City of Appleton

## Alcohol License Questionnaire

1. Name of Applicant: True North Energy, LLC

2. Name of Business: True North Energy, LLC

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

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

3. Address of Business: 3411 N Ballard Rd, Appleton, WI 54911

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

AND/OR been convicted of a felony? Yes  No

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

See attached

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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.

True North Holdings, Inc			/ /
First name	M.I.	Last name	Date of Birth
Equilon Enterprises, LLC			/ /
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: Ballard GCS, LLC (business) Grand Central Appleton, LLC (real estate)

First name Middle Initial Last name

Address: 3411 N. Ballard Rd. Appleton WI 54911

City State ZIP

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

Name: Ballard GCS LLC d/b/a Ballard Grand Central

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) convenience store/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?

n/a months ago.

10. Seating capacity: Inside n/a Outside n/a

11. Operating hours (Inside the building): 24/7  
Operating hours (Outdoor seating areas): n/a

12. Employees/Staff

Number of floor personnel n/a Number of door checkers n/a

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

a. Gross floor building area of the premises to be licensed: 4864 square feet.

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

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

Gas Station/Convenience store

[Signature]  
Signature

10-13-01  
Date

Mark E. Lyden

01/25/1993 – Erie, Ohio  
Offense: Reckless Operation of watercraft  
Plea: NC/Guilty  
Offense Code 1547.07

09/02/1993 – Erie, Ohio  
Case Number: CRB9302757  
Offense: Water Skier Observer  
Plea: Guilty  
Offense Code: 1547.15

07/20/1999 – Erie, Ohio  
Offense: Under Age Operation watercraft  
Case Number: CRB9903104  
Plea: Guilty  
Offense Code: 1547.41

11/18/2004 – Erie, Ohio  
Offense: Reckless Operation  
Case No.: TRC0404442  
Plea: NOC  
Disposition: Found Guilty  
Offense Code 4510.15

6/9/2000 – Mahoning, Ohio  
Offense: Speeding  
Disposition: (AJ) Bond forfeiture  
Offense Code: 4511.21\_C

1/4/2012 – Cuyahoga, Ohio  
Offense: Speeding  
Pleas: Guilty-Waived  
Disposition: Guilty  
Offense Code 434.03



# 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 of Appleton County of Brown Outagamie  
 City

The undersigned duly authorized officer/member/manager of True North Energy, 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  
True North #822  
*(Trade Name)*

located at 3411 N Ballard Rd Appleton, WI 54911

appoints Daniel J. Pamperin  
*(Name of Appointed Agent)*

396 Talus Ct., De Pere, WI 54115  
*(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).  
See attached

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? 61 years

Place of residence last year 396 Talus Ct., De Pere, WI 54115

For: True North Energy, LLC  
*(Name of Corporation / Organization / Limited Liability Company)*

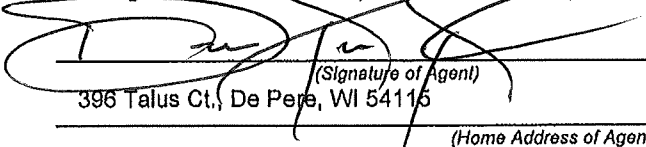
By:   
*(Signature of Officer / Member / Manager)*

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, Daniel J. Pamperin, hereby accept this appointment as agent for the  
*(Print / Type Agent's Name)*

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.

  
*(Signature of Agent)*  
396 Talus Ct., De Pere, WI 54115  
*(Home Address of Agent)*

10/13/2021  
*(Date)*

Agent's age 61 years

Date of birth ●●●●●●

## 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)*

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

Green Bay, WI
De Pere, WI
East Troy, WI
Green Bay, WI
Appleton, WI
Neenah, WI
Winneconne, WI
Oshkosh, WI



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>10/12/21</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>10</u> + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>10</u>	Receipt <u>2694-3</u>

**Application for Temporary Class "B" Beer or "Class B" Wine License**

\*Application MUST be on file for 10 days prior to event, please allow 2-3 weeks for processing\*

**The named organization applies for: (Please check one or both)**

A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.

A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)

**SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly**

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Creative Downtown Appleton, Inc. Date Organized 10.22.2014

Address 333 W. College Ave Ste 100 City Appleton State WI Zip 54912

Person in Charge of Event: Stephany Jennifer M. I. L Date of Birth [REDACTED]

Address 333 W College Ave Ste 100 City Appleton State WI Zip 54912 Person in charge phone number: [REDACTED]

President Last Vargosko First Laura Middle Initial E Date of Birth [REDACTED] Male  Female

Address 4321 N Ballard Rd City Appleton State WI Zip 54919

Vice President Last King First Lyssa Middle Initial M Date of Birth [REDACTED] Male  Female

Address 211 W College Ave City Appleton State WI Zip 54912

Secretary Last Klister First Tom Middle Initial J Date of Birth [REDACTED] Male  Female

Address 160 W Lawrence St Ste 214 City Appleton State WI Zip 54911

Treasurer Last Lonsway First Steve Middle Initial T Date of Birth [REDACTED] Male  Female

Address 1604 S Oldenfelder St City Appleton State WI Zip 54911

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 11/20/21 Ending: 11/20/21 Hours 3 AM  PM  7 AM  PM

Please describe the type of event you are going to have: Light up Appleton

Do you plan to serve food at this event? No  Yes  If yes, contact the Appleton Health Department. (920.832.6429)

Location where beer or wine will be sold or served: Houdini Plaza

Address Houdini Plaza City Appleton State WI Zip 54911

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! Houdini Plaza only Will minors be present? No  Yes

If yes, how will you prevent minors from obtaining alcoholic beverages? \*wristband required w/ ID tickets w/ licensed bartenders

**SECTION 3 - PENALTY SECTION**

This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license.

If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.

This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, 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.

Signature of Officer [Signature]

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L <u>10-27-2021</u>	Date Issued		Exp. Date	License Number



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

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>10/15/21</u>
License Fee - \$10.00 per event		Acct Code: CLCSPB
Investigation Fee + 7.00		Acct Code: CLCPIF
Total Amount Paid <u>17</u>		Receipt <u>2714-5</u>

**Application for Temporary Class "B" Beer or "Class B" Wine License**

\*Application MUST be on file for 10 days prior to event, please allow 2-3 weeks for processing\*

<b>The named organization applies for: (Please check one or both)</b>					
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.					
<input checked="" type="checkbox"/> A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)					
<b>SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly</b>					
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) <u>ST BERNARD CATHOLIC PARISH</u>				Date Organized <u>10/6/1966</u>	
Address <u>1617 W. PINE ST</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54914</u>	
Person in Charge of Event:  Name: Last <u>EASH</u>		First <u>MICHAEL</u>	M. I. <u>J</u>	Date of Birth <u>[REDACTED]</u>	
Address <u>912 E WINNEBAGO ST</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	
Person in charge phone number: <u>[REDACTED]</u>					
President	Last <u>EASH</u>	First <u>MICHAEL</u>	Middle Initial <u>J</u>	Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address <u>912 E WINNEBAGO ST</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	
Vice President	Last <u>ROSALES</u>	First <u>ERIN</u>	Middle Initial	Date of Birth <u>[REDACTED]</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address <u>1839 S. JACKSON ST</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54915</u>	
Secretary	Last <u>THIEL</u>	First <u>DANIEL</u>	Middle Initial <u>J</u>	Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address <u>25 WEATHERSTONE DR</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54914</u>	
Treasurer	Last <u>DEGROOT</u>	First <u>RON</u>	Middle Initial	Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address <u>1630 S. CARVER LANE</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	
<b>SECTION 2 - EVENT INFORMATION SECTION</b>					
Date(s) of Event: Beginning <u>11 / 13 / 21</u>		Ending: <u>11 / 13 / 21</u>		Hours <u>5:30 AM / PM</u> <u>11:00 AM / PM</u>	
Please describe the type of event you are going to have: <u>FAMILY GAME NIGHT</u>					
Do you plan to serve food at this event?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, contact the Appleton Health Department. (920.832.6429)			
Location where beer or wine will be sold or served: <u>PARISH HALL</u>					
Address <u>1617 W. PINE ST</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54914</u>	
Describe actual location and dimensions of area to be licensed below:- <b>BE PRECISE!</b>		Will minors be present?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
<u>PARISH HALL, CLASSROOMS, ACTIVITY CENTER</u>		If yes, how will you prevent minors from obtaining alcoholic beverages? <u>THE BEVERAGES WILL BE DISTRIBUTED BY A LICENSED BARTENDER</u>			
<b>SECTION 3 - PENALTY SECTION</b>					
This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, 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.					
Signature of Officer <u>Deacon Michael Esh</u>					
<b>FOR OFFICE USE ONLY</b>					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L	Date Issued		Exp. Date		License Number