



# City of Appleton

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

## Meeting Agenda - Final-revised Safety and Licensing Committee

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Wednesday, January 12, 2022

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

[21-1770](#) Approval of minutes from previous meeting

**Attachments:** [S & L Minutes 12-8-21.pdf](#)

4. **Public Hearings/Apearances**

5. **Action Items**

[21-1779](#) Request from Fire Department to enter a contract with Purina Animal Nutrition to provide confined space services for their organization.

**Attachments:** [0029 - Purina Confined Space Agrm 12.22.21.pdf](#)  
[01-08-22 Purina Contract Memo.pdf](#)

[21-1736](#) Class "B" Beer and "Class B" Liquor License application for Fox River House LLC d/b/a Fox River House, Cassidy Evers, Agent, located at 211 S Walnut St, contingent upon approval from all departments.

**Attachments:** [Fox River House.pdf](#)  
[Fox River House SUP 17-03 Transfer Report 1-3-22Final.pdf](#)

[21-1735](#) Class "B" Beer and "Class C" Wine License application for Home Run Pizza LLC d/b/a Home Run Pizza, Jennifer M Cook, Agent, located at 1216 W Wisconsin Ave, contingent upon approval from all departments.

**Attachments:** [Home Run Pizza.pdf](#)  
[Home Run Pizza SUP 6-14 Transfer Report 1-3-22Final.pdf](#)

[21-1744](#) Class "B" Beer and "Class C" Wine License application for Alpine Swift LLC, Adam Marty, Agent, located at 1016 E Pacific St, contingent upon approval from all departments.

**Attachments:** [Alpine Swift LLC.pdf](#)

- [21-1762](#) Temporary Class "B" Beer and "Class B" Wine License application for Global Outreach Catholic Exchange Program Inc, Dorothy Flees, Person in Charge, located at St. Bernard Catholic Church, 1617 W Pine St on February 12, 2022, contingent upon approval from all departments.  
**Attachments:** [Global Outreach Catholic Exchange Program S&L.pdf](#)

## 6. Information Items

- [21-1772](#) Grant Application for the Assistance to Firefighter's Grant for Paramedic Training  
**Attachments:** [Grant Tracking Form \\$211,297.02.pdf](#)

- [21-1773](#) Grant Application for the Assistance to Firefighter's Grant for a Regional Radio Project  
**Attachments:** [Grant Tracking Form \\$532,643.15.pdf](#)

- [21-1774](#) Director's Reports
1. City Clerk
    - Spring Primary Election
    - Redistricting Mailings
  2. Police Chief
    - 2021 Preliminary Crime and Police Activity Data
  3. Fire Chief
- Attachments:** [2021 Crime Data Report to Committee.pdf](#)

- [21-1771](#) 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.*



# City of Appleton

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

## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, December 8, 2021

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

*The meeting was called to order by Chair Van Zeeland at 5:31 p.m.*

2. Roll call of membership

**Present:** 5 - Reed, Schultz, Van Zeeland, Smith and Hartzheim

3. Approval of minutes from previous meeting

[21-1683](#)

Safety & Licensing Minutes from October 27th, 2021

**Attachments:** [S & L Minutes 10-27-21.pdf](#)

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

**Aye:** 5 - Reed, Schultz, Van Zeeland, Smith and Hartzheim

4. **Public Hearings/Appearances**

*The following spoke regarding the Tee-Tees Nacho's license applications:*

*Nick Ross*

*Kristin Gondek*

*Timasha Thornton*

*Nancy Jones*

*Emma Riser*

*Jason Brozek*

*Vanessa Harden*

*Cainan Davenport*

5. **Action Items**

[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](#)

[StaffReport PaintCraft Studio SUP For12-8-21.pdf](#)

**Smith moved, seconded by Hartzheim, that the Alcohol License be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Reed, Schultz, Van Zeeland, Smith and Hartzheim

[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](#)  
[StaffReport\\_PaintCraft Studio\\_SUP\\_For12-8-21.pdf](#)

**Hartzheim moved, seconded by Reed, that the Alcohol License be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Reed, Schultz, Van Zeeland, Smith and Hartzheim

[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](#)  
[River Tyme Bistro Request to Withdraw Premise Amendment.pdf](#)

*This application was withdrawn by the applicant, no action was taken on the item.*

[21-1700](#)

Resolution #16-R-21 Alcohol License Demerit Point System

**Attachments:** [#16-R-21 Alcohol License Demerit Points.pdf](#)

**Smith moved, seconded by Hartzheim, that the Resolution be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Reed, Schultz, Van Zeeland, Smith and Hartzheim

**Balance of the action items on the agenda.**

**Smith moved, Hartzheim seconded, to approve the balance of the agenda. The motion carried by the following vote:**

**Aye:** 5 - Reed, Schultz, Van Zeeland, Smith and Hartzheim

[21-1543](#)

"Class A" Liquor License application for SG Petroleums LLC d/b/a SG Petroleums and Change of Agent to Sudhansh Goel, located at 2811 E Newberry St.

**Attachments:** [SG Petroleums.pdf](#)

**This Report Action Item was recommended for approval.**

[21-1567](#)

Class "A" Beer and "Class A" Liquor License Change of Agent application for Walgreens Co d/b/a Walgreens #02921, Stephanie Schroeder, New Agent, located at 1901 S Oneida St.

**Attachments:** [Stephanie S Schroeder S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[21-1628](#)

Temporary Class "B" Beer License application for Appleton Downtown Inc, Jennifer Stephany, Person in Charge, various College Ave Retailers, December 16, 2021, contingent upon approval from all departments.

**Attachments:** [Seltzer Stroll - Shop, Sip & Stroll S&L.pdf](#)

**This Report Action Item was recommended for approval.**

[21-1597](#)

2022 Secondhand Article, Secondhand Jewelry and Pawnbroker License renewal applications, contingent upon approval from all departments.

**Attachments:** [2022 Secondhand Renewals.pdf](#)

**This Report Action Item was recommended for approval.**

## 6. Information Items

[21-1704](#)

Special Issuance of Temporary Class "B" License by Mayor

**Attachments:** [Special Issuance of License - Light Up Appleton.pdf](#)

[21-1616](#)

Special Events:

Light Up Appleton, Downtown Appleton, November 20, 2021  
Festival Foods Turkey Trot, College Ave, November 25, 2021

[21-1685](#)

Police Department information on alcohol law violations.

*Three violations for Core's Lounge were reported, totaling 145 points*

[21-1682](#)

Director's Reports

1. City Clerk
  - Redistricting Process Update
  - Candidate Filing Information
2. Police Chief
  - New Facility K9, "Edison"
  - Christmas Parade Wrap-up
3. Fire Chief
  - Hiring Update

7. Adjournment

**Reed moved, seconded by Smith, that the meeting be adjourned at 6:30 p.m.**

**Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Reed, Schultz, Van Zeeland, Smith and Hartzheim

## Confined Space Agreement

For good and valuable consideration, it is mutually agreed that the Appleton Fire Department (hereafter "AFD") will complete Confined Space Standby and Rescue to ***Purina Animal Nutrition, LLC*** (hereafter "Owner") at its facility located at ***1700 Bohm Drive, Little Chute, WI 54140*** (hereafter "Facility") during the period ***(January 1, 2022 to December 31, 2022)*** under the conditions specified in this agreement (hereafter "Agreement"). The Appleton Fire Department completes these activities in accordance with OSHA's Permit-Required Confined Space Standard (29 CFR 1910.146) and Wisconsin Department of Safety and Professional Services Chapter SPS 32. AFD will provide this service to Owner under the following conditions:

1. The Appleton Fire Department must be informed of all confined spaces in their classification (29 CFR 1910.146) at the facility. In addition, all information regarding potential hazards, SDS, and relevant information associated with these spaces must be shared (by the owners) per OSHA's Permit-Required Spaces Standard (29 CFR 1910.146).
2. The Appleton Fire Department must have the opportunity to train their personnel in confined space rescue in any of these spaces if such training is deemed necessary prior to providing actual standby services.
3. If the Appleton Fire Department determines that certain specific rescue equipment may be needed, and AFD does not currently own such equipment, Owner shall either purchase or temporarily lease such equipment for AFD's potential use. This purchased equipment will be stored and maintained by your facility.
4. Any confined space equipment (owned by the Appleton Fire Department) that has been damaged or rendered unusable during a confined space rescue or rescue training at the facility shall be repaired at Owner's cost or, if the equipment may not be repaired, Owner shall be responsible for the replacement cost of new equipment.
5. A preplan survey and drawing of the facility will be supplied by Owner. This preplan survey and drawing will be completed per Appleton Fire Department's guidelines and kept on file at the Appleton Fire Department. This preplan will be reviewed and updated by Owner as needed to help better facilitate confined space rescues.
6. The facility is required to meet all components of OSHA's Permit-Required Confined Space Entry Standard (29 CFR 1910.146).
7. Owner shall provide the Appleton Fire Department with any history of accidents, injuries, or fatalities, which occurred within any confined spaces found in the facility since it has been in operation.
8. The numbers of rescuers needed to facilitate a confined space standby and/or rescue at the facility will be the decision of the Appleton Fire Department.
9. Owner shall be responsible for all costs incurred in having the Appleton Fire Department standby at the facility. Costs shall be determined as follows:

**Costs shall be determined to include all personnel and equipment costs incurred by AFD and the City of Appleton as a result of any service rendered to the Owner and/or Facility as set forth in paragraph 16. In addition, Owner shall pay AFD an annual nonrefundable contract administration fee of Three Hundred Dollars (\$300) with said amount being due at the time the Agreement is executed. Thereafter said amount shall be due within ten (10) days of the Agreement's annual anniversary as long as the Agreement is in effect.**

10. All confined spaces must be appropriately marked accordingly to OSHA 29 CFR 1910.146.
11. When the Owner learns of any changes of confined spaces within the facility, it shall promptly notify the Appleton Fire Department in writing (through the pre-plan survey and drawing process).
12. The Appleton Fire Department will provide a written plan, for the stand-by services provided, upon request.
13. This agreement may be terminated by either party upon 10 days written notification to the other party.

#### **Confined Space Rescues**

In addition to the foregoing, the parties also agree as follows:

14. The Appleton Fire Department must be notified at least 10 days previous to all non-emergency IDLH (Immediately Dangerous to Life and Health) confined space entries made at your facility. The Appleton Fire Department Confined Space Rescue Team will complete confined space standby operations in accordance with this Agreement.
15. The Appleton Fire Department must be notified as soon as possible for all emergency IDLH (Immediately Dangerous to Life and Health) confined space entries made at your facility. The Appleton Fire Department Confined Space Rescue Team will attempt to complete confined space standby operations in accordance with this agreement (due to the limited notification process).
16. All confined space standby operations for IDLH entries will be charged at the current hourly rate for Appleton confined space rescue personnel and the FEMA rate for equipment and vehicle use. The number of Appleton rescue personnel used for confined space standby personnel will be at the discretion of the Appleton Fire Department and may vary depending on each situation.
17. If an emergency occurs elsewhere while an IDLH entry at the Facility is taking place, and AFD is standing by, AFD reserves the right to terminate the confined space standby operation in order for AFD to respond to the other emergency.

#### **Additional Provisions**

##### **I. Indemnification**

**For good and valuable consideration, and to the fullest extent allowable by law, Owner hereby indemnifies and shall defend and hold harmless the City of Appleton, its elected and appointed officials, officers, employees or authorized representatives or volunteers and each of them from and against any**



and all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, interest, attorneys' fees, costs, and expenses of whatsoever kind or nature whether arising before, during, or after completion of the work hereunder and in any manner directly or indirectly caused, occasioned, or contributed to in whole or in part or claimed to be caused, occasioned, or contributed to in whole or in part, by reason of any act, omission, fault, or negligence, whether active or passive, of Owner or of anyone acting under its direction or control or on its behalf in connection with or incident to the performance of the Agreement. Owner's aforesaid indemnity and hold harmless agreement shall not be applicable to any liability caused by the sole fault, sole negligence, or willful misconduct of the City of Appleton, or its elected and appointed officials, officers, employees or authorized representatives or volunteers. This indemnity provision shall survive the termination or expiration of this Agreement.

In any and all claims against the City of Appleton, its elected and appointed officials, officers, employees or authorized representatives or volunteers by an employee of Owner, any subcontractor, or anyone for whose acts any of them may be liable, the indemnification obligation under this paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the Owner or any subcontractor under Worker's Compensation Acts, Disability Benefit Acts, or other employee benefit acts.

No provision of this Indemnification clause shall give rise to any duties not otherwise provided for by this Agreement or by operation of law. No provision of this Indemnity clause shall be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity that would otherwise exist as to the City of Appleton, its elected and appointed officials, officers, employees or authorized representatives or volunteers under this or any other contract. This clause is to be read in conjunction with all other indemnity provisions contained in this Agreement. Any conflict or ambiguity arising between any indemnity provisions in this Agreement shall be construed in favor of indemnified parties except when such interpretation would violate the laws of the State of Wisconsin.

Owner shall reimburse the City of Appleton, its elected and appointed officials, officers, employees or authorized representatives or volunteers for any and all legal expenses and costs incurred by each of them in connection therewith or in enforcing the indemnity herein provided. Owner's obligation to indemnify shall not be restricted to insurance proceeds, if any received by the City of Appleton, its elected and appointed officials, officers, employees or authorized representatives or volunteers.

## **II. Laws, Regulations and Permits**

The Owner shall give all notices required by law and comply with all laws, ordinances, rules and regulations pertaining to the project. The Owner shall also be liable for all violations of the law in connection with work furnished by the Owner.

Safety & Security – The Owner shall execute and maintain its work so as to avoid injury or damage to any person or property. The Owner shall comply with the requirements of the specifications relating to safety measures applicable in particular operations or kinds or work.

In carrying out its work, the Owner shall at all times exercise all necessary precautions for the safety of employees appropriate to the nature of the work and the conditions under which the work is to be performed, and be in compliance with all applicable federal, state and local statutory and regulations requirements. Safety precautions, as applicable, shall include but not be limited to: adequate life protection and lifesaving equipment; adequate illumination; instructions in accident prevention for all employees, such as the use of machinery guards, safe walkways, scaffolds, ladders, bridges, gang planks, confined space

procedures, trenching and shoring, fall protection, and other safety devices, equipment wearing apparel as are necessary or lawfully required to prevent accidents, injuries or illnesses; and adequate facilities for the proper inspection and maintenance of safety measures.

**III. Insurance Requirements**

A. Unless otherwise specified in this Agreement, the Owner shall, at its sole expense, maintain in effect at all times during the performance of the Work, insurance coverage with limits not less than those set forth below with insurers and under forms of policies set forth below.

- Commercial General Liability coverage at least as broad as Insurance Services Office (ISO) Commercial General Liability Form with the following minimum limits and coverage:
  - Each occurrence limit..... \$1,000,000
  - Personal and Advertising Limit ..... \$1,000,000
  - General Aggregate Limit ..... \$2,000,000
  - Fire Damage Limit (Any One Fire) ..... \$50,000
  - Medical Expense Limit (Per Person) (self-insured) ..... \$5,000
  
- Automobile Liability coverage at least as broad as Insurance Services Office Business Automobile Form with \$1,000,000 minimum limits combined single limit per accident for bodily injury and property damage, provided on a “Any Auto” basis.
  
- Worker’s Compensation as required by the State of Wisconsin and employer’s liability insurance with sufficient limits to meet underlying umbrella liability insurance requirements.
  
- Umbrella Liability coverage at least as broad as the underlying Commercial General Liability, Automobile Liability and Employers Liability:
  - Minimum limit each occurrence ..... \$2,000,000
  - Aggregate..... \$2,000,000

B. Required Provisions – The general liability, automobile liability and umbrella liability policies are to contain, or be endorsed to contain, the following provisions:

- 1) The City of Appleton, and its officers, Council members, agents, employees and authorized volunteers must be named as additional insureds on all Owner liability policies. This does not apply to Worker’s Compensation Policies.
  
- 2) For any claims related to this project, Owner’s insurance shall be primary insurance as respects the City of Appleton, its elected and appointed officials, officers, employees or authorized representatives or volunteers. Any insurance, self- insurance, or other coverage maintained by the City of Appleton, its elected and appointed officials, officers, employees, or authorized representatives or volunteers shall not contribute to it.
  
- 3) Any failure to comply with reporting or other provisions of the policies including breaches of warranties shall not affect coverage provided to the City of Appleton, its elected and appointed officials, officers, employees or authorized representatives or volunteers.

- 4) Owner's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.
  - 5) Such liability insurance shall indemnify the City of Appleton, its elected and appointed officials, officers, employees of authorized representatives or volunteers against loss from liability imposed by law upon, or assumed under contract by, Owner for damages on account of such bodily injury (including death), property damage, personal injury, completed operations, and products liability.
  - 6) The general liability policy shall cover bodily injury and property damage liability, owned and non-owned equipment, blanket contractual liability, completed operations liability with a minimum of a 24-month policy extension, explosion, collapse, underground excavation, and removal of lateral support, and shall not contain an exclusion for what is commonly referred to by the insurers as the "XCU" hazards.
  - 7) All of the insurance shall be provided on policy forms and through companies satisfactory to the City of Appleton and shall have a minimum A.M. Best's rating of A-VII.
- C. Evidences of Insurance – Prior to execution of the agreement, Owner shall file with the City of Appleton a certificate of insurance (Acord Form 25-S or equivalent) signed by the insurer's representative evidencing the coverage required by this agreement. Such evidence shall include an additional insured endorsement signed by the insurer's representative. Such evidence shall also include confirmation that coverage includes or has been modified to include all required provisions as detailed herein.

SIGNATURES ARE CONTAINED ON THE FOLLOWING PAGE

**Owner of Permit – Required Confined Space  
Purina Animal Nutrition, LLC**

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Witness: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Witness: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Appleton Fire Department**

By: \_\_\_\_\_  
Jacob A. Woodford, Mayor

By: \_\_\_\_\_  
Kami Lynch, City Clerk


Approved as to form:


\_\_\_\_\_  
Christopher R. Behrens, City Attorney  
CL A21-0029


# CITY OF APPLETON

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## FIRE DEPARTMENT

 700 N. Drew Street  
Appleton, WI 54911

 (920) 832-5810

 (920) 832-5830

 [jeremy.hansen@appleton.org](mailto:jeremy.hansen@appleton.org)

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## MEMORANDUM

January 8, 2022

To: Katie Van Zeeland, Chair – Safety & Licensing Committee and Common Council  
From: Jeremy Hansen, Fire Chief  
Cc: Ryan Weyers, Deputy Fire Chief  
Re: Request to enter a contract with Purina Animal Nutrition, LLC for confined space services

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The Appleton Fire Department (AFD) has extensive training and expertise in confined space entry and rescue. The AFD, in partnership with Purina Animal Nutrition, LLC., located in Little Chute, WI, desire to finalize a service contract that will support confined space training, entry stand-by, and emergency response.

The service contract was created with input from the Legal Services and Risk Management Departments of the City of Appleton. Some key points of the contract are:

- The AFD will receive \$300 per year to administer the contract.
- All costs will be reimbursed making it budget neutral.
- As required by OSHA of Purina, annual confined space rescue drills would be held at Purina.
- Members of the AFD will perform annual training in real-world venues and locations.
- Without the contract, the City of Appleton could not recover costs associated with a mutual aid request.


The contract covers emergency response and standby operations during scheduled confined space entries by Purina employees to support their operations. In the event of an emergency, AFD would be requested by the Authority Having Jurisdiction (AHJ), Little Chute Fire Department, and AFD would work under the command of the Little Chute Fire Department. This is mutually understood between both fire departments.

In the event of a confined space stand by, AFD will hire staff on overtime to be on site with an appropriate equipment to provide the service, as defined by OSHA, and required of Purina for this type of work. This service will not impact our daily staffing or the response capability in the City of Appleton

Lastly, this contract has a provision to be revoked at any time by either party.

If you have any questions or concerns, please do not hesitate to contact me at (920) 832-5810. Thank you for your consideration.

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# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/21 ending: 6/30/22  
(mm/dd/yyyy) (mm/dd/yyyy)

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

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 checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
FOX RIVER HOUSE 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>STILES</u>	<u>KEVIN</u>	<u>J</u>	<u>218 W. 5<sup>TH</sup> ST KAUKAUNA WI 5430</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>RIEGER</u>	<u>CHRIS</u>	<u>E</u>	<u>218 W. 5<sup>TH</sup> ST KAUKAUNA WI 5430</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>EVERS</u>	<u>CASSIDY</u>	<u>M</u>	<u>742 W PROSPECT AVE APPLETON WI 54911</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>RICKS</u>	<u>MATT</u>	<u>C</u>	<u>742 W PROSPECT AVE APPLETON WI 54911</u>
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>EVERS</u>	<u>CASSIDY</u>	<u>M</u>	<u>742 W PROSPECT AVE APPLETON WI 54911</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name FOX RIVER HOUSE Business Phone Number 920-903-9968  
 2. Address of Premises 211 S. WALNUT ST 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.)  
BASEMENT STORAGE IN BASEMENT FOR LIQUOR  
LIQUOR SOLD IN MAIN BAR ON MAIN LEVEL WITH COOLER AND TAPS.  
OUTDOOR BAR SERVING AND STORING LIQUOR OUTSIDE  
LOCKED UP. ALSO A COOLER WITH BEER

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? FOX RIVER HOUSE

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  
AGENT HAS OPERATORS LICENSE
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 11/1/21 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>EVERS, CASSIODY M.</u>	Title/Member <u>MEMBER</u>	Date <u>12/15/21</u>
Signature <u>Cassidy Evers</u>	Phone Number 	Email Address 

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>12-15-21</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: CASSIDY EVERS

2. Name of Business: FOX RIVER HOUSE

(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: 211 S. WALNUT ST APPLETON WI 54911

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

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

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

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

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.

CASSIDY	M	EVERS	●/●/●●
First name	M.I.	Last name	Date of Birth
KELLY	J	STILES	●/●/●●
First name	M.I.	Last name	Date of Birth
MATTHEW	C	RICKS	●/●/●●
First name	M.I.	Last name	Date of Birth
CHRIS	E	RIEGER	●/●/●●
First name	M.I.	Last name	Date of Birth

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

Name: STEVE OLSON  
First name Middle Initial Last name

Address: 211 S. WALNUT ST APPLETON WI 54911  
City State ZIP



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

Name: FOX RIVER HOUSE

(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?

— months ago.

10. Seating capacity: Inside 99 Outside —

11. Operating hours (Inside the building): 3pm - 2-2:30 am  
Operating hours (Outdoor seating areas): 3pm - 2-2:30 am

12. Employees/Staff

Number of floor personnel 8 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: 1500 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 870 square feet.
- c. Below, identify the operational details of the proposed establishment:

SERVING DRINKS INSIDE AT THE BAR AS WELL AS OUTSIDE BAR IN SUMMER MONTHS

Cassidy Ewo  
Signature

12/15/21  
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  City of APPLETON County of OUTAGAMIE

The undersigned duly authorized officer/member/manager of FOX RIVER HOUSE 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

FOX RIVER HOUSE  
(Trade Name)

located at 211 S. WALNUT ST APPLETON WI 54911

appoints CASSIDY EVERS  
(Name of Appointed Agent)

742 W. PROSPECT 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? 14 yrs

Place of residence last year 742 W. PROSPECT AVE APPLETON WI 54914

For: FOX RIVER HOUSE  
(Name of Corporation / Organization / Limited Liability Company)

By: Cassidy Evers  
(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, CASSIDY EVERS, 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.

Cassidy Evers 12/15/21  
(Signature of Agent) (Date)

742 W. PROSPECT AVE APPLETON WI 54914  
(Home Address of Agent)

Agent's age 22

Date of birth 01/23/99

## 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)



*Community and Economic Development*

**Transfer of Special Use Permit #17-03  
211 South Walnut Street  
Zoning Classification: C-2 General Commercial District**

**Date:** January 3, 2022

**Background:**

Special Use Permit #17-03 was approved for a tavern with an outdoor patio with alcohol sales located at 211 South Walnut Street. This special use permit runs with the land.

**On-going Condition of Special Use Permit #6-14:**

- a) All City of Appleton and State of Wisconsin Building Codes must be met.
- b) Any expansion of the tavern use requires a premise description amendment of the existing liquor license from the Safety and Licensing Committee and Common Council.
- c) The serving and consumption of alcohol is limited to the first floor of the building and the fenced patio area. Any future expansion into the second floor, basement space, and/or rooftop of the building for the sale, serving, and/or consumption of alcohol will require a new Special Use Permit application to be applied for and approved.
- d) All City of Appleton Fire Codes must be met, and a fire inspection must be conducted prior to issuance of an occupancy permit.
- e) The applicant shall apply for and receive a sign permit from the City of Appleton Inspections Division prior to installing any additional or new signage on the building.
- f) A permanent fence, with an emergency exit, that meets all Building and Fire Codes, shall be installed prior to occupying the patio. Plans for this fence shall be reviewed and approved by the Police and Planning Departments prior to a fence permit being issued. The applicant shall apply for and receive a fence permit from the City of Appleton Inspections Division prior to installing the approved fence, with an emergency exit, around the patio area.
- g) The City of Appleton Noise Ordinance shall be complied with at all times.

h) A refuse container enclosure is required to be installed prior to issuance of an Occupancy Permit.

**Analysis:**

Based upon the above referenced information and the Liquor License Questionnaire dated December 15, 2021, appears to be consistent with the Special Use Permit #17-03. Therefore, Special Use Permit #17-03 is transferred to the applicant upon the issuance of the Liquor License to allow for the continued use of the premises subject to the conditions of SUP #17-03 being complied with.

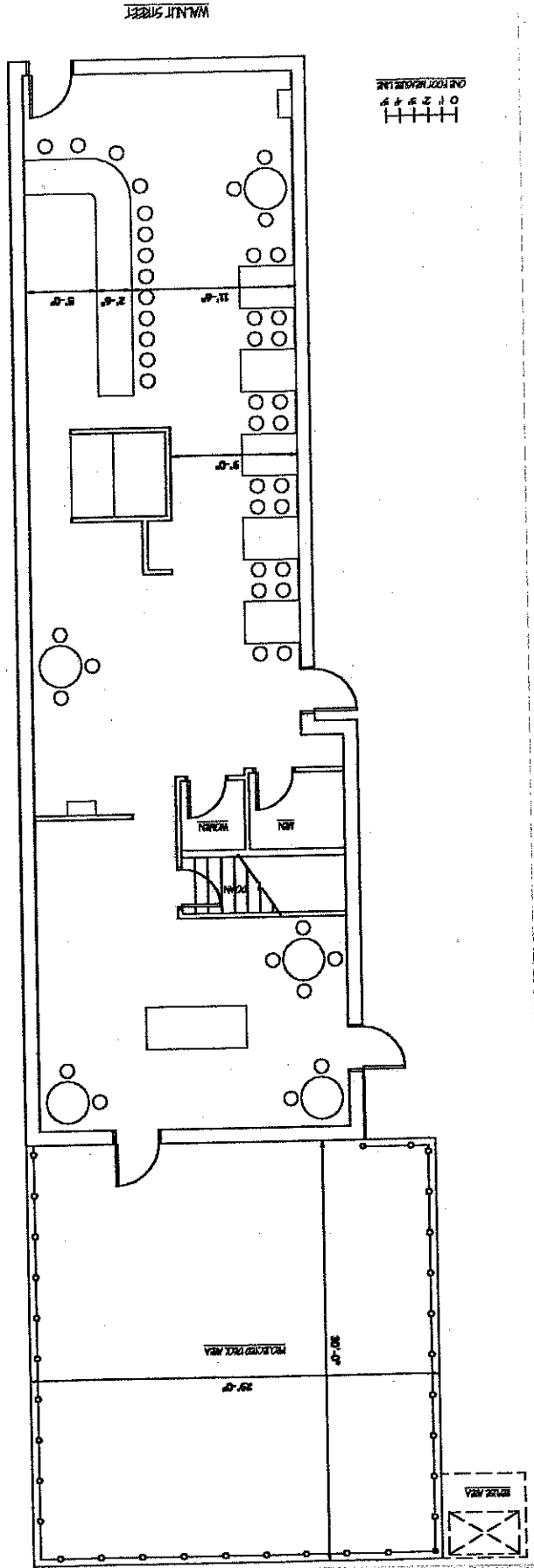
Please contact the Community and Economic Development Department at (920)832-6468 with any questions or any proposed changes to the development plan(s) or the alcohol license questionnaire.

**Notes:**

Fencing to be temporary until completion of parking lot. Then permanent fencing to be completed white in color.

Net BAR AREA (inside) = 1000 SQ FT.

Patio Area - wood picnic tables & Metal round tables w/ chairs



City Plan Commission  
Appleton, Wisconsin  
08-11-03

Special Use Permit  
Tavern with outdoor seating

NTS  
N  
W ← → E  
S  
prepared by:



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  
As this is new license, both of the owners have completed the responsible beverage server training course. The one investor will not be required to complete as he is investor only and not part of day to day operations

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 ~~01/01/2022~~ <sup>sc</sup> 12/07/2021 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>Cook, Jennifer M</u>	Title/Member <u>COO</u>	Date <u>12/08/2021</u>
Signature <u>Jennifer M Cook</u>	Phone Number 	Email Address 

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>12-13-21</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: Jennifer M Cook

2. Name of Business: Home Run Pizza

(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: 1216 W Wisconsin Avenue, Appleton WI 54914

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

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

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

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

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>Jennifer</u>	<u>M</u>	<u>Cook</u>	<u>    </u> / <u>    </u> / <u>    </u>
First name	M.I.	Last name	Date of Birth
<u>Jerald</u>	<u>P</u>	<u>Cook</u>	<u>    </u> / <u>    </u> / <u>    </u>
First name	M.I.	Last name	Date of Birth
<u>Luke</u>	<u>J</u>	<u>Jacobs</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

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

Name: Patricia h Reinke  
First name Middle Initial Last name

Address: 7 Greves Court Appleton WI 54914  
City State ZIP



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

Name: Home Run Pizza

(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?

— months ago.

10. Seating capacity: Inside 65 Outside 35

11. Operating hours (Inside the building): Wed-Thur-Sun 3:00P-8:00P, Fri-Sat 3:00P-08:30P  
Operating hours (Outdoor seating areas): same

12. Employees/Staff

Number of floor personnel 4 Number of door checkers 0

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

- a. Gross floor building area of the premises to be licensed: 4,000 square feet.  
b. Gross outdoor seating areas of the premises to be licensed: 900 square feet.  
c. Below, identify the operational details of the proposed establishment:

Restaurant that specializes in pizza (fresh/frozen)  
with a full menu.

Jeff Cook  
Signature

12/08/2021  
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 of APPLETON County of Outagamie  
 City

The undersigned duly authorized officer/member/manager of Homerun Pizza WI 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 Homerun Pizza  
(Trade Name)

located at 1216 W Wisconsin Avenue, Appleton WI 54914

appoints Jennifer M Cook  
(Name of Appointed Agent)

1918 N McIntosh Drive, 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? 48 years

Place of residence last year 1918 N McIntosh Dr, Appleton WI 54914

For: Home Run Pizza WI LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Jef Cook  
(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, Jennifer M Cook, 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.

Jef M Cook 12/08/2021  
(Signature of Agent) (Date)

Agent's age 33

1918 N McIntosh Drive, Appleton WI 54914  
(Home Address of Agent)

Date of birth 01/01/1988

## 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)





*Community and Economic Development*

**Transfer of Special Use Permit #6-14  
1216 West Wisconsin Avenue  
Zoning Classification: C-2 General Commercial District**

**Date:** January 3, 2022

**Background:**

Special Use Permit #6-04 was approved for a restaurant with an outdoor patio with alcohol sales located at 1216 West Wisconsin Avenue. This special use permit runs with the land.

**On-going Condition of Special Use Permit #6-14:**

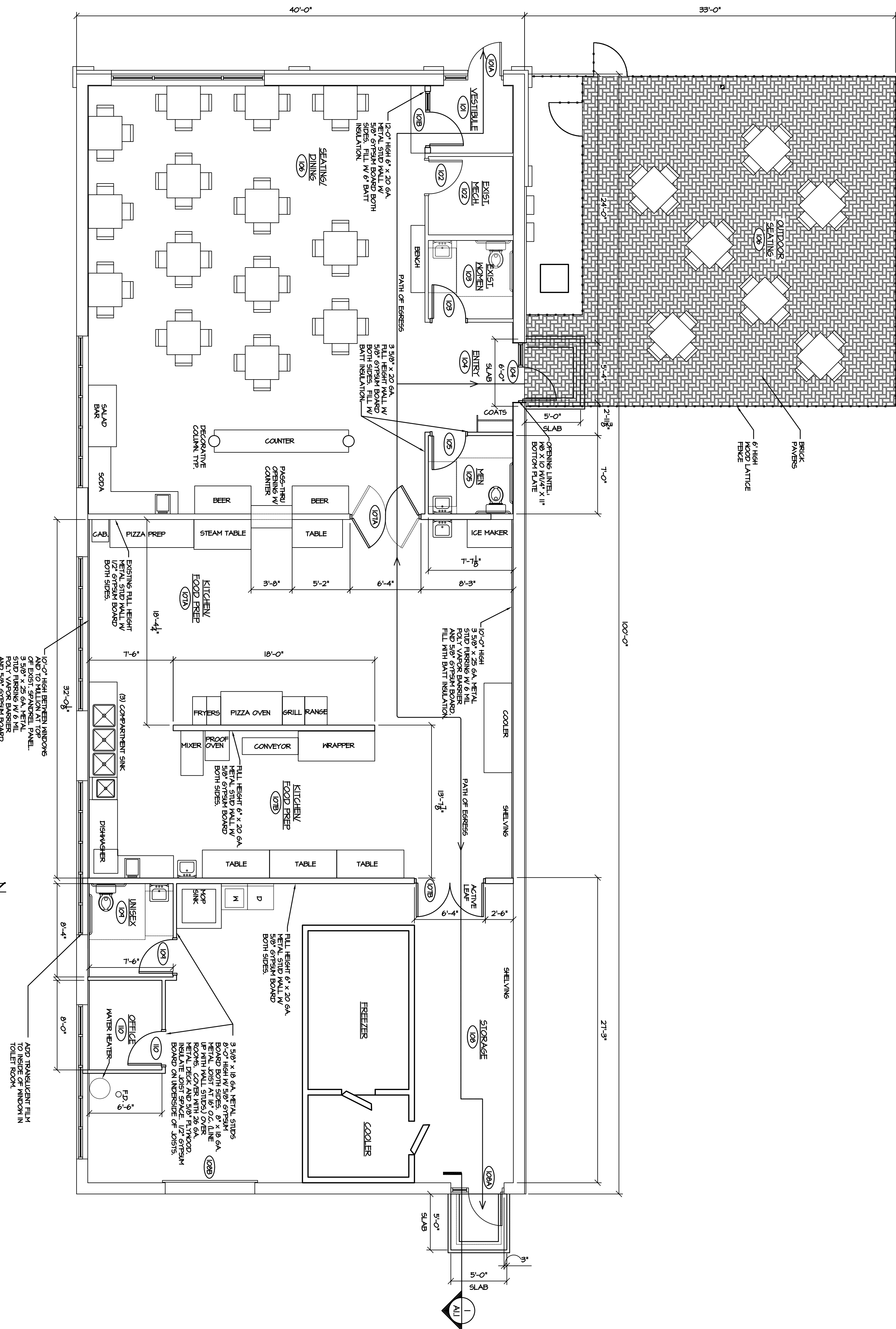
1. Any deviations from the approved Development Plan (attached) or Operational Plan (aka alcohol license questionnaire) may require a major or minor amendment request to this Special Use Permit pursuant to Section 23-66(g) of the Zoning Ordinance.

**Analysis:**

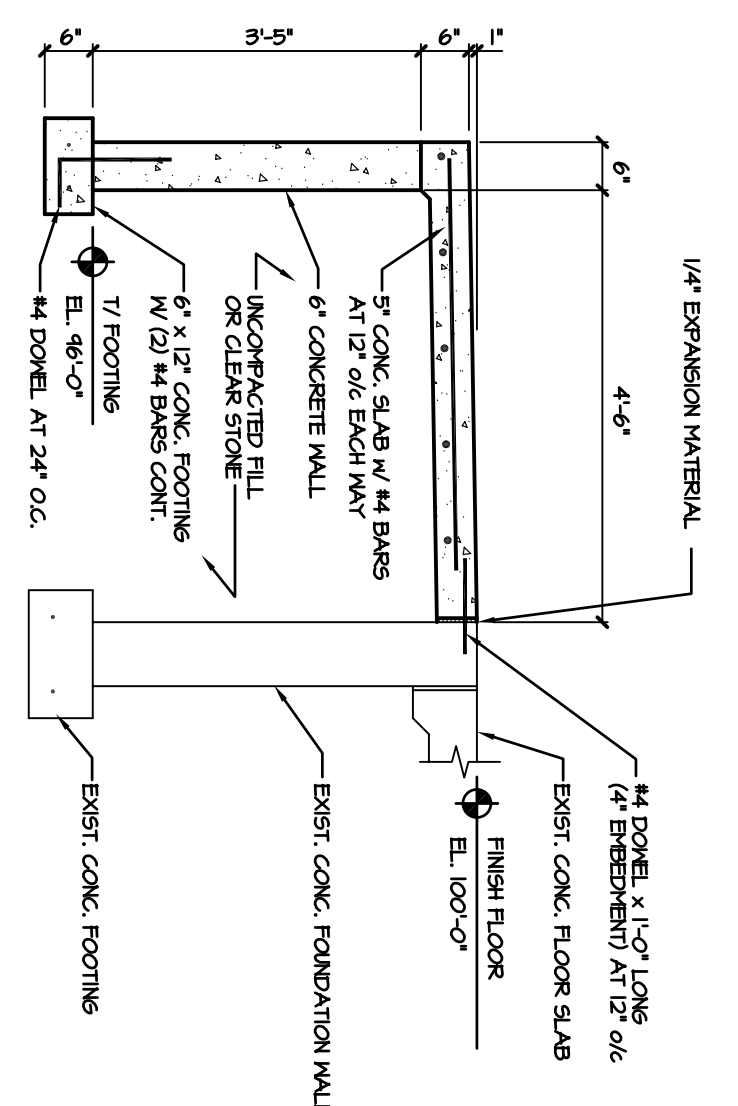
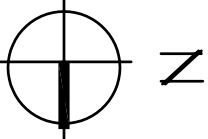
Based upon the above referenced information and the Liquor License Questionnaire dated December 8, 2021, appears to be consistent with the Special Use Permit #6-14. Therefore, Special Use Permit #6-14 is transferred to the applicant upon the issuance of the Liquor License to allow for the continued use of the premises subject to the condition of SUP #6-14 being complied with.

Please contact the Community and Economic Development Department at (920)832-6468 with any questions or any proposed changes to the development plan(s) or the alcohol license questionnaire.





**PROPOSED FLOOR PLAN**  
SCALE: 3/16" = 1'-0"



**STOOP DETAIL**  
SCALE: 1/2" = 1'-0"

REV. NO.	DESCRIPTION	DATE	BY	REV. NO.	DESCRIPTION	DATE	BY

**PROJECT:** HOME RUN PIZZA BUILDING RENOVATIONS  
**LOCATION:** 1216 W. WISCONSIN AVENUE APPLETON, WISCONSIN  
**DESCRIPTION:** PROPOSED FLOOR PLAN

**HARRIS & ASSOCIATES, INC.**  
 CONSULTING ENGINEERS AND LAND SURVEYORS  
 2718 NORTH MEADE ST. APPLETON, WI 54911  
 TEL: (920) 733-8377  
 FAX: (920) 733-4731

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

07/01/2021

For the license period beginning: ~~04/01/2022~~ 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. 2  
(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 checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<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>\$ 260</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Marty, Adam, John

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>Marty</u>	<u>Adam</u>	<u>John</u>	<u>429 E Roosevelt St, Appleton, WI, 54911</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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Marty</u>	<u>Adam</u>	<u>John</u>	<u>429 E Roosevelt St, Appleton 54911</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Alpine Swift Business Phone Number 920-840-0880  
 2. Address of Premises 1016 E Pacific St 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.)

Restaurant  
During open restaurant hours wine + beer will be stored at the counter area in a cooler or a shelf. Also wine + beer will be stored on the lower level on shelves and racking.

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  
*serve safe Alcohol*
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 11-23-21 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.) <i>Marty, Adam, J</i>	Title/Member <i>President</i>	Date <i>11/23/21</i>
Signature <i>Ad Marty</i>	Phone Number ●●●●●●●●	Email Address ●●●●●●●●

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>11/24/21</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: Adam Marty

2. Name of Business: Alpine Swift

(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: 1016 E Pacific st

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

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

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

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

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>Adam</u>	<u>J</u>	<u>Marty</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: NICK Van Grinsven

First name                      Middle Initial                      Last name

Address: 920 E Hyland ave Kaukaunua WI 54130

City                      State      ZIP

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

Name: PPP

(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 0

11. Operating hours (Inside the building): 4-9  
Operating hours (Outdoor seating areas): N/A

12. Employees/Staff

Number of floor personnel 5 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: 1000 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 0 square feet.

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

we plan to open a community based restaurant open for  
dinner 4 nights a week. We will serve pizza, shareables,  
salad and dessert.

Ad Mart  
Signature

11-23-21  
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 Alpine Swift  
(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 Alpine Swift  
(Trade Name)

located at 1016 E Pacific st, Appleton, WI, 54911

appoints Adam Marty  
(Name of Appointed Agent)

429 E Roosevelt st, Appleton, WI, 54911  
(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? 8 years 3 months

Place of residence last year 429 E Roosevelt st, Appleton, WI, 54911

For: Alpine Swift  
(Name of Corporation / Organization / Limited Liability Company)

By: Ad Marty  
(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, Adam Marty, 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.

Ad Marty 11-23-21  
(Signature of Agent) (Date)

Agent's age           

429 E Roosevelt st, Appleton, WI, 54911  
(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)



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

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>1/4/22</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>3006-1</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)						Date Organized	
Global Outreach Catholic Exchange Program, Inc						01/01/1990	
Address		City		State		Zip	
4815 Whitetail Way		Appleton		WI		54914	
Person in Charge of Event:			Name: Last		First	M. I.	Date of Birth
			Flees Dorothy		H		
Address		City		State		Zip	
9522 County Road T		Marshfield		WI		54449	
Person in charge phone number:							
President		Last		First		Middle Initial	
Mullins		Pamela		L.			
Date of Birth		Male		Female			
		X					
Address		City		State		Zip	
2873 Driftwood Beach Road		Clinton		WI		53014	
Vice President		Last		First		Middle Initial	
Kropidowski		Thomas		J.			
Date of Birth		Male		Female			
		X					
Address		City		State		Zip	
508 W. North Water Street		Neenah		WI		54956	
Secretary		Last		First		Middle Initial	
Barbara		Maederer		M.			
Date of Birth		Male		Female			
		X					
Address		City		State		Zip	
6919 County Road E		Abrams		WI		54101	
Treasurer		Last		First		Middle Initial	
Ramsgard		Raylyn		M.			
Date of Birth		Male		Female			
		X					
Address		City		State		Zip	
8215 Tuckee Street		Omaha		NE		68122	
<b>SECTION 2 - EVENT INFORMATION SECTION</b>							
Date(s) of Event: Beginning		Ending:		Hours		AM (PM)	
2/12/2022		2/12/2022		4:00		AM (PM) 8:00 AM (PM)	
Please describe the type of event you are going to have:							
Scholarship & Program Fundraiser Cash Bar, Buffet, Mass, Student Entertainment							
Do you plan to serve food at this event?		No (Yes)		If yes, contact the Appleton Health Department. (920.832.6429)			
No		Yes		Catered by			
Location where beer or wine will be sold or served:		La Sure's Baguet Hall Bakery and Catering, Ash Kosh					
St. Bernard Catholic Church							
Address		City		State		Zip	
1617 W. Pine Street		Appleton		WI		54914	
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!				Will minors be present?		No Yes	
Restricted to the church's Parish Hall				No		Yes X	
				If yes, how will you prevent minors from obtaining alcoholic beverages?			
				Checking IDs			
<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		Dorothy Flees, Administrative Assistant 12/22/2021					
<b>FOR OFFICE USE ONLY</b>							
Dept.		Approve		Deny		By	
Police							
Fire							
Health							
Inspection							
S&L 01/12/22		Date Issued		Exp. Date		License Number	

# GRANT TRACKING FORM



## **PART #1: Notification of Grant Funds**

(email to [tony.saucerman@appleton.org](mailto:tony.saucerman@appleton.org))

**APPLICANT DEPARTMENT:** Appleton Fire Department **DATE:** 12/13/2021

**APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE:** Jeremy Hansen/Fire Chief

**COMMITTEE OF JURISDICTION:** Safety & Licensing Committee

**NAME OF GRANT/FUNDING SOURCE:** Assistance to Firefighter's Grant Program/Department of Homeland Security

**AMOUNT OF GRANT REQUEST:** \$211,297.02 **LOCAL MATCH REQUIREMENT:** 10%

**SOURCE OF MATCH:**  General Fund  Non-General Fund  Not Applicable

**TIMEFRAME OF GRANT:** 05/01/2022 through 04/30/2024

**TYPE OF GRANT REQUEST:**  Monetary  Other (explain under 'purpose of grant')

**PURPOSE OF GRANT (summary):** The purpose of this grant is to enhance the level of training from Emergency Medical Technician (EMT) to Paramedic for six personnel.

**How does the grant meet City/Department/Program goals?** The grant will improve the overall safety of fire personnel and the community by increasing our level of care for all citizens and visitors to the City of Appleton.

**What are the personnel requirements (include both existing and new staff) of the grant?** Six existing personnel will attend the course during the academic year. Other personnel will fill their positions on overtime. The backfill costs are included in this grant.

**DEPARTMENT HEAD SIGNATURE:** \_\_\_\_\_

## **PART #2: Request to Accept Grant Funds**

(complete after notification of grant award; email to [tony.saucerman@appleton.org](mailto:tony.saucerman@appleton.org))

**AMOUNT OF GRANT AWARD:** \$ \_\_\_\_\_ **FEDERAL/STATE ID #:** \_\_\_\_\_

**LOCAL MATCH REQUIREMENT:** \$ \_\_\_\_\_

**Please describe the source of match, if applicable:** \_\_\_\_\_

**Please describe any major changes in proposed grant-funded activities:** \_\_\_\_\_

PART	TO:	DATE:	TO:	DATE:	TO:	DATE:
#1: Request to Apply	Finance Dept		COJ – Info/Action		FAC – Info/Action	
#2: Request to Accept	Finance Dept		COJ – Action		FAC – Action	

COJ = Committee of Jurisdiction

FAC = Finance and Administration Committee



# GRANT TRACKING FORM



## **PART #1: Notification of Grant Funds**

(email to [tony.saucerman@appleton.org](mailto:tony.saucerman@appleton.org))

**APPLICANT DEPARTMENT:** Appleton Fire Department **DATE:** 12/13/2021

**APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE:** Ryan Weyers/Deputy Chief

**COMMITTEE OF JURISDICTION:** Safety & Licensing Committee

**NAME OF GRANT/FUNDING SOURCE:** Assistance to Firefighter's Grant Program/Department of Homeland Security

**AMOUNT OF GRANT REQUEST:** \$532,643.15 **LOCAL MATCH REQUIREMENT:** 10%

**SOURCE OF MATCH:**  General Fund  Non-General Fund  Not Applicable

**TIMEFRAME OF GRANT:** 05/01/2022 through 04/30/2024

**TYPE OF GRANT REQUEST:**  Monetary  Other (explain under 'purpose of grant')

**PURPOSE OF GRANT (summary):** The purpose of this grant is to enhance the safety of the public and fire service personnel with respect to fire and fire-related hazards through the purchase of radio equipment that meets current safety standards by being intrinsically safe.

**How does the grant meet City/Department/Program goals?** The grant will improve the overall safety of fire personnel and the community.

**What are the personnel requirements (include both existing and new staff) of the grant?** The Appleton Fire Department will be administrator of the grant for fire and EMS agencies in Outagamie County. This will require personnel staff time from both the Fire and Finance Departments.

**DEPARTMENT HEAD SIGNATURE:** 

## **PART #2: Request to Accept Grant Funds**

(complete after notification of grant award; email to [tony.saucerman@appleton.org](mailto:tony.saucerman@appleton.org))

**AMOUNT OF GRANT AWARD:** \$ \_\_\_\_\_ **FEDERAL/STATE ID #:** \_\_\_\_\_

**LOCAL MATCH REQUIREMENT:** \$ \_\_\_\_\_

**Please describe the source of match, if applicable:** \_\_\_\_\_

**Please describe any major changes in proposed grant-funded activities:** \_\_\_\_\_

PART	TO:	DATE:	TO:	DATE:	TO:	DATE:
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“Excellence in Police Service”

**Chief Todd Thomas**  
**Appleton Police Department**

222 South Walnut Street • Appleton, WI 54911-5899  
(920) 832-5500

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To: Alderperson VanZeeland, Chairperson Safety and Licensing Committee  
From: Chief Todd Thomas  
Date: January 10, 2022  
Subject: 2021 Preliminary Crime and Police Activity Report

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Chairperson VanZeeland and Council Members,

I have attached a tentative summary on our 2021 Crime and Police Activity Data. The items that stand out the most include:

- Our calls for service increased significantly as activity returned to pre-covid levels.
- As discussed earlier, the shadow pandemic of mental health calls for service and calls that had a nexus to mental health increased dramatically in 2021. The number of calls with a mental health circumstance involved increased from 456 in 2020, to 786 in 2021, a 72% increase.
- Thankfully, the number of people we had to place on emergency holds did not increase at that level, in fact, the percentage of people placed on a hold has gone down the last three years from 32% of those we come in contact in 2019, to 21% in 2020, to 15% in 2021. This is because of the intentional hard work our Behavioral Health Officer, CIT and Patrol Officers, SROs working with our kids in crisis, and our community partners did, all working to divert individuals and connect clients with other resources.
- Traffic Stops and traffic enforcement activity increased dramatically as we continued to see a spike in dangerous and nuisance driving behaviors.
- We did **not** see an increase in weapons offences like some other cities and counties experienced in 2021.
- Our Violent Crime rate will see a slight increase, based almost exclusively on an increase in Aggravated Assaults. Aggravated Assaults account for around 73% of our violent crimes, and the vast majority of those are domestic violence related. Our new Victims Services Officer is working closely with community providers and that relationship may lead to a temporary increase in reporting and a subsequent uptick in reporting.

We continue to focus on these areas with several ongoing initiatives. We are also working internally, and externally with community partners, to develop new creative solutions to help address public safety concerns.

Chief Todd Thomas

Core Values of the Appleton Police Department: “Compassion, Integrity, Courage”



“Excellence in Police Service”

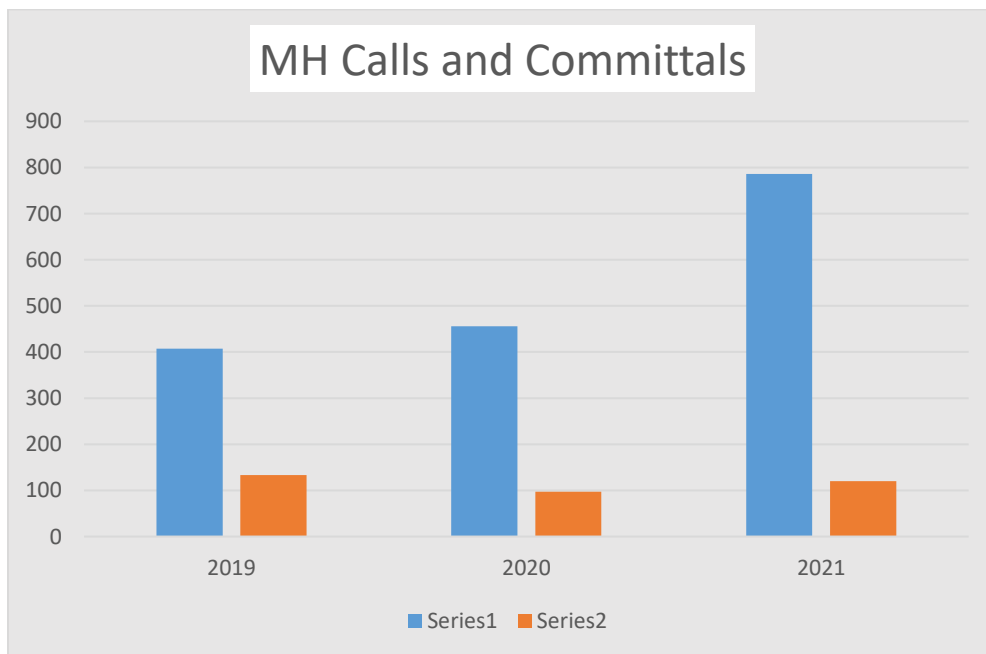
**Chief Todd Thomas**  
**Appleton Police Department**

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Police Calls for Service	
2019	46,956
2020	46,175
2021	54,942

MH Calls for Services / Emergency Committals			% Calls with a committal
2019	407	133	32
2020	456	97	21
2021	786	120	15

\*72% increase in mental health calls from 2020 to 2021 **(Dramatic Decreases)**







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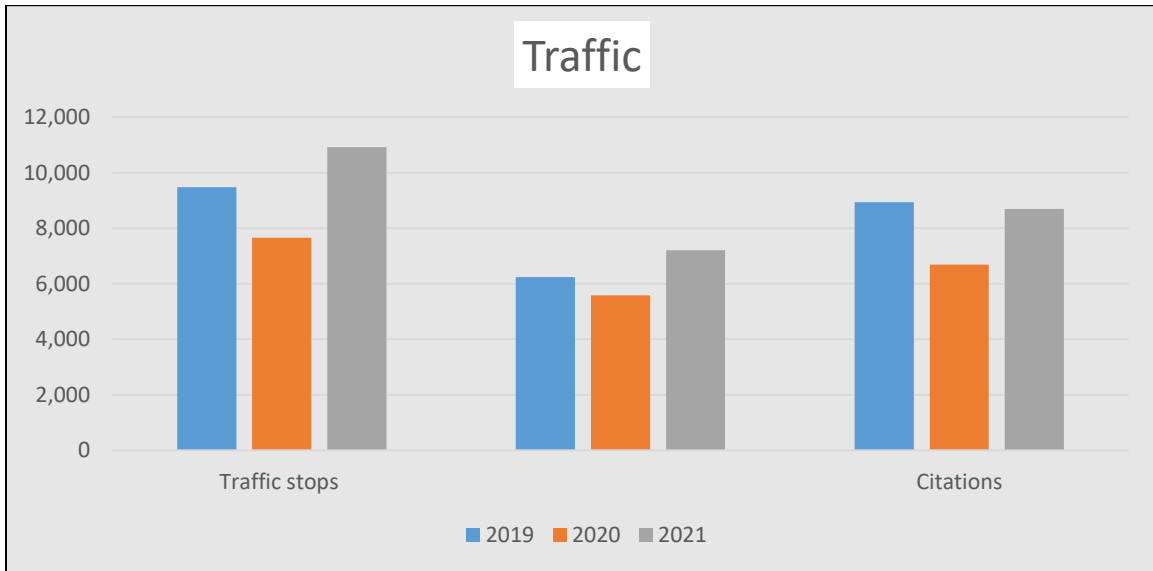
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Traffic stops		Citations	Warnings
2019	9,471	6,243	8,931
2020	7,658	5,585	6,689
2021	10,920	7,211	8,687

These include  
 Ordinance  
 Violations. (Non-  
 traffic)

These include  
 Ordinance Violations.  
 (Non-traffic)

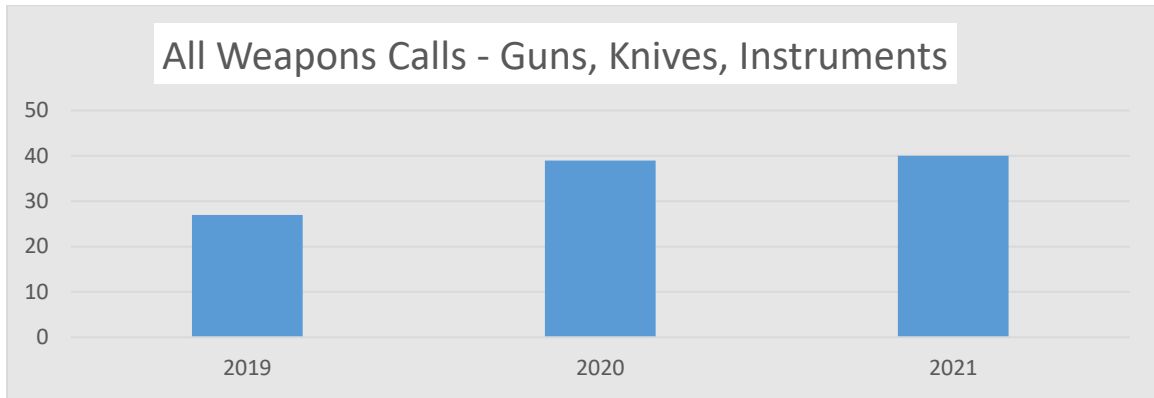




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<b>Violent Crimes</b>	2017	2018	2019	2020	2021
09A Murder & Nonnegligent Manslaughter	1	0	2	1	0
09B Negligent Manslaughter	2	0	0	0	1
09C Justifiable Homicide	0	0	2	1	1
100 Kidnapping/Abduction	20	17	20	12	17
11A Rape	21	18	16	21	26
11B Sodomy	19	11	14	13	11
11C Sexual Assault with an Object	3	9	5	6	7
11D Fondling	33	33	32	30	34
120 Robbery	19	19	25	19	18
13A Aggravated Assault	123	121	143	124	154
13B Simple Assault	467	466	537	512	539
13C Intimidation	53	91	106	118	93
*Those in RED determine our Violent Crime Rate - FBI Guidelines					

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