



# 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, June 8, 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  
[22-0760](#) Minutes from the May 25, 2022 Safety & Licensing Committee meeting.  
**Attachments:** [S & L Minutes 5-25-22.pdf](#)
4. **Public Hearings/Apearances**
5. **Action Items**  
[22-0679](#) Class "B" Beer and "Class B" Liquor License application for Dairyland Brew Pub LLC, Michele Preston, Agent, located at 1216 E Wisconsin Ave, contingent upon approval from the Finance and Health departments.  
**Attachments:** [Dairyland Brew Pub LLC.pdf](#)  
[22-0730](#) "Class A" Liquor License application for Sai Krupa LLC d/b/a Richmond St Citgo, Nilesh Patel, Agent, located at 1601 N Richmond St.  
**Attachments:** [Richmond St Citgo.pdf](#)  
[22-0729](#) "Class A" Liquor License application for Jaliyan Gas LLC d/b/a Wisconsin Avenue Pantry, Nilesh M Patel, Agent, located at 111 W Wisconsin Ave.  
**Attachments:** [Wisconsin Avenue Pantry.pdf](#)  
[22-0728](#) "Class A" Liquor License application for BSS Corporation d/b/a Richmond Mobil, Buddi Subedi, Agent, located at 3401 N Richmond St.  
**Attachments:** [Richmond Mobil.pdf](#)  
[22-0727](#) "Class A" Liquor License application for Depu LLC d/b/a Northland Mobil, Chiranjibi Lamichhane, Agent, located at 105 W Northland Ave.  
**Attachments:** [Northland Mobil.pdf](#)

- [22-0770](#) Additional 2022-2023 Alcohol License Renewal applications, contingent upon approvals from all departments by 12:00 p.m. on June 30, 2022.  
**Attachments:** [2022-23 Alcohol License Renewals-4th set.pdf](#)
- [22-0767](#) Additional 2022-2023 Mechanical Amusement Device License renewals, contingent upon approval from all departments by 12:00 p.m. on June 30, 2022.  
**Attachments:** [Additional Amusement Device renewals 2022-23.pdf](#)
- [22-0768](#) Additional 2022-2023 Cigarette and Tobacco Products License renewals.  
**Attachments:** [Additional Cigarette renewals 2022-23.pdf](#)
- [22-0763](#) Class "B" Beer and "Class B" Liquor License Change of Agent application for Lawrence University d/b/a Viking Room, Brittany M. Bell, New Agent, located at 615 E College Ave.  
**Attachments:** [Brittany M Bell S&L.pdf](#)
- [22-0737](#) Salvage Dealer License renewal application for Mach IV Motors LLC, Kara Tullberg, Applicant, located at 600 E Hancock St, contingent upon approval from the Inspections department.  
**Attachments:** [Mach IV Motors S&L.pdf](#)
- [22-0277](#) Temporary Class "B" Beer License application for Fox Cities Chamber Foundation, Thomas Lehr, Person in Charge, approved locations on College Ave, September 24, 2022, contingent upon approval from the Inspections department.  
**Attachments:** [Fox Cities Chamber - Oktoberfest S&L.pdf](#)

## 6. Information Items

- [22-0769](#) Special Events:  
Lawrence University Commencement Ceremony, Lawrence University grounds, June 12, 2022  
African Heritage Juneteenth Celebration, Jones Park, June 12, 2022  
Appleton Parks & Recreation, Movie on the Hill Series, Memorial Park, June 23, July 7, July 21 & August 4, 2022  
WIJAM Sky Dance, Jones Park, July 9, 2022  
Appleton Parks & Recreation, Children's Parade, Downtown Appleton, July 27, 2022  
Appleton Parks & Recreation, Playground Fair, Pierce Park, July 29, 2022
- [22-0759](#) Director's Reports  
1. City Clerk  
2. Fire Chief  
3. Police Chief

[22-0771](#)

Police Department Information on Alcohol Law Violations.  
-Dollar General #21851, Sell alcohol to minor - 80 point violation

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

---

Wednesday, May 25, 2022

5:30 PM

Council Chambers, 6th Floor

---

1. Call meeting to order

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

2. Roll call of membership

**Present:** 3 - Hartzheim, Croatt and Wolff

**Excused:** 2 - Schultz and Alfheim

3. Approval of minutes from previous meeting

[22-0703](#)

Minutes from the May 11th, 2022 Safety & Licensing Committee Meeting.

**Attachments:** [S & L Minutes 5-11-22.pdf](#)

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

**Aye:** 3 - Hartzheim, Croatt and Wolff

**Excused:** 2 - Schultz and Alfheim

4. Public Hearings/Appearances

5. Action Items

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

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

**Aye:** 3 - Hartzheim, Croatt and Wolff

**Excused:** 2 - Schultz and Alfheim

[22-0719](#)

2022-2023 Additional Alcohol License Renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 30, 2022.

**Attachments:** [2022-23 Alcohol License Renewals-3rd set.pdf](#)

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



[22-0609](#)

Class "B" Beer and "Class B" Liquor License Temporary Premise Amendment for DCMX LLC d/b/a Gingerootz, Mylee Xiong, Agent, located at 2920 N Ballard Rd, on June 6, 2022, contingent upon approvals from the Community Development, Health, Inspections and Police departments.

**Attachments:** [Gingerootz Asian Grille.pdf](#)

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

[22-0495](#)

Temporary Class "B" Beer License application for Appleton Fox Cities Kiwanis Club, Jay B. Stephany, Person in Charge, located at Pierce Park, 1035 W Prospect Ave, on July 16-17, 2022, contingent upon approval from the Health and Inspections departments.

**Attachments:** [Kiwanis Car Show and Swap Meet S&L.pdf](#)

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

[22-0497](#)

Temporary Class "B" Beer License application for Appleton Area Jaycees, Matt Bartelt, Person in Charge, located at Appleton Memorial Park, 1620 E Witzke Blvd on July 3, 2022, contingent upon approval from the Health and Inspections departments.

**Attachments:** [Appleton Area Jaycees Fireworks S&L.pdf](#)

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

[22-0645](#)

Pet Store License renewal application for Fish Cave LLC, Ton Vang, applicant, located at 2110 S Memorial Dr, contingent upon approval from the Inspections department.

**Attachments:** [Fish Cave LLC S&L.pdf](#)

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

[22-0655](#)

Salvage Dealer License renewal application for Golper Supply Co. Inc, David Golper, applicant, located at 1810 W Edgewood Dr, Appleton WI 54913.

**Attachments:** [Golper Supply Co Inc S&L.pdf](#)

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

[22-0658](#)

2022-2023 Mechanical Amusement Device License renewals, contingent upon approvals from all departments by 12:00 p.m. on June 30, 2022.

**Attachments:** [Amusement Device renewals 2022-23.pdf](#)

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

[22-0663](#) 2022-2023 Cigarette and Tobacco Products License renewals.

**Attachments:** [Cigarette renewals 2022-23.pdf](#)

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

[22-0690](#) Class "B" Beer and "Class C" Wine License Change of Agent application for Home Run Pizza WI LLC d/b/a Home Run Pizza, Charles E Nelson III, New Agent, located at 1216 W Wisconsin Ave.

**Attachments:** [Charles E Nelson III S&L.pdf](#)

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

[22-0709](#) Commercial Quadricycle Renewal License Application for Social Station, LLC, Chris Burns, W6068 Nolan Dr, Appleton, WI 54915

**Attachments:** [The Social Station.pdf](#)

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

## 6. Information Items

[22-0680](#) Special Events:  
Hmong American Day Festival, Jones Park, May 14, 2022  
Edison Elementary Family Fun Run, Edison Elementary School and Peabody Park, May 21, 2022  
Lawrence University Commencement Ceremony, Lawrence University, June 12, 2022  
African Heritage, Juneteenth Celebration, Jones Park, June 12, 2022  
WIJAM Sky Dance, Jones Park, July 9, 2022

[22-0708](#) Director's Reports  
1. City Clerk  
    - Election Mailings  
2. Fire Chief  
3. Police Chief

## 7. Adjournment

**Hartzheim moved, seconded by Wolff, that the meeting be adjourned at 5:34 p.m. Roll Call. Motion carried by the following vote:**

**Aye:** 3 - Hartzheim, Croatt and Wolff

**Excused:** 2 - Schultz and Alfheim

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: July 1, 2022 ending: June 30, 2023  
(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<br>[REDACTED] |                  |
|--|------------------|
| FEIN Number<br>[REDACTED]                                  |                  |
| TYPE OF LICENSE REQUESTED                                  | FEE              |
| <input type="checkbox"/> Class A beer                      | \$               |
| <input checked="" type="checkbox"/> Class B beer           | \$ 100.00        |
| <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         | \$ 500.00        |
| <input type="checkbox"/> Reserve Class B liquor            | \$               |
| <input type="checkbox"/> Class B (wine only) winery        | \$               |
| Publication fee  | \$ 60.00         |
| <b>TOTAL FEE</b>   | <b>\$ 660.00</b> |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Dairyland Brew Pub, 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<br><u>Preston</u> | (First)<br><u>Michele</u> | (Middle Name)<br><u>Anne</u> | Home Address (Street, City or Post Office, & Zip Code)<br><u>1200 S. Matthias St. Appleton, WI 54915</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<br><u>Preston</u>              | (First)<br><u>Michele</u> | (Middle Name)<br><u>Anne</u> | Home Address (Street, City or Post Office, & Zip Code)<br><u>1200 S. Matthias St. Appleton, WI 54915</u> |
| Directors / Managers Last Name                 | (First)                   | (Middle Name)                | Home Address (Street, City or Post Office, & Zip Code)   |



1. Trade Name Dairyland Brew Pub, LLC Business Phone Number \_\_\_\_\_  
 2. Address of Premises 1216 E. Wisconsin Ave. 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.)  
4200 square foot building, bar/restaurant/kitchen including outdoor patio/seating area on southeast corner and south side of building

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? Dairyland Brewing Co, LLC  
d/b/a Dairyland Brew Pub

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  
has current operator license for Appleton
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 4-12-22 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.)<br><u>Preston, Michele A</u> | Title/Member<br><u>owner</u>   | Date<br><u>5-6-22</u>  |
| Signature<br><u>Michele A Preston</u>                                  | Phone Number<br> | Email Address<br> |

**TO BE COMPLETED BY CLERK**

|   |                                  |                                 |                                   |
|---|----------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><u>5-6-22</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: Michele A. Preston

2. Name of Business: Dairyland Brew Pub, LLC

(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 E. Wisconsin Ave, 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.

|                           |      |           |                   |                   |
|---------------------------|------|-----------|-------------------|-------------------|
| <u>Michele A. Preston</u> |      |           | <u>          </u> | <u>          </u> |
| First name                | M.I. | Last name | Date of Birth     |                   |
|                           |      |           | /                 | /                 |
| First name                | M.I. | Last name | Date of Birth     |                   |
|                           |      |           | /                 | /                 |
| First name                | M.I. | Last name | Date of Birth     |                   |
|                           |      |           | /                 | /                 |
| First name                | M.I. | Last name | Date of Birth     |                   |

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

Name: Dorri M. Schmidt

First name Middle Initial Last name

Address: \_\_\_\_\_

City State ZIP

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

Name: Dairyland Brewing Co, LLC d/b/a Dairyland Brew Pub

(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 10

11. Operating hours (Inside the building): Tues - Sun 11am - 2am  
Operating hours (Outdoor seating areas): Tues - Sun 11am - 2am

12. Employees/Staff

Number of floor personnel 15 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: 4200 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 150 square feet.

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

Bar and restaurant  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Michelle A. Prestz  
Signature

5-6-22  
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 Dairyland Brew Pub, 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 Dairyland Brew Pub, LLC  
(Trade Name)

located at 1216 E. Wisconsin Ave, Appleton, WI 54911

appoints Michele A. Preston  
(Name of Appointed Agent)  
1200 S. Matthias St, Appleton, WI 54915  
(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? 25 years

Place of residence last year Appleton, WI 1200 S. Matthias St. 54915

For: Dairyland Brew Pub, LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Michele A. Preston  
(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, Michele A. Preston, 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.

Michele A. Preston 5-6-22 Agent's age 33  
(Signature of Agent) (Date)  
1200 S. Matthias St, Appleton, WI 54915 Date of birth 03/03/89  
(Home Address of Agent)

## 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)

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: July 1 22 ending: JUN 30 23  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } City 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<br>●●●●●●●●●●●●●●●● |                  |
|--|------------------|
| FEIN Num<br>●●●●●●●●●●●●●●●●                                     |                  |
| TYPE OF LICENSE REQUESTED  | FEE              |
| <input type="checkbox"/> Class A beer                            | \$               |
| <input type="checkbox"/> Class B beer                            | \$               |
| <input type="checkbox"/> Class C wine                            | \$               |
| <input checked="" type="checkbox"/> Class A liquor               | \$ 300.00        |
| <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  | \$ 60.00         |
| <b>TOTAL FEE</b>   | <b>\$ 360.00</b> |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
SAM KHURA 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<br><u>PATEL</u>      | (First)<br><u>Nilesh</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>4705 W. Wisconsin Ave Appleton WI 54913</u> |
| Vice President / Member Last Name<br><u>PATEL</u> | (First)<br><u>Mital</u>  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>2156 Luxmy Dr, Green Bay WI 54313</u>       |
| 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)   |
| Directors / Managers Last Name                    | (First)                  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)   |

1. Trade Name Richmond St Ciro Business Phone Number 920 733 3550  
 2. Address of Premises 1601 W Richmond St Post Office & Zip Code 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.)  
2500 sq feet of store with  
waiting counter and office

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? SAM KHURA LLC Beer only



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  
10 years ago
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 May 2009 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  
Partner on New Application  
Guinness LLC - Wisconsin
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.)<br><u>Aklesh. Patel</u> | Title/Member<br><u>owner</u>      | Date<br><u>5/18/2022</u>           |
| Signature<br><u>Aklesh Patel</u>                                  | Phone Number<br><u>[REDACTED]</u> | Email Address<br><u>[REDACTED]</u> |

**TO BE COMPLETED BY CLERK**

|  |                                  |                                 |                                   |
|--|----------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><u>5-17-22</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: Nilesh Patel

2. Name of Business: SAI KRUPA LLC

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

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

3. Address of Business: 1601 N. Richmond 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.

Nilesh Patel                                   
 First name M.I. Last name Date of Birth

MITI  PATEL                        
 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: Nilesh  PATEL  
 First name Middle Initial Last name

Address: 4705 W. Prairieview Ave, Appleton WI 54913  
 City State ZIP

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

Name: \_\_\_\_\_

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

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

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

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

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

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

0 months ago.

10. Seating capacity: Inside 0 Outside 0

11. Operating hours (Inside the building): 5:00 AM to 12:00 AM.  
Operating hours (Outdoor seating areas): \_\_\_\_\_

12. Employees/Staff

Number of floor personnel 1 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: 2500 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:

Gas station Petrol store

[Signature]  
Signature

5/18/22  
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 Sai Krupa 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 Sai Krupa LLC DBA Jalizon Gas LLC  
(Trade Name)

located at 1601 N. Richmond St Appleton WI 54911

appoints Nilesh Patel  
(Name of Appointed Agent)

4705 W. Prairie View Lane Appleton WI 54913  
(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).  
Sai Krupa LLC Appleton, Wishtatown

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? 13 years

Place of residence last year Appleton

For: Sai Krupa LLC  
(Name of Corporation / Organization / Limited Liability Company)

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

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.

Nilesh Patel 5/18/22 Agent's age 33  
(Signature of Agent) (Date)

4705 W. Prairie View Lane Appleton WI 54913 Date of birth 03/01/89  
(Home Address of Agent)

### 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)

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 10/11-2022 ending: Jun 30 2023  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } City 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<br>●●●●●●●●●●●●●●●● |                      |
|--|----------------------|
| FEIN Number<br>●●●●●●●●●●●●●●●●                                  |                      |
| TYPE OF LICENSE REQUESTED  | FEE                  |
| <input type="checkbox"/> Class A beer                            | \$                   |
| <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>   | <b>\$ <u>360</u></b> |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
JALIYAN GAS 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<br><u>PATEL</u> | (First)<br><u>NILESH</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>4705 W. Prairie Song Lane 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)  |
| Directors / Managers Last Name               | (First)                  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)  |

1. Trade Name Wisconsin Pantry Business Phone Number 920 734 9967  
 2. Address of Premises 111 W. Wisconsin Ave. Post Office & Zip Code 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.)  
It is a 2500 sq ft. of Bulding with walking cover and one office.

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? JALIAN GAS LLC. Beer only.

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  
I take course 10 years ago

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 May 2019 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  
Kirkwood St. City of Seville WI - Appleton  
Waipahoa WI

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.)<br><u>Nilesh Patel</u> | Title/Member<br><u>owner</u>      | Date<br><u>5/18/22</u>             |
| Signature<br><u>Nilesh Patel</u>                                 | Phone Number<br><u>[REDACTED]</u> | Email Address<br><u>[REDACTED]</u> |

**TO BE COMPLETED BY CLERK**

|   |                                  |                                 |                                   |
|---|----------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><u>05/17/2022</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: Nilesh Patel

2. Name of Business: Jalivan gas LLC

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

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

3. Address of Business: 111 W. Wisconsin Ave. 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.

|               |      |              |  |                 |
|---------------|------|--------------|--|-----------------|
| <u>Nilesh</u> |      | <u>PATEL</u> |  | <u>11/11/88</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: Nilesh Patel

First name                      Middle Initial                      Last name

Address: 4705 W. Prairie Song Lane Appleton WI 54913

City                      State      ZIP

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

Name: NA

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

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

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

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

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

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

0 months ago.

10. Seating capacity: Inside 0 Outside 0

11. Operating hours (Inside the building): Morning 5:00am to midnight 12:00am  
Operating hours (Outdoor seating areas): \_\_\_\_\_

12. Employees/Staff

Number of floor personnel 1 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: 2500 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:

Gas station Repair store

[Signature]  
Signature

5/17/22  
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 JALIZAN GAS 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 JALIZAN GAS LLC DBA WISCONSIN BRE PANTY  
(Trade Name)

located at 111 W. Wisconsin Ave, Appleton, WI 54911

appoints Nilesh Patel  
(Name of Appointed Agent)

4705 W. Prairie View Lane Appleton, WI 54913  
(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).  
Saikhara LLC Appleton & Saikhara LLC Whitfish Lake

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? 13 years

Place of residence last year Appleton

For: JALIZAN GAS LLC & SAIKHARA LLC  
(Name of Corporation / Organization / Limited Liability Company)

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

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.

Nilesh Patel 5/17/22  
(Signature of Agent) (Date) Agent's age 33

4705 W. Prairie View Lane, Appleton WI 54913 Date of birth 01/11/89  
(Home Address of Agent)

### 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)

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07-01-22 ending: 06-30-23  
(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<br>●●●●●●●● |                      |
|--|----------------------|
| FEIN Number<br>●●●●●●                                    |                      |
| TYPE OF LICENSE REQUESTED                                | FEE                  |
| <input type="checkbox"/> Class A beer                    | \$                   |
| <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>   | <b>\$ <u>360</u></b> |

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
BSS CORPORATION

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>SUBEDI</u>                     | <u>BUDDI</u> |               | <u>3045 WINNIPEG ST, MENASHA, 54952</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>SUBEDI</u>                     | <u>Buddi</u> |               | <u>3045 winnipeg st. menasha 54952</u>                 |
| Directors / Managers Last Name    | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

1. Trade Name RICHMOND MOBIL Business Phone Number 9208091210  
 2. Address of Premises 3401 RICHMOND ST, 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.)  
ALCOHOL BEVERAGE ARE STORED AT STORAGE AREA, COOLER, SHELVES AND ARE SOLD  
AT THE REGISTERS AT 3401 RICHMOND ST., APPLETON WI 54911

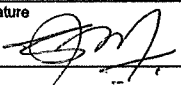


4. Legal description (omit if street address is given above): \_\_\_\_\_

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? BSS CORPORATION (RICHMOND MOBIL)

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No **If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 07/2020 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.)<br><b>SUBEDI, BUDDI</b>                                | Title/Member<br><b>OWNER</b>  | Date<br><b>05/17/22</b>  |
| Signature<br> | Phone Number<br> | Email Address<br> |

**TO BE COMPLETED BY CLERK**

|  |                                  |                                 |                                   |
|--|----------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>5-19-22</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: Buddi Subedi

2. Name of Business: BSS Corporation (Richmond Mobil)

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

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

3. Address of Business: 3401 Richmond 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.

|              |          |               |                   |
|--------------|----------|---------------|-------------------|
| <u>Buddi</u> | <u>S</u> | <u>subedi</u> | <u>● / ● / ●●</u> |
| First name   | M.I.     | Last name     | Date of Birth     |
| First name   | M.I.     | Last name     | Date of Birth     |
| First name   | M.I.     | Last name     | Date of Birth     |
| First name   | M.I.     | Last name     | Date of Birth     |

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

Name: \_\_\_\_\_  
 First name Middle Initial Last name

Address: \_\_\_\_\_  
 City State ZIP

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

Name: BSS Corporation

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

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

**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?**

NA months ago.

**10. Seating capacity:** Inside NA Outside \_\_\_\_\_

**11. Operating hours** (Inside the building): 5am - 12am  
Operating hours (Outdoor seating areas): \_\_\_\_\_

**12. Employees/Staff**

Number of floor personnel 1 Number of door checkers 0

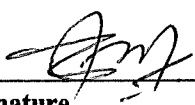
**13. In general, state the size and operational details of the proposed establishment:**

a. Gross floor building area of the premises to be licensed: 3000 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:

Convenience store with alcohol sale.

  
Signature

05/17/2022  
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 OUTOGAMIE  
 City

The undersigned duly authorized officer/member/manager of BSS CORPORATION  
(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 RICHMOND MOBIL  
(Trade Name)

located at 3401 RICHMOND ST, APPLETON, WI 54911

appoints BUDDI SUBEDI  
(Name of Appointed Agent)  
3045 WINNIPEG ST., MENASHA, WI 54952  
(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?

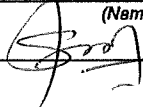
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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? SINCE 2006

Place of residence last year 3045 WINNIPEG ST, MENASHA, WI 54952

For: BSS CORPORATION  
(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, BUDDI SUBEDI, 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.

 5/17/2022 Agent's age ●  
(Signature of Agent) (Date)  
3045 WINNIPEG ST, MENASHA, WI 54952 Date of birth ●●●●  
(Home Address of Agent)

## 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)

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7-1-22 ending: 6-30-23  
(mm dd yyyy) (mm dd yyyy)

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

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

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

| Applicant's Wisconsin Seller's Permit Number         |                  |
|--|------------------|
| FEIN Number  |                  |
| TYPE OF LICENSE REQUESTED                            | FEE              |
| <input type="checkbox"/> Class A beer                | \$               |
| <input type="checkbox"/> Class B beer                | \$               |
| <input type="checkbox"/> Class C wine                | \$               |
| <input checked="" type="checkbox"/> Class A liquor   | \$ 300.00        |
| <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                                      | \$ 60.00         |
| <b>TOTAL FEE</b>                                     | <b>\$ 360.00</b> |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
LAMICHHANE CHIRANJIBI DEPU 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<br><u>LAMICHHANE</u>       | (First)<br><u>CHIRANJIBI</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>W6323 ARBORVITAE LN Menasha 54952</u> |
| Vice President / Member Last Name<br><u>ADHIKARI</u>    | (First)<br><u>DEVI</u>       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>W6523 AUSTIN DRIVE Menasha 54951</u>  |
| 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<br><u>LAMI CHIRAN CHHANE CHIRANJIBI</u> | (First)                      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>W6323 ARBORVITAE LN</u>               |
| Directors / Managers Last Name                          | (First)                      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)   |

1. Trade Name DEPU LLC, Northland Mobil Business Phone Number 920 7383536  
 2. Address of Premises 105 W Northland Ave 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.)

Storage and sold same above  
Address. Store in office room and  
sold in behind the counter

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? (. Beer. only.)  Yes  No

(b) If yes, under what name was license issued? DEPU LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No

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

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**

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

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No

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

9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 6-16-2020 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?  Yes  No  
**If yes, explain.**

CHUCK LLC Neena and Lami LLC green bay.

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

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.)<br><b>LAMICHIANE CHIRANJIBI</b> | Title/Member<br><b>Member</b>     | Date<br><b>5-18-22</b>             |
| Signature<br><i>Chiran</i>  | Phone Number<br><b>[REDACTED]</b> | Email Address<br><b>[REDACTED]</b> |

**TO BE COMPLETED BY CLERK**

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





# City of Appleton Alcohol License Questionnaire

1. Name of Applicant: CHIRANJIBI LAMICHHANE

2. Name of Business: DEPU LLE

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) GAS Store And Convinance Store

3. Address of Business: 105 W Northland Ave 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.

|                   |      |                   |               |
|-------------------|------|-------------------|---------------|
| <u>CHIRANJIBI</u> |      | <u>LAMICHHANE</u> | ● ● ● ●       |
| First name        | M.I. | Last name         | Date of Birth |
| <u>DEVI</u>       |      | <u>ADHIKARI</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 |

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

Name: \_\_\_\_\_  
First name Middle Initial Last name

Address: \_\_\_\_\_  
City State ZIP

5

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

Name: \_\_\_\_\_

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

- Restaurant
- Tavern/Night Club/Wine Bar
- Microbrewery/Brewpub
- Painting/Craft Studio
- Other (describe) GAS Store Convinance Store

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

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

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

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

0 months ago.

10. Seating capacity: Inside NO Outside NO

11. Operating hours (Inside the building): ~~5 AM~~ 5 AM to 10 PM

Operating hours (Outdoor seating areas): NO

12. Employees/Staff

Number of floor personnel 1 Number of door checkers 1

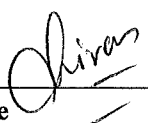
13. In general, state the size and operational details of the proposed establishment:

a. Gross floor building area of the premises to be licensed: 3000 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:

Convinance Store Sals liquors &

Signature 

Date 5-19-22

# 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 DEPU 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 DEPU LLC, Northland Mobil  
(Trade Name)

located at 105 W Northland Ave Appleton WI 54911

appoints CHIRANTJIBI LAMICHHANE  
(Name of Appointed Agent)

W 6323 ARBORVITAE LN Menasha WI 54951  
(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).  
Lami llc green bay WI, chukku llc Neenah, WI

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? 7 yrs

Place of residence last year 2830 N PARK DR LN #8 APPLETON 54911

For: DEPU 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, CHIRANTJIBI LAMICHHANE, 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] 5-19-22  
(Signature of Agent) (Date)  
W 6323 ARBORVITAE LN  
(Home Address of Agent)

Agent's age 30 years  
 Date of birth 08/08/90

### 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)

## ADDITIONAL 2022-2023 RENEWALS

### CLASS "A" FERMENTED MALT BEVERAGE & "CLASS A" LIQUOR LICENSE

| <u>NAME</u>  | <u>TRADE NAME</u>          | <u>ADDRESS</u>              |
|--|----------------------------|-----------------------------|
| Dolgencorp LLC<br>Aaron Dalton, Agent, 1921 N Elinor St Appleton WI 54914          | Dollar General #6535       | 1320 W Wisconsin Ave Unit A |
| Dolgencorp LLC<br>Aaron Dalton, Agent, 1921 N Elinor St Appleton WI 54914          | Dollar General #21851      | 1010 W College Ave          |
| University Rx LLC<br>Jude Jean-Pierre, Agent, 3916 N Millwood Dr Appleton WI 54911 | RxLink University Pharmacy | 133 E College Ave           |

### CLASS "B" FERMENTED MALT BEVERAGE LICENSE

| <u>NAME</u>   | <u>TRADE NAME</u>    | <u>ADDRESS</u>                |
|---|----------------------|-------------------------------|
| Fox Valley Athletics LLC<br>L. Eric Schaefer, Agent, 1139 Honey Creek Cir, Oshkosh WI 54904           |                      | 1620 E Witzke Blvd-Jones Bldg |
| Fronteras, LLC<br>Eric Mosqueda Lopez, Agent, 1009 E Kramer Ln Appleton WI 54915                      | Fronteras Restaurant | 2311 W College Ave            |
| Hmong Express LLC<br>Ka Ying Thao, Agent, 319 N Bennett St Appleton WI 54914                          | Hmong Express        | 1216 N Division St            |
| Lilac Enterprises LLC<br>May Vang, Agent, 1226 Appleton St Menasha WI 54952                           | May's Kitchen        | 1804 S Lawe St Ste 204        |
| Taco House LLC<br>Roberto Martinez, Agent, 301 E Greenfield St Appleton WI 54911                      | Taco House           | 135 E Wisconsin Ave           |
| United Sports Association for Youth, Inc<br>Katherine E Wood, Agent, 610 Harold Way Appleton WI 54915 |                      | 3300 E Evergreen Dr           |

### CLASS "B" FERMENTED MALT BEVERAGE LICENSE AND "CLASS C" WINE LICENSE

| <u>NAME</u>  | <u>TRADE NAME</u>             | <u>ADDRESS</u>  |
|--|-------------------------------|-----------------|
| Dog Lover Dawn Designs LLC<br>Dawn C Smith, Agent, W3970 Devine Ln Appleton WI 54913 | Board & Brush Creative Studio | 109 N Durkee St |

**CLASS “B” FERMENTED MALT BEVERAGE & “CLASS B” LIQUOR LICENSE**

| <b><u>NAME</u></b>   | <b><u>TRADE NAME</u></b> | <b><u>ADDRESS</u></b> |
|--|--------------------------|-----------------------|
| Dairyland Brewing Co LLC<br>Dorri M. Schmidt, Agent, 1225 E Amelia St Appleton WI 54911            | Dairyland Brew Pub       | 1216 E Wisconsin Ave  |
| El Sabor LLC<br>Luis Santiago, Agent, W5749 Jochmann Dr Appleton WI 54915                          | El Sabor                 | 2190 S Memorial Dr    |
| WHW Gastropub LLC<br>Daniel J. Hoff Sr., Agent, 225 E Wayfarer Ln Appleton WI 54913                | Meade Street Bistro      | 2729 N Meade St       |
| Mill City Public House LLC<br>Russell T Leary, Agent, 3608 E Lexington Dr Appleton WI 54915        | Mill City Public House   | 1103 W College Ave    |
| OM Investments, LLC<br>Sivakumar Rajarathinam, Agent, 1237 Symphony Blvd Neenah WI 54956           | Sai Ram Indian Cuisine   | 253 W Northland Ave   |
| Ka Lee & Peng Xiong<br>948 Ida St, Menasha WI 54952  | Shadows Food & Spirit    | 211 S Walter Ave      |
| Lawrence University of Wisconsin<br>Jonathan E Meyer, Agent, 304 W North Ave Little Chute WI 54140 | Viking Room              | 615 E College Ave     |

**CLASS “B” FERMENTED MALT BEVERAGE & RESERVE “CLASS B” LIQUOR LICENSE**

| <b><u>NAME</u></b>   | <b><u>TRADE NAME</u></b> | <b><u>ADDRESS</u></b>      |
|--|--------------------------|----------------------------|
| Thai Ginger Bistro LLC<br>Bounpheng Luangpraseuth, Agent, 2903 N Rankin St Apt 1 Appleton WI 54911 | Thai Ginger Bistro       | 1619 W Wisconsin Ave Ste F |

## 2022-2023 Mechanical Amusement Device Renewals

| TRADE NAME               | COMPANY                            | ADDRESS                   |
|--------------------------|------------------------------------|---------------------------|
| FRONTERAS                | FRONTERAS, LLC                     | 2311 WEST COLLEGE AVENUE  |
| LINDO MICHOACAN          | LINDO MICHOACAN MEXICAN RESTAURANT | 207 NORTH RICHMOND STREET |
| MEADE STREET BISTRO      | WHW GASTROPUB LLC                  | 2729 N MEADE ST           |
| SHADOWS FOOD AND SPIRITS | KA LEE AND PENG XIONG              | 211 SOUTH WALTER AVE      |
|                          | NATIONAL ENTERTAINMENT NETWORK     | 3701 E CALUMET ST         |

### 2022-2023 Cigarette License Renewals

|                            |                                     |                         |
|----------------------------|-------------------------------------|-------------------------|
| DOLLAR GENERAL #6535       | DOLGENCORP LLC, AARON DALTON        | 1320 WEST WISCONSIN AVE |
| DOLLAR GENERAL #21851      | DOLGENCORP LLC, AARON DALTON        | 1010 WEST COLLEGE AVE   |
| MARLEY'S SMOKE SHOP        | ANDREW THORNELL                     | 530 WEST COLLEGE AVE    |
| RXLINK UNIVERSITY PHARMACY | UNIVERSITY RX LLC, JUDE JEAN-PIERRE | 133 EAST COLLEGE AVE    |

# 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 LAWRENCE UNIVERSITY  
(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 THE VIKING ROOM  
(Trade Name)

located at 615 EAST COLLEGE AVENUE; APPLETON, WI 54911

appoints BRITTANY M. BELL  
(Name of Appointed Agent)

1016 LEE AVENUE; 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?

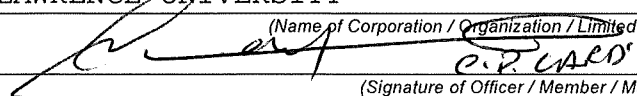
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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? 13 YEARS

Place of residence last year DE PERE, WISCONSIN

For: LAWRENCE UNIVERSITY  
(Name of Corporation / Organization / Limited Liability Company)

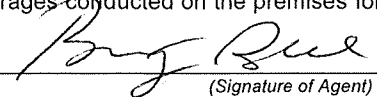
By:   
(Signature of Officer / Member / Manager)

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, BRITTANY M. BELL, 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.

 5/31/22 Agent's age ●  
(Signature of Agent) (Date)

1016 LEE AVENUE; DE PERE, WI 54115 Date of birth ●/●/●  
(Home Address of Agent)

## 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)



# Auxiliary Questionnaire Alcohol Beverage License Application

*Submit to municipal clerk.*

|   |  |              |         |               |                |
|---|--|--------------|---------|---------------|----------------|
| Individual's Full Name (please print) (last name) |  | (first name) |         | (middle name) |                |
| BELL  |  | BRITTANY     |         | M             |                |
| Home Address (street/route)                       |  | Post Office  | City    | State         | Zip Code       |
| 1016 LEE AVENUE                                   |  |              | DE PERE | WI            | 54115          |
| Home Phone Number                                 |  |              | Age     | Date of Birth | Place of Birth |
| ●●●●●●●●  |  |              | ●       | ●●●●/●●       | WISCONSIN      |

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- AGENT** of **LAWRENCE UNIVERSITY**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

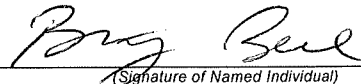
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 13 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

|                     |                          |               |            |
|---------------------|--------------------------|---------------|------------|
| Employer's Name     | Employer's Address       | Employed From | To         |
| LAWRENCE UNIVERSITY | 711 E BOLDT WAY APPLETON | 01/01/2019    |            |
| Employer's Name     | Employer's Address       | Employed From | To         |
| ST NORBERT COLLEGE  | 100 GRANT ST DE PERE WI  | 07/01/2012    | 01/01/2019 |

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 (Signature of Named Individual)



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

**FEES ARE NON-REFUNDABLE** Date Recv'd 05/25/22  
 License Fee - Local \$207.00 Acct. CLSALV  
 License Fee - Out of City \$ 82.00 Acct. CLSALV  
 Receipt 3662-2  
 License period July 1 to June 30

# APPLICATION for SALVAGE DEALER'S LICENSE

\*Please allow 4 weeks for processing\*

|  |         |                        |      |  |                                |                         |           |                           |                |  |  |
|--|---------|------------------------|------|--|--------------------------------|-------------------------|-----------|---------------------------|----------------|--|--|
| <b>SECTION 1 – BUSINESS INFORMATION – Answer all questions completely. Please PRINT clearly</b>  |         |                        |      |  |                                |                         |           |                           |                |  |  |
| Business Name <u>Maen W Motors LLC</u>   |         |                        |      |  |                                |                         |           |                           |                |  |  |
| Business Street Address <u>600 E Hancock St</u>  |         |                        |      | City <u>Appleton</u>                       |                                | State <u>WI</u>         |           | Zip <u>54911</u>          |                |  |  |
| Business Telephone Number <u>920-202-2201</u>  |         |                        |      |  |                                |                         |           |                           |                |  |  |
| <b>SECTION 2 – APPLICANT INFORMATION</b>   |         |                        |      |  |                                |                         |           |                           |                |  |  |
| Name <u>Kara Tullberg</u>  |         |                        |      |  |                                |                         |           |                           |                |  |  |
| Home Street Address <u>98 Estnerbrook Ct</u>   |         |                        |      | City <u>Appleton</u>                       |                                | State <u>WI</u>         |           | Zip <u>54915</u>          |                |  |  |
| Date of Birth <u>●●●●</u>  |         |                        | Male | Female <input checked="" type="checkbox"/> | Telephone Number <u>●●●●●●</u> |                         |           |                           |                |  |  |
| <b>SECTION 3 – CORPORATION INFORMATION – List names, addresses and dates of birth of all officers.</b>   |         |                        |      |  |                                |                         |           |                           |                |  |  |
| President  |         | Last <u>Tullberg</u>   |      | First <u>Charles</u>                       |                                | Middle Initial <u>D</u> |           | Date of Birth <u>●●●●</u> |                | Male <input checked="" type="checkbox"/> | Female                                     |
| Address <u>98 Estnerbrook Ct</u>   |         |                        |      | City <u>Appleton</u>                       |                                | State <u>WI</u>         |           | Zip <u>54915</u>          |                |  |  |
| Vice President   |         | Last <u>Tullberg</u>   |      | First <u>Kara</u>                          |                                | Middle Initial <u>L</u> |           | Date of Birth <u>●●●●</u> |                | Male                                     | Female <input checked="" type="checkbox"/> |
| Address <u>98 Estnerbrook Ct</u>   |         |                        |      | City <u>Appleton</u>                       |                                | State <u>WI</u>         |           | Zip <u>54915</u>          |                |  |  |
| Secretary  |         | Last                   |      | First                                      |                                | Middle Initial          |           | Date of Birth             |                | Male                                     | Female                                     |
| Address  |         |                        |      | City                                       |                                | State                   |           | Zip                       |                |  |  |
| Treasurer  |         | Last                   |      | First                                      |                                | Middle Initial          |           | Date of Birth             |                | Male                                     | Female                                     |
| Address  |         |                        |      | City                                       |                                | State                   |           | Zip                       |                |  |  |
| <b>SECTION 4 – PENALTY NOTICE</b>  |         |                        |      |  |                                |                         |           |                           |                |  |  |
| I certify that I am familiar with Section 9.386 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.<br>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: <u>Ka Tullberg</u>   |         |                        |      |  |                                |                         |           |                           |                |  |  |
| <b>FOR OFFICE USE ONLY</b>   |         |                        |      |  |                                |                         |           |                           |                |  |  |
| Dept.  | Approve | Deny                   | By   | Reason                                     |                                |                         |           |                           |                |  |  |
| Police   |         |                        |      |  |                                |                         |           |                           |                |  |  |
| Fire   |         |                        |      |  |                                |                         |           |                           |                |  |  |
| City Sealer  |         |                        |      |  |                                |                         |           |                           |                |  |  |
| Inspection   |         |                        |      |  |                                |                         |           |                           |                |  |  |
| S&L <u>6-8-22</u>  |         | Council <u>6-15-22</u> |      | Date Issued                                |                                |                         | Exp. Date |                           | License Number |  |  |

9-24-19

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799



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

|                                 |                           |
|---------------------------------|---------------------------|
| <b>FEES ARE NON-REFUNDABLE</b>  | Date Rec'd <u>2/28/22</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>3258-1</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 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)<br><u>Fox Cities Chamber of Commerce Foundation</u>  |  |  |   | Date Organized<br><u>September 29, 1976</u> |   |
| Address<br><u>125 N. Superior Street</u>   |  | City<br><u>Appleton</u>                  | State<br><u>WI</u>  | Zip<br><u>54911</u>                         |   |
| Person in Charge of Event:   |  | Name: Last<br><u>Lehr, Thomas S.</u>     | First<br><u>S.</u>  | M. I.                                       | Date of Birth<br>                           |
| Address<br><u>125 N. Superior Street</u>   |  | City<br><u>Appleton</u>                  | State<br><u>WI</u>  | Zip<br><u>54911</u>                         | Person in charge phone number:<br>          |
| President  | Last<br><u>Bartoszek</u>                     | First<br><u>Rebecca</u>                  | Middle Initial<br><u>L</u>  | Date of Birth<br>                           | Male<br><input type="checkbox"/>            |
|  | Femal<br><input checked="" type="checkbox"/> | Address<br><u>125 N. Superior St</u>     | City<br><u>Appleton</u>   | State<br><u>WI</u>                          | Zip<br><u>54911</u>                         |
| Vice President   | Last<br><u>Lehr</u>                          | First<br><u>Thomas</u>                   | Middle Initial<br><u>S</u>  | Date of Birth<br>                           | Male<br><input checked="" type="checkbox"/> |
|  | Femal<br><input type="checkbox"/>            | Address<br><u>125 N. Superior Street</u> | City<br><u>Appleton</u>   | State<br><u>WI</u>                          | Zip<br><u>54911</u>                         |
| Secretary  | Last   | First                                    | Middle Initial  | Date of Birth                               | Male<br><input type="checkbox"/>            |
|  | Femal<br><input type="checkbox"/>            | Address                                  | City  | State                                       | Zip   |
| Treasurer  | Last   | First                                    | Middle Initial  | Date of Birth                               | Male<br><input type="checkbox"/>            |
|  | Femal<br><input type="checkbox"/>            | Address                                  | City  | State                                       | Zip   |
| <b>SECTION 2 – EVENT INFORMATION SECTION</b>   |  |  |   |   |   |
| Date(s) of Event: Beginning <u>9 / 24 / 2022</u> Ending: <u>9 / 24 / 2022</u> Hours <u>9:00</u> AM / <u>PM</u> <u>6:00</u> AM / <u>PM</u>  |  |  |   |   |   |
| Please describe the type of event you are going to have:<br><u>Appleton's Octoberfest</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:<br><u>See bar locations on attached map</u>  |  |  |   |   |   |
| Address  |  | City                                     |   | State                                       | Zip   |
| Describe actual location and dimensions of area to be licensed below: - <b>BE PRECISE!</b>   |  |  | Will minors be present?   |   | No<br><input type="checkbox"/>              |
| <u>see map attached of details<br/>College Ave - Richmond to Lawe St</u>   |  |  | If yes, how will you prevent minors from obtaining alcoholic beverages?<br><u>Please see description attached</u> |   | Yes<br><input checked="" type="checkbox"/>  |
| <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.<br>If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.<br>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></u> <u>EUP/CFO</u> <u>2/24/2022</u>   |  |  |   |   |   |
| <b>FOR OFFICE USE ONLY</b>   |  |  |   |   |   |
| Dept.  | Approve                                      | Deny                                     | By  | Reason                                      |   |
| Police   |  |  |   |   |   |
| Fire   |  |  |   |   |   |
| Health   |  |  |   |   |   |
| Inspection   |  |  |   |   |   |
| S&L  |  | Date Issued                              |   | Exp. Date                                   | License Number                              |

How will we prevent minors from obtaining alcohol?

7 Wristband Booths

- Training of all wristband booth volunteer groups at an in person meeting in September
- Check IDs
  - Each person wears WE ID Pins
  - Booklets on what acceptable forms of ID are
- Each patron must buy their own wristband
- Everyone's ID MUST BE CHECKED
- Wristbands and tickets are same color and do change from year to year
- Wristbands are placed on a certain wrist each year (either left or right)

Wristband monitors will be monitoring each wristband booth throughout the day. These are trained volunteers

Each bar will have licensed and trained bar managers

## Erica Ziegert

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**From:** Kristen Greiner <KGreiner@foxcitieschamber.com>  
**Sent:** Wednesday, March 2, 2022 9:06 AM  
**To:** Erica Ziegert  
**Subject:** Update

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Erica

For the Octoberfest Special Event Permit and the Liquor License, they need to be listed under the Fox Cities Chamber Foundation instead of the Fox Cities Chamber of Commerce. The officers, etc are all still the same. Just the holder needs to be the foundation.

Let me know if you need anything in particular from me regarding that

Thanks!

*Kristen Greiner*

Executive Assistant to Becky Bartoszek, President/CEO  
Fox Cities Chamber of Commerce  
O: 920.734.7101 | D: 920.939.6402  
E: [kgreiner@foxcitieschamber.com](mailto:kgreiner@foxcitieschamber.com)  
[Join us at an upcoming Chamber event](#)

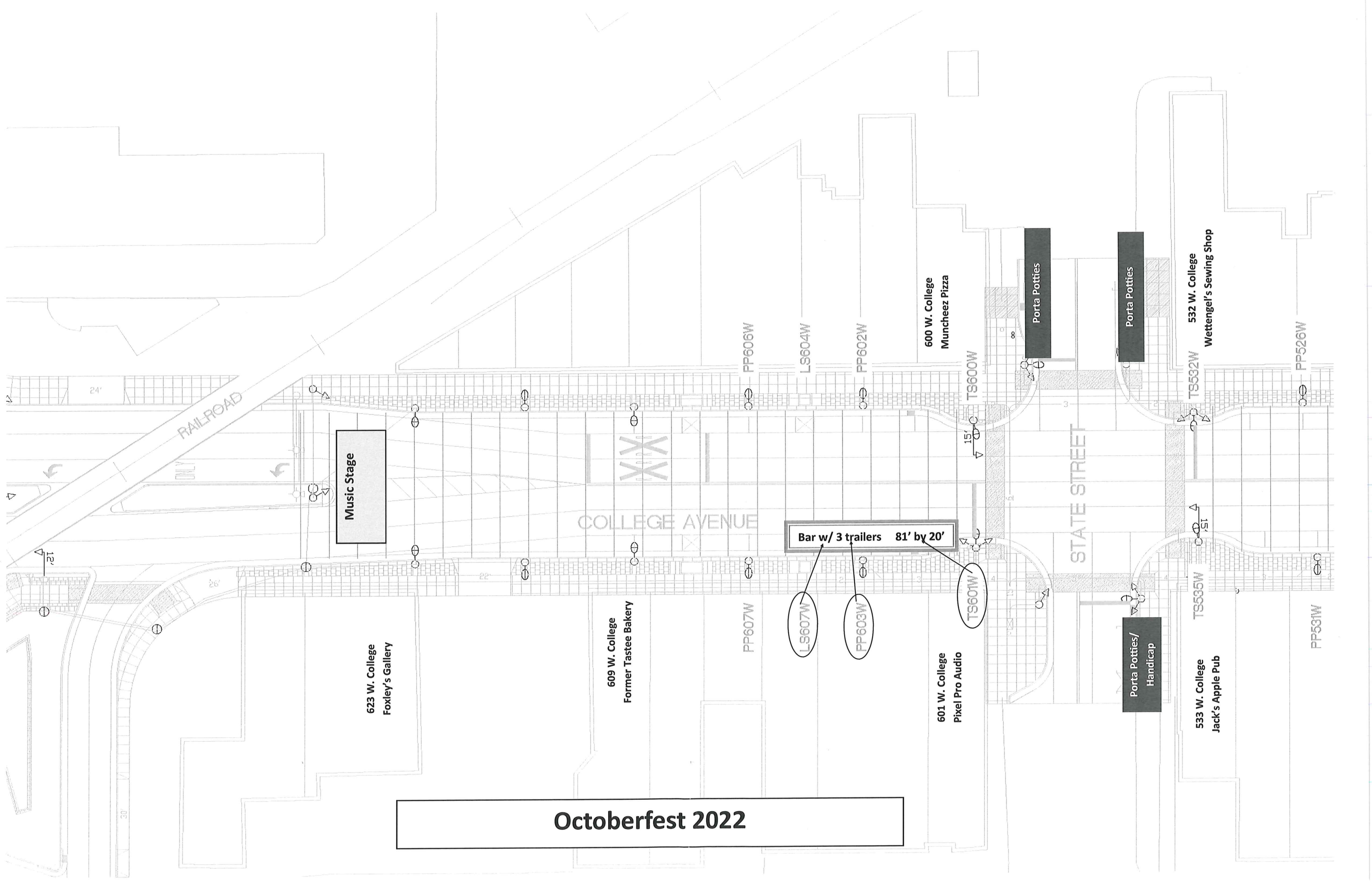
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*The Chamber promotes employers and economic development while serving as a catalyst to further improve the quality of life in the Fox Cities.*

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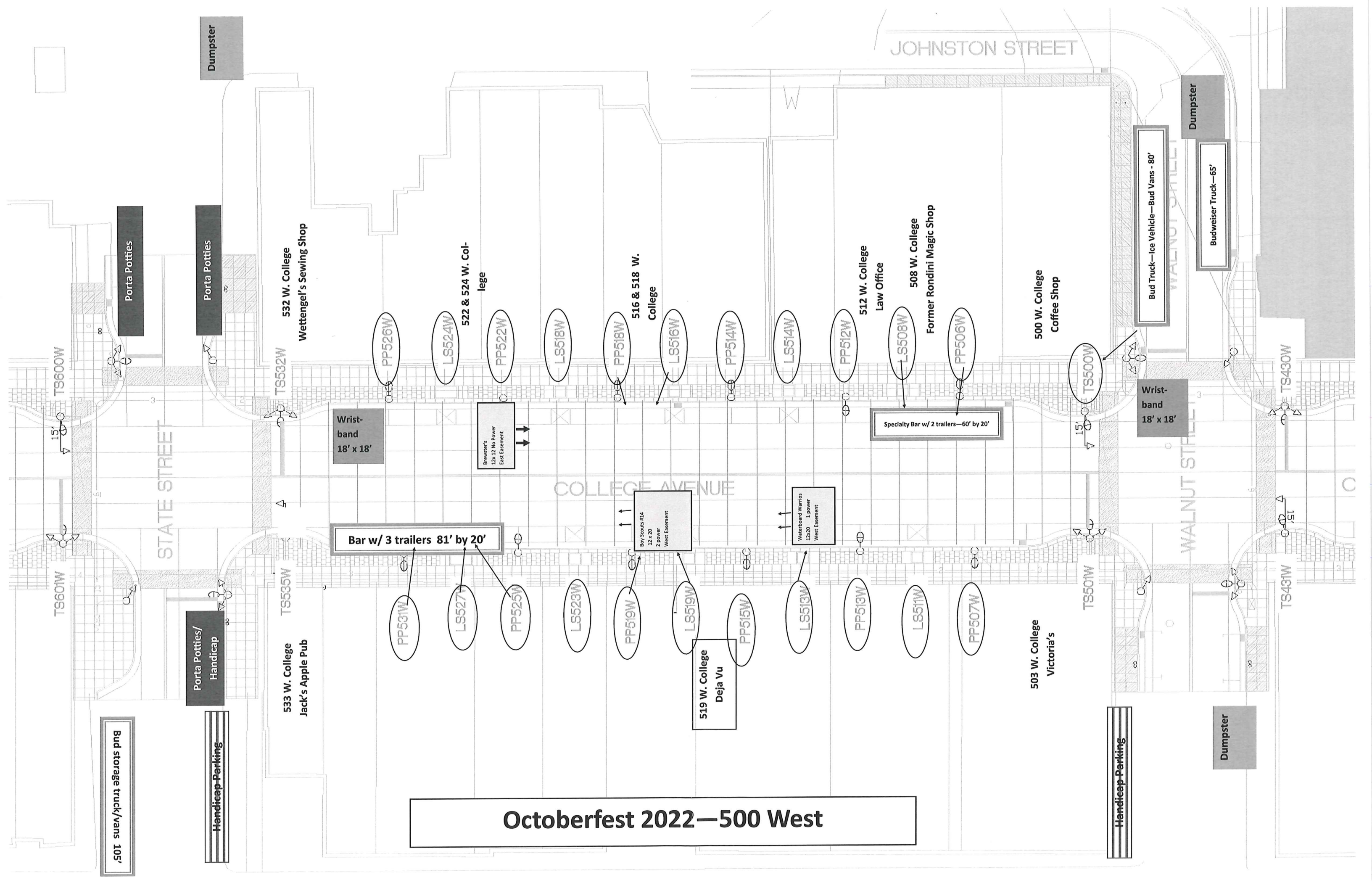


# Octoberfest 2022





# Octoberfest 2022—500 West



JOHNSTON STREET

STATE STREET

COLLEGE AVENUE

WALNUT STREET

Bud storage truck/vans 105'

Handicap Parking

Handicap Parking

Porta Potties

Porta Potties

Porta Potties/  
Handicap

532 W. College  
Wettengel's Sewing Shop

533 W. College  
Jack's Apple Pub

522 & 524 W. Col-  
lege

516 & 518 W.  
College

512 W. College  
Law Office

508 W. College  
Former Rondini Magic Shop

500 W. College  
Coffee Shop

503 W. College  
Victoria's

519 W. College  
Deja Vu

Wrist-  
band  
18' x 18'

Brewster's  
12x12 No Power  
East Easement

Boy Scouts #14  
12' x 20'  
2 power  
West Easement

Waterboard Warriors  
12x20 1 power  
West Easement

Specialty Bar w/ 2 trailers—60' by 20'

Bar w/ 3 trailers 81' by 20'

Wrist-  
band  
18' x 18'

Bud Truck—Ice Vehicle—Bud Vans - 80'

Dumpster

Budweiser Truck—65'

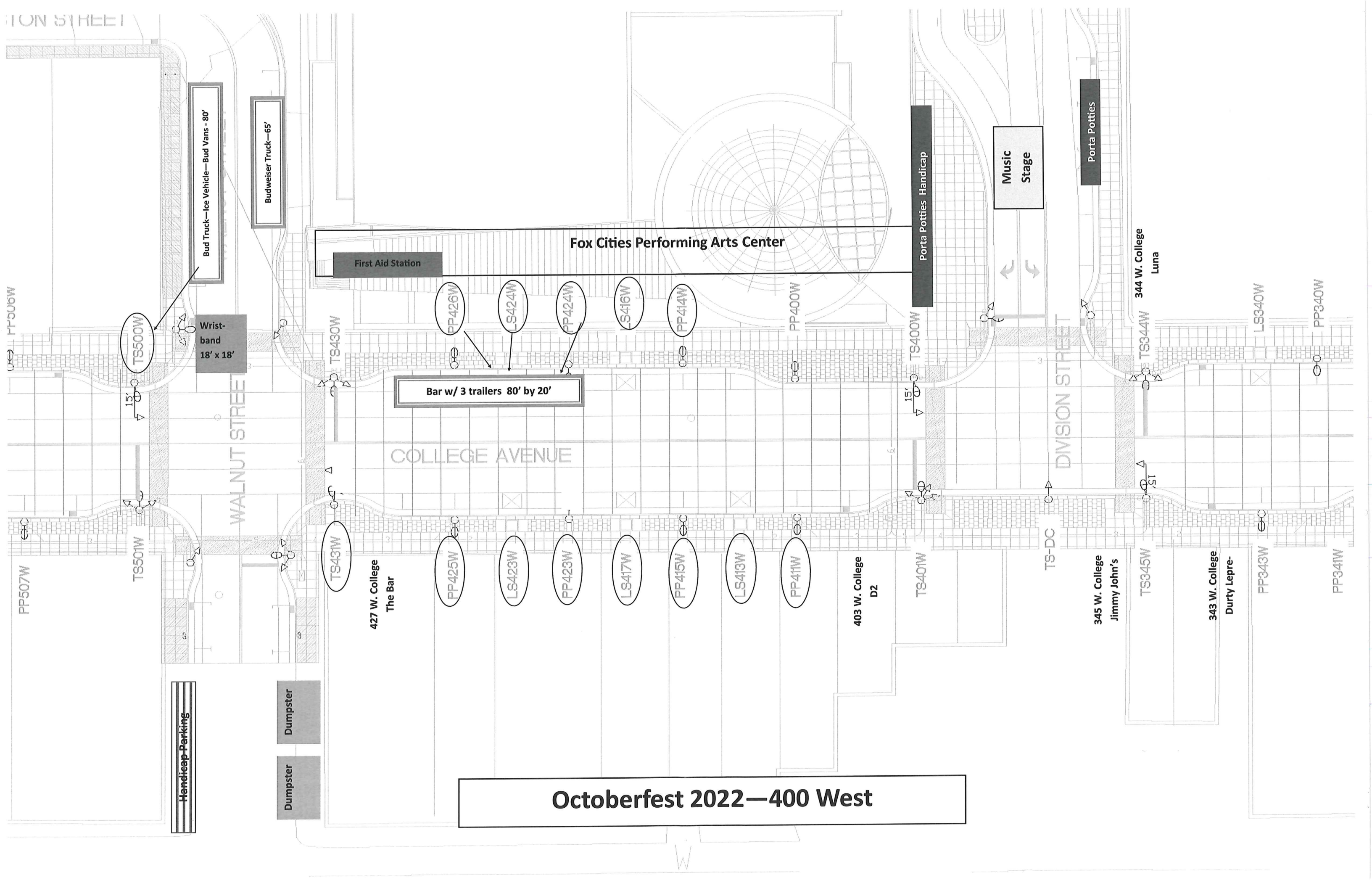
Dumpster

Dumpster

Dumpster

Dumpster





**Octoberfest 2022—400 West**

**Handicap Parking**

**Dumpster**

**Dumpster**

427 W. College  
The Bar

403 W. College  
D2

345 W. College  
Jimmy John's

343 W. College  
Durty Lepre-

**Fox Cities Performing Arts Center**

**First Aid Station**

**Bar w/ 3 trailers 80' by 20'**

**Porta Potties Handicap**

**Music Stage**

**Porta Potties**

344 W. College  
Luna

**Wrist-band 18' x 18'**

**Bud Truck—Ice Vehicle—Bud Vans - 80'**

**Budweiser Truck—65'**

ION STREET

WALNUT STREET

COLLEGE AVENUE

DIVISION STREET

PP507W

TS501W

TS500W

TS431W

TS430W

PP425W

PP426W

LS423W

LS424W

PP423W

PP424W

LS417W

LS416W

PP415W

PP414W

LS413W

PP411W

PP400W

TS401W

TS400W

TS-DC

TS345W

TS344W

PP343W

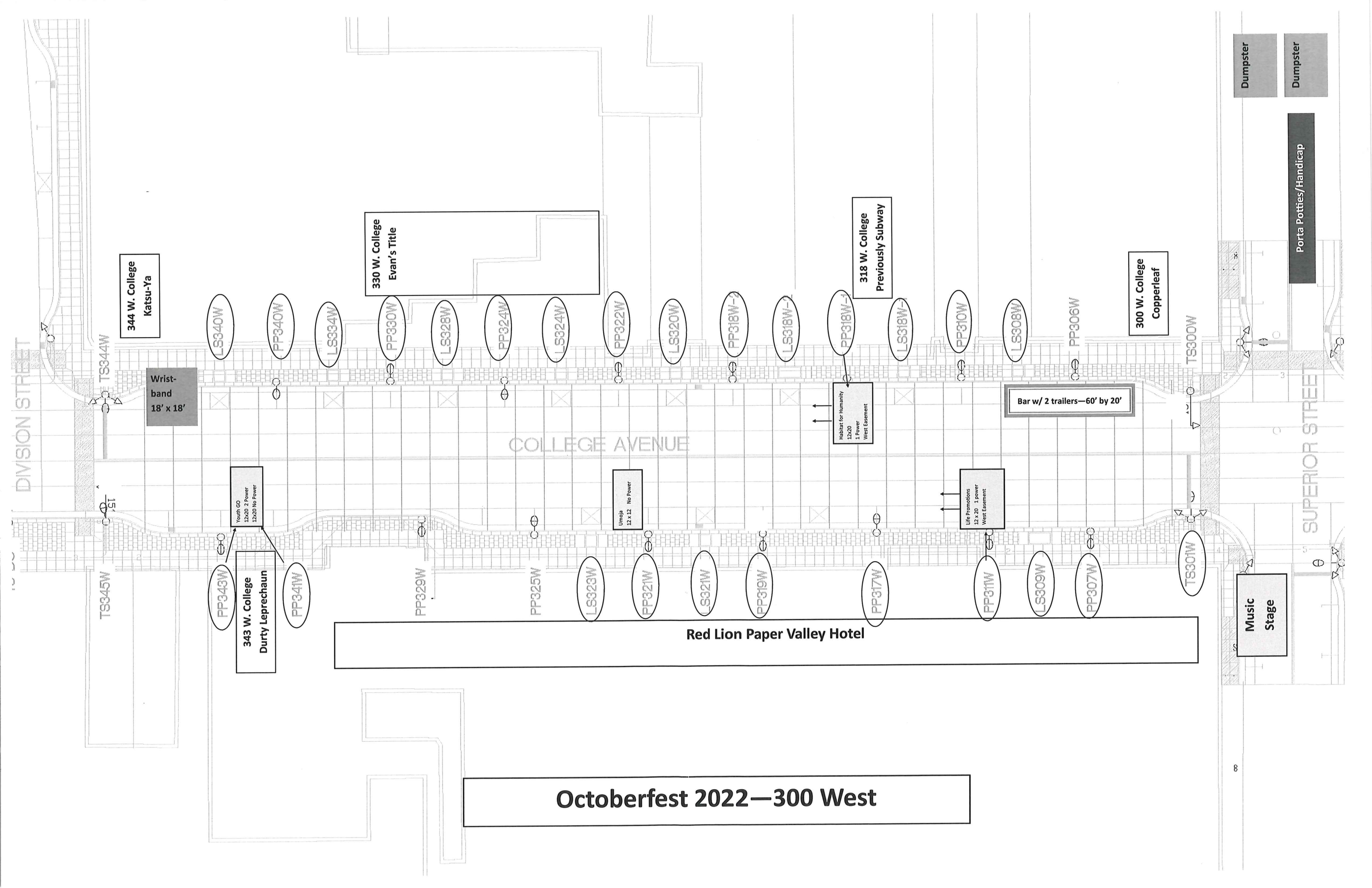
LS340W

PP341W

PP340W



# Octoberfest 2022—300 West



344 W. College  
Katsu-Ya

330 W. College  
Evan's Title

318 W. College  
Previously Subway

300 W. College  
Copperleaf

Wrist-  
band  
18' x 18'

Youth GO  
12x20, 2 Power  
12x20 No Power

343 W. College  
Durdy Leprechaun

Umaja  
12 x 12, No Power

Habitat for Humanity  
12x20  
1 Power  
West Esement

Bar w/ 2 trailers—60' by 20'

Life Promotions  
12 x 20, 1 power  
West Esement

Red Lion Paper Valley Hotel

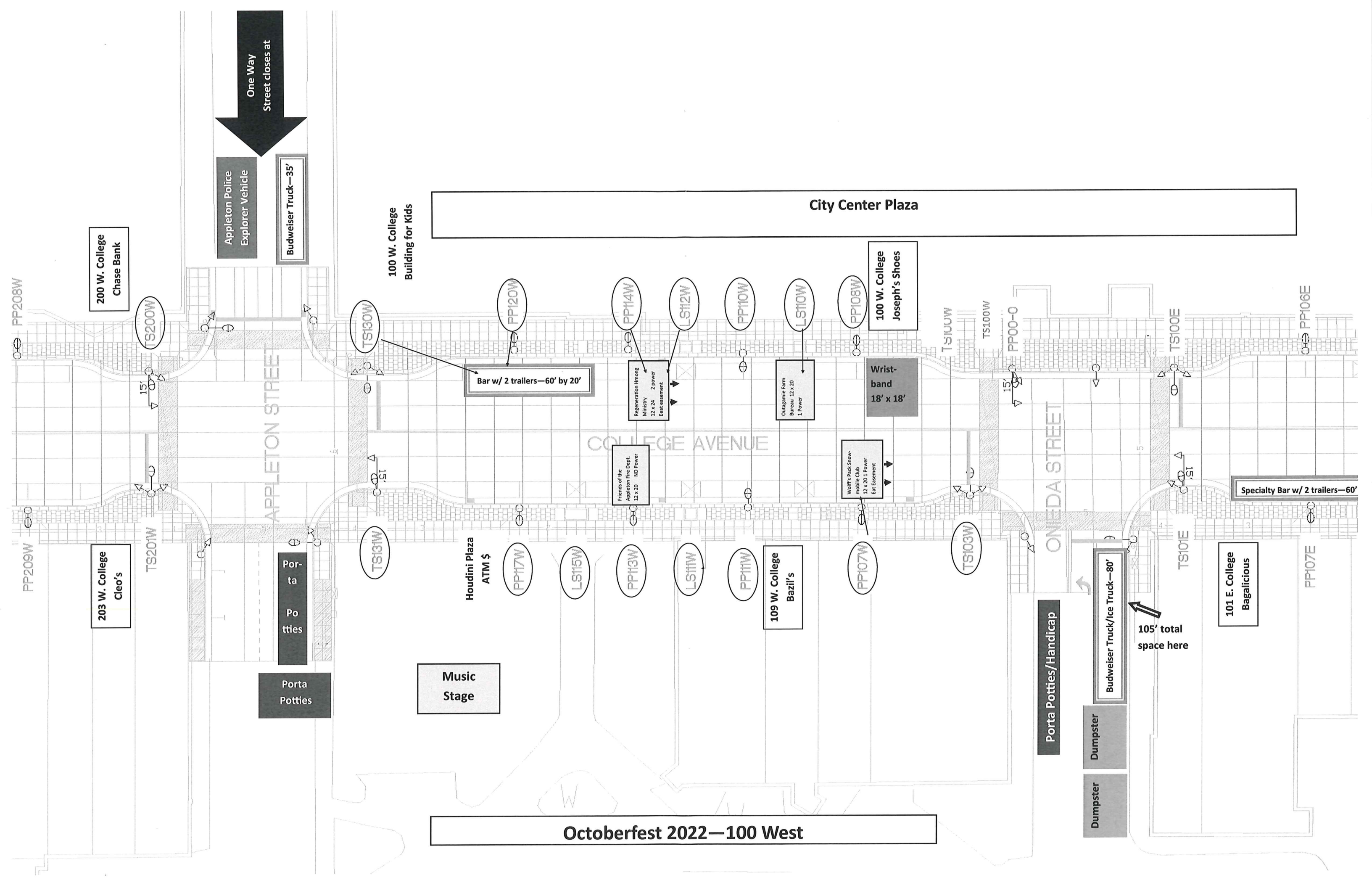
Music  
Stage

Dumpster

Dumpster

Porta Potties/Handicap





**City Center Plaza**

**Octoberfest 2022—100 West**

One Way  
Street closes at

200 W. College  
Chase Bank

Appleton Police  
Explorer Vehicle

Budweiser Truck—35'

100 W. College  
Building for Kids

Bar w/ 2 trailers—60' by 20'

Regeneration Hmong  
Ministry  
12 x 24 2 power  
Eat easement

Outagamie Farm  
Bureau 12 x 20  
1 Power

Wrist-  
band  
18' x 18'

100 W. College  
Joseph's Shoes

Friends of the  
Appleton Fire Dept.  
12 x 20 NO Power

Wolff's Pick Snow  
mobile Club  
12 x 20 1 Power  
Eat Easement

203 W. College  
Cleo's

Porta  
Potties

Porta  
Potties

Houdini Plaza  
ATM \$

Music  
Stage

109 W. College  
Basil's

101 E. College  
Bagalicious

Porta Potties/Handicap

Budweiser Truck/Ice Truck—80'

105' total  
space here

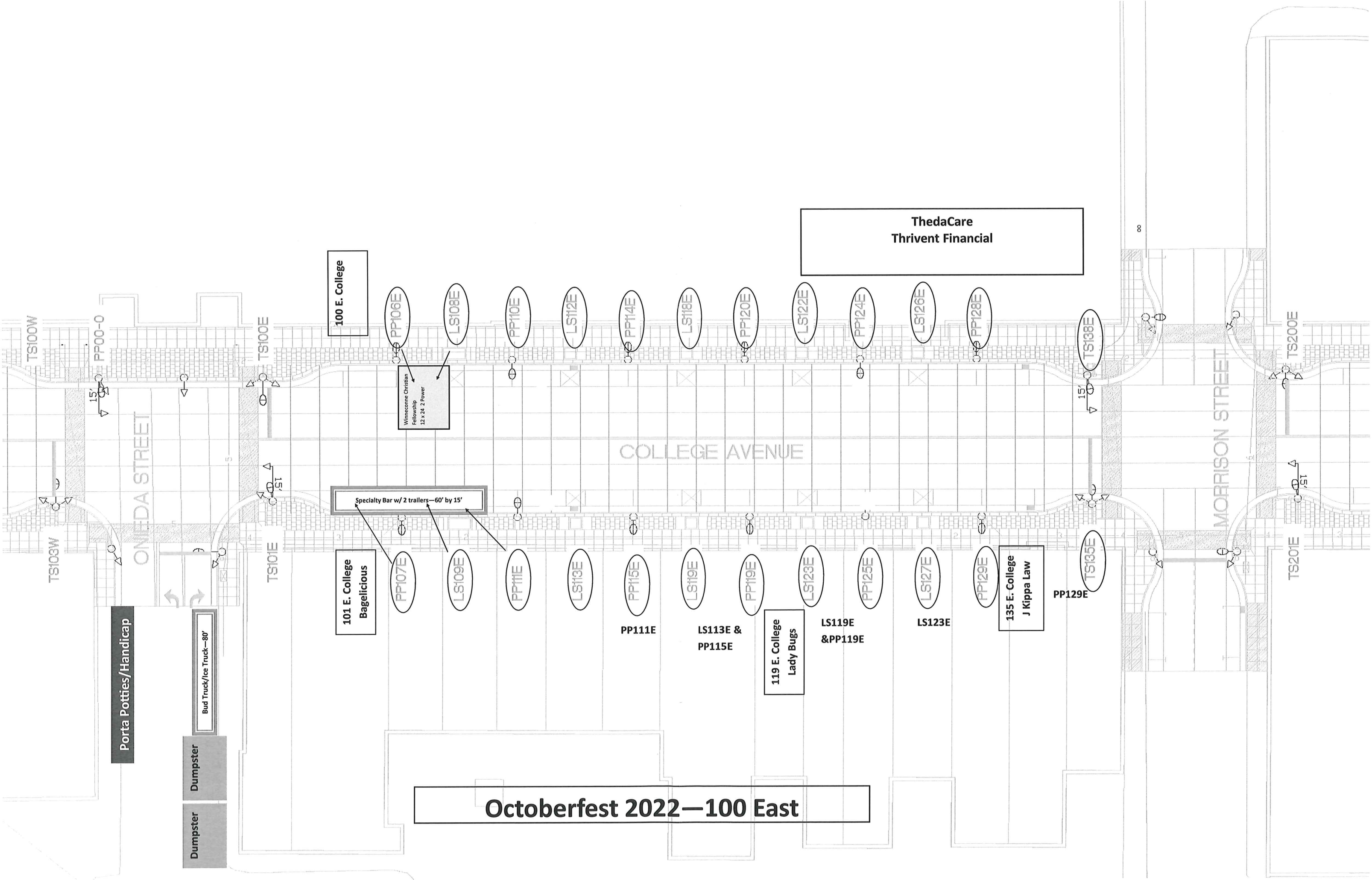
Dumpster

Dumpster

Specialty Bar w/ 2 trailers—60'



# Octoberfest 2022—100 East



ThedaCare  
Thrivent Financial

100 E. College

Specialty Bar w/ 2 trailers—60' by 15'

101 E. College  
Bagelicious

Porta Potties/Handicap

Bud Truck/Ice Truck—80'

Dumpster

Dumpster

119 E. College  
Lady Bugs

119 E. College  
& PP119E

135 E. College  
J Kippa Law

Wisconsin Christian  
Fellowship  
12 x 24 2 Power

MORRISON STREET

COLLEGE AVENUE

ONEDA STREET



# Octoberfest 2022—200 East

One Way  
Street closes at 9:00 a.m.

MORRISON STREET

COLLEGE AVENUE

DURKEE STREET

200 E. College  
Peterson, Berk  
& Cross

201 to 211  
E. College  
Gabriel  
Lofts

217 E. College  
Wooden Nickel

219 E. College  
Charles the Florist

218 E. College  
Erbert & Gerbert's

228 E. College  
The Fire

232 E. College  
Massage Conn.

233 E. College

First United Method-  
ist 12x12  
No Power

Wristband  
18' x 18'

Bar w/two trailers—60' by 20'

Fox Valley Aires  
12 x 20 1 power  
West Easement

Bud truck—50'

Porta Potties/Handicap

Dumpster in  
best location

