

City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, July 13, 2022

5:30 PM

Council Chambers, 6th Floor

- 1. Call meeting to order
- 2. Roll call of membership
- Approval of minutes from previous meeting

<u>22-0877</u> Minutes from the June 22, 2022 meeting.

Attachments: S & L Minutes 6-22-22.pdf

- 4. Public Hearings/Appearances
- 5. Action Items

<u>22-0810</u> Taxicab Driver License Application for Torrey Cronce.

Attachments: Torrey Cronce.pdf

Memo Re Taxicab Drive Lic. 6-22-22.pdf

TorreyCronceDenial (002).docx

Legislative History

6/22/22 Safety and Licensing

Committee

"Class B" Liquor License application for Bowl Ninety-One LLC d/b/a Bowl

Ninety-One, Thong Vue, Agent, located at 100 E College Ave, contingent

held

upon approval from the Health and Inspections departments.

Attachments: Bowl Ninety-One.pdf

22-0847 Class "B" Beer License application for Mai's Deli LLC d/b/a Mai's Deli,

Fong Lee, Agent, located at 104 S Memorial Dr, contingent upon approval

from the Inspections and Public Works departments.

Attachments: Mai's Deli.pdf

<u>22-0831</u>	Class "B" Beer and "Class B" Liquor License application for Appleton
	Nickel Inc d/b/a Glass Nickel Pizza Co, Stacy Knaack, Agent, located at
	2120 W College Ave, contingent upon approval from the Community
	Development, Health and Public Works departments.

Attachments: Glass Nickel Pizza Co.pdf

22-0775

Class "B" Beer and "Class B" Liquor License Temporary Premise
Amendment application for Grand Meridian Inc d/b/a Grand Meridian, Ken
Vandeyacht, Agent, located at 2621 N Oneida St, on August 11-13, 2022,
contingent upon approval from the Finance, Health and Inspections
departments.

Attachments: Grand Meridian.pdf

Z22-0812 Temporary Class "B" Beer and "Class B" Liquor License Premise Amendment application for DDCT Inc d/b/a Jim's Place, Jay Plamann, Agent, located at 223 E College Ave, on August 4-7, 2022, contingent upon approval from the Fire, Health and Inspections departments.

Attachments: Jim's Place S&L.pdf

22-0813

Temporary Class "B" Beer and "Class B" Liquor License Premise
Amendment application for Wooden Nickel Restaurant & Lounge Inc d/b/a
Wooden Nickel Sports Bar & Grill, Anthony Mueller, Agent, located at 217
E College Ave, on August 4-7, 2022, contingent upon approval from the
Fire, Health and Inspections departments.

Attachments: Wooden Nickel Restaurant S&L.pdf

Z2-0814 Temporary Class "B" Beer and Reserve "Class B" Liquor License Premise Amendment for The 10th Frame LLC d/b/a The 10th Frame, Chad Van Daalwyk, Agent, located at 618 W WIsconsin Ave, on September 10, 2022, contingent upon approval from the Finance, Inspections and Police departments.

Attachments: The 10th Frame S&L.pdf

22-0815 Temporary Class "B" Beer and Reserve "Class B" Liquor License application for The Trout Museum of Art Inc, Christina S Turner, Agent, located at 111 W College Ave, on August 26, 2022, contingent upon approval from the Inspections department.

Attachments: Trout Museum of Art.pdf

22-0819 Temporary Class "B" Beer and Reserve "Class B" Liquor Premise Amendment application for the Fox Cities Performing Arts Center, Maria Van Laanen, Agent, located at 400 W College Ave, on August 16, 2022, contingent upon approval from the Fire and Health departments.

Attachments: Fox Cities Performing Arts Center.pdf

<u>22-0830</u>	Temporary Class "B" Beer and "Class B" Liquor Premise Amendment application for TNE Inc, d/b/a Emmett's Bar & Grill, Sharon Reader, Agent, located at 139 N RIchmond St, contingent upon approval from the Health department. **Attachments: Emmetts Bar & Grill S&L.pdf**
<u>22-0871</u>	Temporary Class "B" Beer and "Class B" Liquor Premise Amendment application for Gregg Van Dinter d/b/a Riverside Bar & Grill, located at 906 S Olde Oneida St, on August 4-7, 2022, contingent upon approval from the Community Development, Health, Inspections and Police departments. **Attachments:* Riverside Bar & Grill.pdf**
<u>22-0826</u>	Class "A" Beer and "Class A" Liquor - Cider Only License Change of Agent application for Kwik Trip Inc d/b/a Kwik Trip #182, Isaac A Peterson, New Agent, located at 306 N RIchmond St. Attachments: Isaac A Peterson S&L.pdf
<u>22-0841</u>	Class "A" Beer and "Class A" Liquor License Change of Agent application for Ultimate Mart LLC d/b/a Pick N Save #187, Lyndsey Lawrence, New Agent, located at 511 W Calumet St, contingent upon approval from the Police department. Attachments: Lyndsey Lawrence S&L.pdf
22-0827	Cigarette and Tobacco Products Retail License application for James Holder d/b/a D8D Hemp, located at 2929 N Richmond Street Ste 1. <u>Attachments:</u> D8D Hemp S&L.pdf
22-0828	Pet Store License renewal application for Petco #1656, located at 3829 E Calumet St, contingent upon approval from the Inspections department. **Attachments:* Petco #1656 S&L.pdf**
<u>22-0857</u>	Temporary Class "B" Beer and Temporary "Class B" Wine application for Sacred Heart Church, David J Erickson, Person in Charge, located at 222 E Fremont St.

6. **Information Items**

<u>22-0875</u>	2022 Police Department Mid-Year Report
	Attachments: APD 2022 Mid-Year Budget Report.pdf
<u>22-0873</u>	Appleton Police Department completion of the 2022 Edward Byrne Memorial Justice Assistance Grant (JAG) application.

Attachments: Sacred Heart Church S&L.pdf

<u>22-0874</u> Appleton Police Department Safer Communities Grant Allocation from the Wisconsin DOA

22-0879 Special Events:

Appleton Area Jaycees / Festival Food Fireworks, Memorial Park, July 3, 2022

Bigger Productionz, Hip Hop for Humanity, Pierce Park, July 9, 2022 Fox Cities Kiwanis Club, 44th Annual Car Show and Swap Meet, Pierce Park, July 16, 2022

Church of the Resurrection Worship Service & Picnic, Pierce Park, July 24, 2022

Appleton Parks & Recreation Kids Rummage Sale, Pierce Park, July 26, 2022

Mission Church Arts Camp Celebration, Pierce Park, August 12, 2022

<u>22-0878</u> Director's Reports

City Clerk

Fire Chief

-Request to Apply for an EMS Grant

-Hiring Update

Police Chief

-Update on Traffic Safety Officer Position

-Lateral Hiring Bonuses

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, June 22, 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: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

3. Approval of minutes from previous meeting

<u>22-0807</u> Minutes from the June 8th, 2022 meeting.

Attachments: S & L Minutes 6-8-22.pdf

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

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

4. Public Hearings/Appearances

5. Action Items

<u>22-0810</u> Taxicab Driver License Application for Torrey Cronce.

Attachments: Torrey Cronce.pdf

Memo Re Taxicab Drive Lic. 6-22-22.pdf

Hartzheim moved, seconded by Alfheim, that the Taxicab Driver License be held. Roll Call. Motion carried by the following vote:

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

22-0778

Class "B" Beer and "Class C" Wine Permanent Premise Amendment application for Area 509 LLC d/b/a Area 509, Reginald Desamour, Agent, located at 1025 N Badger Ave, contingent upon approval from the Community Development, Health, Inspections and Police departments.

Attachments: Area 509 S&L.pdf

Hartzheim moved, seconded by Alfheim, that the Premise Amendment be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

Balance of the action items on the agenda.

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

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff

22-0648

Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veteran's Association, Dave Willems, Person in Charge, Houdini Plaza, August 4-7, 2022, contingent upon approval from the Health and Inspections departments.

<u>Attachments:</u> Mile of Music - Houdini Plaza S&L.pdf

This Report Action Item was recommended for approval

22-0650

Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veteran's Association, Dave Willems, Person in Charge, Ormsby Hall, 401 E College Ave, August 4-7, 2022, contingent upon approval from the Health and Inspections departments.

Attachments: Mile of Music - Ormsby S&L.pdf

This Report Action Item was recommended for approval.

22-0784

Temporary Class "B" Beer License application for Heart of the Valley Lions Club, Matthew Fronsee, Person in Charge, located at Jones Park, 301 W Lawrence St, on July 9, 2022, contingent upon approval from the Fire and Police departments.

Attachments: Heart of the Valley Lions Club S&L.pdf

This Report Action Item was recommended for approval.

22-0787 Additional 2022-2023 Mechanical Amusement Device License renewal,

contingent upon approval from all departments by 12:00 p.m. on June 30,

2022.

<u>Attachments:</u> 2nd Additional Amusement Device renewals 2022-23.pdf

This Report Action Item was recommended for approval.

22-0809 Taxicab Company License Renewal Application for LIR Transportation,

DBA Fox Valley Cab, Owner, Igor Leykin, 719 W Frances St.

Attachments: Igor Leykin- LIR Transportation.pdf

This Report Action Item was recommended for approval.

6. Information Items

22-0811 Special Events:

Street Music Week / Make Music Day, Creative Downtown Appleton, College Ave, June 13-21, 2022

Takin' It Outside Family Fun Day, B.A.B.E.S. Inc, Memorial Park, June 17, 2022

Fox Cities Butterfly Festival, Fox Cities Kiwanis Club, City Park, June 18, 2022

The Mission Church Picnic in the Park, Pierce Park, June 17, 2022 YMCA of the Fox Cities Summer Classic Swim Meet, Erb Park, June 18-19, 2022

Roe Response Rally, Houdini Plaza, June 26, 2022

YMCA of the Fox Cities Bird Bath Invitational, Erb Park, July 8-10, 2022

Appleton Pride Day Festival, Jones Park, June 18, 2022

<u>22-0808</u> Director's Reports

- City Clerk
- Fire Chief
- Police Chief
 - 1. Squad Car Graphics
 - 2. Recruitment and Staffing Update

Attachments: Squad Car.jpg

7. Adjournment

Wolff moved, seconded by Alfheim, that the meeting be adjourned at 5:39 p.m. Roll Call. Motion carried by the following vote:

Aye: 5 - Schultz, Hartzheim, Croatt, Alfheim and Wolff



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

LICENSE APPLICATION for TAXICAB/LIMOUSINE DRIVER'S LICENSE

FEES ARE NON-	-REFUNDABLE	Date Recv'd <u>3</u> /16/22
License fee	\$50.00	ChrgCode: CLLTDL
Investigation fee	\$ 7.00	ChrgCode: CLCPIF
Total fee paid	\$ <u>57</u>	Receipt 333a - 6

\mathcal{D}	Original Application
Ø	Renewal – License #

SECTION 1 – APPLICANT INFORMATI	ON							
Applicant Name (Last, First, MI)		ANN BENEVEN	AND AND AND		Mai	iden		
Chance Tomey ?	5							
Street Address 8/9 S. West Ave			City	leton		State /	zi _j	14915
Driver's License Number			State	License Issue	ed In	_		of the United
660000000000000000000000000000000000000	205 .		1	U1		States?	(YES)	NO
Date of Birth	Sex	Home Pho	ne Numb	er	Cell	phone Nur	nber	
Previous address - if less than 2 years at pres	ent address:	1	City	0 ,		State	Zi	ip ,
1928 W. College AUG)		APP	Netoi	n	WI	2	54914
Company Employed by			V	Date h	nired		1	er of years you
Fox Valley (ab				31	15/20	022	held a I	D/L
SECTION 2 – CONVICTION RECORD		<u></u>						
Has your license EVER been revoked or suspe	nded?	YES	NO	If Yes, whe	n and for wh	at reason?	mff.	is Water
Is your present driver's license a restricted oc	cupational license?	YES	NO	If Yes, pleas	se explain:	_14_141	لاكرا	VIUSTIVI
Within the last 5 years have you been convict a motor vehicle while intoxicated?	ed of operating	YES	(NO)	If Yes, plea	ase explain:			
Have you been convicted of more than three violations in the past year?	moving	YES	NO	If Yes, plea	se explain:			
Have you had more than three traffic acciden year regardless of fault?	ts in the past	YES	(NO)	If Yes, plea	se explain:			
Have you held a driver's license in another sta	ate in the past 5 yea	rs? YES	(NO)	If Yes, plea	se explain:			
Have you EVER been convicted of a felony or	/ /	ES	NO		se explain in			
Robbery	Had a cum	tract	Ma	nipu	oc Coa	enty s	2019	April 1
SECTION 3 – PENALTY NOTICE	V/a busine	255 du	Iner	Who	, didr	14 P	241	mk
Under penalty of law, I swear that the inbelief. Applicant's Signature	\wedge	ed in this ap	pplicatio	n is true an	id correct to	the best	of my k	nowledge and
FOR OFFICE USE ONLY	1							
Date sent to APD: 3/17/0	Approve D	Deny By			Reason	200, 44, 10, 14, 14		
Return application to: City Clerk, 100 North Ap	ppleton Street, Appl	leton, WI 54	1911	Date issue	d Exp. c	iate	Licen	nse Number

Appleton Police Department

INTEROFFICE MEMORANDUM



To:

City of Appleton Safety and Licensing Committee

From: Captain Mike Frisch

Re:

Action Item 22-0810

Date: June 22, 2022

Safety and Licensing Committee members,

The Appleton Police Department recommends that action item number 22-0810 Taxicab Driver License Application for Torrey Cronce be held till the next Safety & Licensing Committee meeting in order to allow for the completion of the background check of the applicant.

Captain Mike Frisch

City of Appleton Police Department



TO: Safety and Licensing Committee

FROM: Lt. Adam Nagel

DATE: 06/30/22

RE: Denial of Torrey Cronce

Committee Members:

As designee for the police department, I am requesting that the Safety and Licensing Committee recommend to the Common Council to deny Torrey Cronce application for a Taxicab/Limousine Driver's license. In addition to his most recent criminal charges being substantially related to the ability to responsibly collect money or handle customer transactions, Torrey has not returned calls to complete his background investigation.

Torrey Cronce was convicted of Refuse to Take Test for Intoxication After Arrest on 05/02/22 Outagamie case number 2022TR003624. This case is related to an OWI for Torrey Cronce from 04/15/22. This OWI is still pending in court system. This conviction shows a lack of judgement and concerns for operating a motor vehicle while intoxicated.

He was convicted for misdemeanor Resisting or Obstructing an Officer on 01/19/22 Outagamie County case number 2021CM000889. During this incident Torrey started a bonfire in a city park. Officers contacted Torrey, and he provided officers with a fake name. Torrey was also highly intoxicated. He submitted to a PBT of 0.16. This demonstrates a lack of judgement that is necessary when dealing with customers.

He was found guilty of Felony Robbery with Threat of Force on 12/09/2019 Manitowoc County case number 2019CF000225. Torrey put in his application that it was something to do with a debt collection. I attempted approximately six phone calls with Torrey to discuss this incident further. I have not heard anything from Torrey. This conviction concerns the APD that Torrey would potentially pose a threat to customers.

Transporting customers to different locations in the city of Appleton requires the ability to drive appropriately and handle customers money/financial information responsibly. Torrey's history causes me concern that he would not be able to do that. Torrey has also been given the opportunity to contact me about his application. I am not able to complete my investigation without Torrey's cooperation. The Appleton Police Department feels Torrey Cronce has not demonstrated the necessary maturity and decision-making capacity to be allowed a

Taxicab/Limousine Driver's license in the City of Appleton.

Respectfully:

Lt. Adam Nagel #9191 Appleton Police Department

Original Alcohol Be	erage Retai	II License A	pplication	Applicant's Wisconsin Seller's Pe	rmit Number
Submit to municipal clerk.)				FEIN Number	
or the license period beginn	ing: (/22)	ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of `	N = 01 .		Class A beer	\$
o the Governing Body of the	e: ☐ Village of	Appleton		Class B beer	\$
	City of	•		Class C wine	\$
				☐ Class A liquor	\$
ounty of Ortagani		Aldermani	c Dist. No	Class A liquor (cider only)	\$ N/A
0		(it required	d by ordinance)	Class B liquor	\$ 500
				Reserve Class B liquor	\$
heck one: 🗌 Individual	Limited Liability	y Company		Class B (wine only) winery	/ \$
☐ Partnership	☐ Corporation/No	onprofit Organizat	tion	Publication fee	ها \$
				TOTAL FEE	\$
y each member of a partn	re," Form AT-103, m ership, and by eac	ust be complete	ed and attached to	this application by each ind orporation or nonprofit org	anization, and by
				e and place of residence of ea	ach person.
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
VUE	(First) Yee (First)		2511 N 1	Akxander St Acc	Jeton WIS
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
VUE	Yee	LEE	25HN 1	lexarer ST API	tou us sa
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	
reasurer / 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)	
Ver	THON G				tan
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
applicant must include a storage of alcohol bever described.)	escribe building or build rooms including liver ages and records. (A	ouildings where all ving quarters, if u Alcohol beverage	Post Office & lcohol beverages ar sed, for the sales, se may be sold and	one Number 92 815. Zip Code 5 111 The to be sold and stored. The service, consumption, and/or stored only on the premises Mut Dy Street.	•
4. Legal description (omit if	street address is giv	ven above):			- - - -
 (a) Was this premises lic (b) If yes, under what na 		<u> </u>		e year?	. NYes ∐No -

	ls i	ndividual, partners or a	ourse for this license period	? If yes,	mpany subject to con			□ Yes 	[⊒/No
7.		the applicant an employ res, explain.	e or agent of, or acting on b	ehalf of a	anyone except the na	amed applicant	?	_ □ Yes _	Ŋ No
	•••••		Manager of the second s						
8.	Do bu:	es any other alcohol be siness? If yes, explai n	everage retail licensee or wl	holesale	permittee have any	interest in or c	control of this	— ∴ □ Yes	No
9.	(a)	Corporate/limited lial of registration.	bility company applicants	only: In	sert state <u>~</u> Z	anḋ da	te <u>/4/2</u>	- - - -	·*
	(b)	Is applicant corporation company? If yes, exp	on/limited liability company	a subsid	iary of any other co	rporation or lim	nited liability	. ☐ Yes	√Q No
1862			٠			. 16 *			
	(c)	Does the corporation, member/manager or a lf yes, explain.	or any officer, director, stoc agent hold any interest in an	ny other a	or agent or limited li alcohol beverage lic	ability company	y, or any in Wisconsin	- i? \(Yes	□ No
10.	go	vernment, Alcohol and ⁻	stand they must register as a Fobacco Tax and Trade Bure 382-3277]	eau (TTB)	by filing (TTB form	5630.5d) befor	e beginning	_ _ `_ Yes	□ No
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11. 12. REA the thar ass Cor a m	go bu Do Do bre AD C best n \$1, signee mpan	vernment, Alcohol and siness? [phone 1-877-8 pes the applicant underseweries and brewpubs? CAREFULLY BEFORE SIGN of the knowledge of the sign 000. Signer agrees to operate to another. (Individual applies must sign.) Any lack of a meanor and grounds for reversioness?	Tobacco Tax and Trade Bure 382-3277]	eau (TTB) consin Sel se alcoho law, the approvides my and that ership app	ler's Permit? [phone I beverages only fro pplicant states that each aterially false informatio the rights and responsit licant must sign; one co s during inspection will b	be (608) 266-277 m Wisconsin w n of the above que on on this application bilities conferred by proprate officer, on the deemed a refus	re beginning 76]* cholesalers, estions has beer ion may be requesty the license(s he member/man hal to permit inspect	Yes Truthfully an ulred to forfeit ager of Limite	swered to
11. 12. REA the thar ass Cor a m	go bu Do bre AD C best n \$1, signed mpan nisder	vernment, Alcohol and siness? [phone 1-877-8] pes the applicant underse pes to perse to the signound of the knowledge of the signound. Signer agrees to operate to another. (Individual applies must sign.) Any lack of a meanor and grounds for reversion's Name (Last, First, M.I.)	Tobacco Tax and Trade Bure 382-3277]	eau (TTB) consin Sel se alcoho law, the approvides my and that ership app	ler's Permit? [phone of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rig	be (608) 266-277 m Wisconsin w n of the above que on on this application bilities conferred by proprate officer, on the deemed a refus	re beginning 76]* cholesalers, estions has beer ion may be requesty the license(s he member/man hal to permit inspect	Yes Truthfully an ulred to forfeit ager of Limite	No swered to t not more will not be d Liability
11. 12. REA the than ass Cor a m Con Sigr	go bu Do bre AD Co best n \$1, signed mpannisdel	vernment, Alcohol and siness? [phone 1-877-8 pes the applicant underseweries and brewpubs? CAREFULLY BEFORE SIGN of the knowledge of the sign 000. Signer agrees to operate to another. (Individual applies must sign.) Any lack of a meanor and grounds for reversioness?	Tobacco Tax and Trade Bure 382-3277]	eau (TTB) consin Sel se alcoho law, the approvides my v and that ership app d premises	ler's Permit? [phone of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rights and responsible licant must sign; one constitution of the rig	be (608) 266-277 m Wisconsin w n of the above que on on this application bilities conferred by proprate officer, on the deemed a refus	re beginning 76] cholesalers, estions has beer ion may be required by the license(s) are member/man is all to permit inspections. Date C/2 1/ Email Address	Yes Truthfully an ulred to forfeit ager of Limite	t not more will not be ed Liability



City of Appleton Liquor License Questionnaire

1. Name of Ap	pplicant:	owl Pinety	One	
2. Name of Bu	isiness: Bow 1	Nivety O	re CLC	
(Check Appli	cable Box(s) to	identify primary busin	ness activity)	
Restaur		J 1 J		
	Night Club/Wir	ne Bar		
	rewery/Brewpul			
	g/Craft Studio	,		
`	describe)			
•		E College Av	e Appletm	WI 54911
4. Have you o ordinance viol		of your organization No	ever been convicte	d of a misdemeanor or
AND/OR been	convicted of a	felony? Yes	No	
If yes to either	question, plea	se explain in detail be	elow:	
		Frank to grand to		
_		ders or investors of y ase use additional she		ade full name, middle
First name	M.I.	Last name		Date of Birth
	1VI.I.	Vu£		Date of Birth
First name	M.I.	Last name		Date of Birth
				/ /
First name	M.I.	Last name		Date of Birth
				/ / Date of Birth
First name	M.I.			
			2	The state of the s
C NI C				
b. Name of pe	rson/corporation	on you are buying the	e premise and equi	pment from?
	· · / / / ·	`\$		
Name:				
First nam	ne	Middle Initial	Last name	
A .1.1				
Address:			City	State 7IP

7. What was the previous name and primary nature of the business operating at this
location?
Name: Soul Ninety ou
(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 17 Outside
11. Operating hours (Inside the building): Operating hours (Outdoor seating areas):
Operating hours (Outdoor seeting grees):
Operating hours (Outdoor seating areas)
12. Employees/Staff Number of floor personnelNumber of door checkers
13. In general, state the size and operational details of the proposed establishment:
a. Gross floor building area of the premises to be licensed: 1, 500 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:
Sive Food & Drill
Serve Food & DriNK Full Service with Servers of host
42422
Signature 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: Village The undersigned duly authorized officer/member/manager of a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as (Trade Name) appoints 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin 20+4 Place of residence last year 2 (Name of Corporation / Organization / Limited Liability Company) (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 ___, 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. Agent's age (Signature of Agent) (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	ογ	Title	
(Date)	(Signature of Proper Local Official)		(Town Chair, Village President, Police Chief,

original Alcohol Be	verage Retai	I License A	pplication	Applicant's Wisconsin Seller's Per	mit Number
ubmit to municipal clerk.)				FEIN Number	
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	07/01/207	7	1201202		
the license period beginnir	(mm dd yyyy)	ending: Of	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of ¬	A =1 (Class A beer	\$
the Governing Body of the:	☐ Village of }	Hooleton		Class B beer	\$ 100
5 ,	City of	, ,		Class C wine	\$
				Class A liquor	\$
unty of OUTAGAMIX)	Aldermani	c Dist. No	Class A liquor (cider only)	\$ N/A
)	•	(if required	d by ordinance)	Class B liquor	\$
				Reserve Class B liquor	\$
eck one: 🔲 Individual	Limited Liability	/ Company		Class B (wine only) winery	\$
☐ Partnership	8	onprofit Organizat	tion	Publication fee	\$ 60
	Corporation/140	inpront Organizat	11011	TOTAL FEE	\$ 160
ame (individual / partners give last r	name, first, middle; corpo	rations / limited liabilit	y companies give registe	red name)	
Vana, Mai	Mais 1	7.17 116			
Arra) 1 Mi	1011 - 1	<i>p</i>			
n "Auxiliary Questionnaire	," Form AT-103, m	ust be complete	d and attached to	this application by each indi	vidual applic
each member of a partne	rship, and by eacl	h officer, directo	or and agent of a c	orporation or nonprofit orga	ınization, and
ch member/manager and	agent of a limited			e and place of residence of ea	ich person.
resident / Member Last Name	(First)	(Middle Name)	- '^	City or Post Office, & Zip Code)	
Vana	Mai		3518 5 BM	ter Ln. Appleton, 5	4915
ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
ecretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
easurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
gent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Lee.	Forn		3218 2 B	when In Appleton	54915
irectors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Lee	Lor		3518 5 E	Booker in Appleto	n 54915
				· •	1
. Trade Name Mails	Peli		Business Pho	one Number <u>920 ~ 733</u>	· /400
. Address of Premises 10	1 S Memoria	NI OF MORE	Post Office &	Zip Code <u>54911</u>	
	•	• •			
				re to be sold and stored. The service, consumption, and/or	
storage of alcohol hevera	nes and records (Alcohol beverage	es may be sold and	stored only on the premises	
described.)	ges and records. ()	ticonor beverage	o may be cold and		
A	h ho st	med in	4 200	Starcing NPA	
Alcohol is	10 1/C)J	tite in	12 017	Storage ver.	-
Michal tak	re Sul9	is refr	idgrafed!	in the pererny	ر
Cooler by	the server	- Station.	•		-
					-
	<u> </u>				-
					-
					-
Legal description (omit if	street address is giv	en above):			
_					
. (a) Was this premises lice	nsed for the sale of		uring the past license	e year?	Yes [
(b) If yes, under what nan	an man Balance teco	eds Mai's	Mol.		-
(b) if yes, under what han	ne was license issu	eur 1 ···)	MU		

6.	Is individual, partners or beverage server training	agent of corporation/limited course for this license perior	liability cond? If yes,	mpany subject to c explain	completion of the	responsible	☐ Yes	No
		• • •						
7.	ls the applicant an emplo	ye or agent of, or acting on	behalf of a	inyone except the	named applican	t?	☐ Yes	No
						[•
8.	business? If yes, explai	peverage retail licensee or v				control of this	☐ Yes	Νο
9.	(a) Corporate/limited lia	ability company applicants	s only: In	sert state V	F and da	ite 2010	14) (4) 5	N 43
	(b) Is applicant corporation company? If yes, ex			ary of any other c			☐ Yes	Ø No
	(c) Does the corporation member/manager or If yes, explain.	, or any officer, director, sto agent hold any interest in a	ckholder on the calculus of th	or agent or limited Ilcohol beverage li	liability compan	y, or any in Wisconsin?	☐ Yes	Ø№
10.	Does the applicant under	stand they must register as Tobacco Tax and Trade Bur 882-3277]	a Retail B	everage Alcohol D by filing (TTB forn	ealer with the fe	deral	Yes	∬ No
11.	Does the applicant under	stand they must hold a Wisc	consin Sel	ler's Permit? [pho	ne (608) 266-27	76]	Yes	☐ No
12.	Does the applicant under breweries and brewpubs'	stand that they must purcha			om Wisconsin w	holesalers,	Yes	☐ No
the b than assiq Com	pest of the knowledge of the si \$1,000. Signer agrees to ope gned to another. (Individual ap	NING: Under penalty provided by gner. Any person who knowingly rate this business according to la licents, or one member of a part access to any portion of a license vocation of this license.	provides many and that the nership app	aterially false informat he rights and respons leant must sign; one o	ion on this applicat sibilities conferred b corporate officer, on	ion may be require by the license(s), i he member/manag	ed to forfeit f granted, v er of Limite	not more vill not be d Liability
Cont	act Person's Name (Last, First, M.I.)			Title/Member ONNE		Date 6/29/27	53	
Sign	Mui Van			Phone Number		Email Address		
TO F	BE COMPLETED BY CLERK							
Date	received and filed with municipal clerk 06/29/2022	Date reported to council / board	Date provis	onal license issued	Signature of Clerk /	Deputy Clerk		
Date	license granted	Date license issued	License nu	nber issued				



City of Appleton Alcohol License Questionnaire

1. Name of Ap	plicant: <u> </u>	: Vang		
2. Name of Bu	siness: Ma	15 Deli		
		identify primary busin	ess activity)	
Restaura	, ,	7 1	• /	
Tavern/1	Night Club/Win	e Bar		
☐ Microbr	ewery/Brewpub			
Painting	/Craft Studio			
Other (d	escribe)	Manager of the Control of the Contro		
3. Address of l	Business:	S Memoria	1 Par	
If yes to either	convicted of a question, pleas	e explain in detail be	our business. In	clude full name, middle
Mw	or birth. Tica	Vianv	tis ii necessary.	
First name	M.I.	Last name		Date of Birth
Fore		Lea	2	
First name	M.I.	Last name		Date of Birth
Lor		re	<u>e</u>	D (CD) th
First name	M.I.	Last name		Date of Birth
First name	M.I.	Last name		Date of Birth
6. Name of per	rson/corporatio	on you are buying the	premise and eq	uipment from?
First nam	e	Middle Initial	Last name	4
Address:				

7. What was the previous name and primary nature of the business operating at this
location?
Name: Mai's Deli
(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.
months ago.
10. Seating capacity: Inside 25 Outside 0
11. Operating hours (Inside the building): M - Sal 104M - 8PM Operating hours (Outdoor seating areas): 0
12. Employees/Staff Number of floor personnel 2 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: \\\ \mathref{300}\) square feet.
b. Gross outdoor seating areas of the premises to be licensed: you square feet.
c. Below, identify the operational details of the proposed establishment:
, · · · · · · · · · · · · · · · · · · ·
Mai's Deli is a restaurant that serves malt
Mai's Deli is a restaurant that serves malt beverages.
Be was.
For Le 6-29-22 Signature Date
For Le 6-29-22
Signature

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	Othanast
To the governing body on	City	31 11 parce 10v1		- 0001119 01	Wragamic
The undersigned duly auth	orized officer/me	mber/manager of	(Registered Name o	De (;	rganization or Limited Liability Company)
a corporation/organization of Mai \S De		company making applica	· -	•	ense for a premises known as
located at 64 5	Memoria	1 Dr. Affleto	Name) WF, 51	1911	
appoints	Cel.				
3518	5 Bach	(Name of Appo MC Address of	ointed Agent) OHICHO Appointed Agent)	NF, 54	915
	icted therein. Is a	pplicant agent presently	acting in that cap	acity or reque	remises and of all business relative esting approval for any corporation/ location in Wisconsin?
Yes No Ifs		rporate name(s)/limited	liability company(is	s) and munic	ipality(les).
ls applicant agent subject to	completion of th	e responsible beverage	server training cou	rse?	Yes No 2
How long immediately prior	to making this ap	plication has the applica	ant agent resided o	ontinuously ir	Wisconsin? 30 Yews
Place of residence last year	1 3218 S	Borker Ln	Appleton	WF 9	54915
Fo	r: L Mai	's Peli U	<u>, C</u>		
8)	1. Mai	Alama af Cana	oration / Organization /	Limited Liability	Company)
ي -	· • • • • • • • • • • • • • • • • • • •	(Sig	gnature of Officer / Men	nber / Manager)	
Any person who knowingly \$1,000.	provides material	ly false information in ar	application for a li	cense may b	e required to forfeit not more than
,		ACCEPTANCE	E BY AGENT		
1, fong lee	(Print / Type A	gant's Name)		hereby acce	pt this appointment as agent for the
corporation/organization/lin beverages conducted on the					of all business relative to alcohol
- Fory WW (S)	ignature of Agent)	·	6/24/207 (Date)	Z	Agent's age
3519 5 Box	Ker Und (Home	Address of Agent)			Date of birth
province de la referencia de la companya del companya de la companya de la companya del companya de la companya		ROVAL OF AGENT BY	and the second s		
I hereby certify that I have of the character, record and re					dge, with the available information, d.
Approved on	by			Title _	
(Date)		(Signature of Proper Le	ocal Official)	7	Town Chair, Village President, Police Chief)

riginal Alcohol Be	verage Retai	I License A	pplication	Applicant's Wisconsin Seller's Pe	ermit Number
Submit to municipal clerk.)				FEIN Number	
	= 110/	. 11	24	PEIN NUMBER	
or the license period beginni	ng: Ou you	<u>从</u> ending: <u>入</u>	<u>ne 50 201</u> 5 (mm dd yyy y)	TYPE OF LICENSE REQUESTED	FEE
o the Governing Body of the	☐ Town of →			Class A beer	\$
the Governing Body of the	: ☐ Village of 〉 🚣	ppleton		X Class B beer	\$ 100
, · · · · · · · · · · · · · · · · ·	City of			☐ Class C wine	\$
*				☐ Class A liquor	\$
ounty of Outagn	<u> </u>	Aldermanio		Class A liquor (cider only)) \$ N/A
J		(if required	I by ordinance)	Class B liquor	\$ 500
				Reserve Class B liquor	\$
heck one: 🔲 Individual	Limited Liability	Company		Class B (wine only) winer	у \$
☐ Partnership	Corporation/No	nprofit Organizat	ion	Publication fee	\$ 60
_ '	Corporation/No			TOTAL FEE	\$ 660
lame (individual / partners give last					
MARCK, Strey	Lynn - 1	appleton	nickel In	Ç.	
7		8, 8			
n "Auxiliary Questionnairo y each member of a partno ach member/manager and	ership, and by eacl	h officer, directo	r and agent of a co	rporation or nonprofit org	janization, and by
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
el V	SI	1	027 00	colone at new	200h 1/17 540
/ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	31151 WIJ.
ICE F Testadites Includes Educations	(nesy	(
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
				7000	
reasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, (City or Post Office, & Zip Code)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
- ·	Strey	'	1		11175495(
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street.	city or Post Office, & Zip Code)	n w L
Directors / Managoro East Mana	(*55)	(
1. Trade Name ChaSS	0.88-1 D771	3 / -	Business Pho	ne Number 920-73	4-4000
2. Address of Premises \supseteq			_		
				· ·	
applicant must include a	ll rooms including liv	ing quarters, if u	sed, for the sales, se	e to be sold and stored. The ervice, consumption, and/or tored only on the premises	-
	. Includin	a Dinne	reson xil	hen Ran Stora	9C.
2 1 200	a Ph Oals	2		chen Bar, Storn	J '
MMO 100 5	P. LL HALL	<u>.</u>			
				A CONTRACTOR OF THE CONTRACTOR	
		A A A A A A A A A A A A A A A A A A A			
					
					-
4. Legal description (omit if	street address is giv	ven above):			·········
5. (a) Was this premises lic	ensed for the sale o	f liquor or beer du	iring the past license	year?	XYes □ No
#1 1	ma waa Baaraa Iaas	043	7 1	1 -	
(b) If yes, under what na	me was license issu	eu! ne	D. S. LAPPRE	400	
			- well		

6.	bev	erage server training c	gent of corporation/limited li ourse for this license period	d? If yes,	explain			Yes Yes	No
7.		he applicant an employ es, explain.	e or agent of, or acting on b	pehalf of a	anyone except the	named applicar	nt?	☐ Yes	⊠ No
8.	Doo bus	es any other alcohol be siness? If yes, explair	everage retail licensee or w	vholesale	permittee have ar	ny interest in or	control of this	☐ Yes	Ď Y No
9.	(a)	Corporate/limited lia of registration.	bility company applicants	s only: lr	nsert state $_{oldsymbol{\mathcal{U}}_{s}}$	 and d	late <u>Le /24/</u>	22	
	(b)		on/limited liability company olain					☐ Yes	No
	(c)		or any officer, director, sto gent hold any interest in a					☐ Yes	X No
10.	gov	vernment, Alcohol and	tand they must register as Tobacco Tax and Trade Bur 382-3277]	eau (TTB) by filing (TTB for	m 5630.5d) befo	ore beginning	Yes	□ No
11.	Do	es the applicant unders	tand they must hold a Wisc	consin Se	ller's Permit? [pho	one (608) 266-2	776]	Yes	☐ No
12.			tand that they must purcha					Yes	□ No
the than assi Con	best \$1,0 gned npani	of the knowledge of the sig 200. Signer agrees to opera to another. (Individual app	IING: Under penalty provided by ner. Any person who knowingly ate this business according to la licants, or one member of a partraccess to any portion of a license ocation of this license.	provides m w and that nership app	aterially false informa the rights and respon llicant must sign; one	ation on this application on this application on this application of the state of t	ation may be require by the license(s), i one member/manag	ed to forfeit f granted, v er of Limite	not more vill not be d Liability
Con	act P	erson's Name (Last, First, M.I.)		······································	Title/Member		Date	1000	_
Sign	ature	staculy	oenal		Phone Number		Email Address) (30)	<i>A</i>
		0.33							
		OMPLETED BY CLERK ved and filed with municipal clerk	Date reported to council / board	Date provis	sional license issued	Signature of Clerk	/ Deputy Clerk		
Dail		5/28/2022	edic reported to courteil / board	Date provis	Jonal Hoopide Issued	Originature of Orbits	Doputy Oldin		
Date	licen	se granted	Date license issued	License nu	mber issued				



City of Appleton Liquor License Questionnaire

1. Name of A	Name of Business: Apple Lon Octobro Check Applicable Box(s) to identify primary business activity) Restaurant Tavern/Night Club/Wine Bar Microbrewery/Brewpub Painting/Craft Studio Other (describe) Address of Business: Aldo College Ace Have you or any member of your organization ever been convicted of a misdemeanor or dinance violation? Yes No X NO/OR been convicted of a felony? Yes No Yes to either question, please explain in detail below:			
(Check Appl Restau Tavern Microb Paintin	licable Box(s) to rant /Night Club/Wir orewery/Brewpul g/Craft Studio	identify primary busines ne Bar		
3. Address of	Business: <u>3\</u>	20 w. colle	ge Aue	
ordinance vio AND/OR been	lation? Yes n convicted of a	No X felony? Yes	No	or or
				dle
Stacy		Knaack		
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	
Tavern/Night Club/Wine Bar Microbrewery/Brewpub				
Address: 0	US. Le	e St	Appleten WZ 59	1914

7. What was the previous name and primary nature of the business operating at this
location?
Name: The big Appleton
(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 180 Outside 40
11. Operating hours (Inside the building): 5-10 mon - thurs 11-11 5+ + 500 Operating hours (Outdoor seating areas): 11-11 5+ + 500 Operating hours (Outdoor seating areas): 11-11 5+ + 500 Operating hours (Outdoor seating areas): 11-11 5+ + + + + + + + + + + + + + + + + +
12. Employees/Staff Number of floor personnel Number of door checkers
13. In general, state the size and operational details of the proposed establishment:
 a. Gross <u>floor building area</u> of the premises to be licensed:
Bestamont w/ bor Area
Stary Knowex 6/24/22
Signature Date

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Ind	ividual's Full Name (please print)	(last name)		rst name)		(middle na	me)	
	74.	00000				7		
Ho	me Address (street/route)	HHILL	Post Office	City		State	Zip Code	
	27 caroline	St		neem	h	WI	5495	Le
HO	me Phone Number		A	ge Date of Birth		Place of B	eenah	
		avidae tha fall				·		
iue	e above named individual pr Applying for an alcohol be			a person who is (cneck o	ne):			
	A member of a partnershi			n alcohol beverage licens	se.			
X	_			(Name of Corporation, Limite	_	ASS	Organization)	DZZr
	which is making application					·	,	
The	e above named individual pr	ovides the foll	owing information to	the licensing authority:				
1.	How long have you continue	ously resided i	in Wisconsin prior to	this date? 49 us	PAYS			
	Have you ever been conviction of any federal laws or municipality?	s, any Wiscons	sin laws, any laws of	any other states or ordina	ances of any		Tyes	⊠ [®] No
	If yes, give law or ordinance status of charges pending.				date, descript	ion and		
3.	Are charges for any offense for violation of any federal la municipality?	aws, any Wisc	onsin laws, any laws	of other states or ordina	nces of any c	ounty or	processing	∏X No
	If yes, describe status of ch							Δσ
4.	Do you hold, are you makin	g application f	or or are you an offic					
	organization or member/ma beverage license or permit?							⊠ No
	If yes, identify.		(Name	Location and Type of License/Pern	nit)			
5.	Do you hold and/or are you	an officer, dire	1			ration or		
	member/manager/agent of							
	brewery/winery permit or wl If yes, identify.	nolesale liquor	r, manufacturer or red	ctifier permit in the State	of Wisconsin?	·	Yes	X No
	Walter	(Name of Wholes	ale Licensee or Permittee)		(Address	By City and	County)	
_	Named individual must list i			loyers.				
	Employer's Name		oyer's Address	1 ,	Employed From		To	
	Chass nickely.	ZZA 2 Empl) / WASWING loyer's Address	gton St, menisha	5-201 Employed From		To	nt

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)

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. Town Village To the governing body of: The undersigned duly authorized officer/member/manager of Appleton Ockel
(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 (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? If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Yes Is applicant agent subject to completion of the responsible beverage server training course? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Caroline St, Noenah WI 54956 Place of residence last year 927 Appleten Nickol Inc
(Name of Corporation / Organization / Limited Liability Company) 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** Shay Knanek (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. Agent's age neenan 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.

(Signature of Proper Local Official)

AT-104 (R. 4-18)

Approved on

(Town Chair, Village President, Police Chief)



REQUEST for Alcohol License Premise Amendment

FFFC	ADE	NON-	DELL	INID	ADII
FFF	AKE	INCHA!	·KFFI	11/11/1/1/	7811

Date Recv'd 6/3/22

\$10.00/event 3689 - 4 Acct: CLCAGP

SECTION 1 –	LICENSE I	NFOR	MATION		
Name of Establ		-			
	(Dro	ind Meridian		
Address of Esta	niichmant				
	2	621	N Oneida s	ST.	
Name of Agent	/		Vandeyacht		Phone Number 920 968 2621
SECTION 2 -	PREMISE	AMEN	DMENT		
Please describe	the change	e in prei	mises:		
*A drawing/dia	gram of the	e propo	sed area must also be submi	tted with this application	*
See At	tackn	eut	A + map Provid	ed,	*
			•		
The	only	CVO	inge would be T	o 140140e The 1	ent area.
la:					
Is this change P	ermanent?	If thi	s is temporary please specify	the reason for the amer	ndment:
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	4/	10	le reason for	ne ansendiner	TIS because our
YES	M)	au	lests will be at	a large Waddin	g celebration, 300-400
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Please list the o	date(s) and	time(s)	that this temporary premise	amendment will be utiliz	zed:
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SECTION 3 – P	ENALTY N	OTICE			
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					ee that any license granted under this
7.7			e at any time by the Common Co		the heat of my Imperiod as and heliaf
		. /	. / 1	ication is true and correct to t	the best of my knowledge and belief.
Signature of Ap	plicant:	Ken	Vandeyack		
J					
FOR OFFICE U	SE ONLY				
Department	Approve	Deny	Ву	Reason	
Comm. Dev.			1 5	8	
Finance			*		
Fire					,
Health				10	
Inspections					
Police	7				
S&L	Coun	cil cil	Date Issued	Exp. Date	License Number
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Regarding the Patel Wedding celebration from August 11 to August 13 at The Grand Meridian, 2621 N. Oneida Street, Appleton, WI.

 It is proposed that 2 tents will be set up in the parking lot of Grand Meridian. Tent set up is proposed to be as early as Tuesday, August 9, 2022 for use on Thursday, August 11 from 9am until 11pm, Friday, August 12 from 9am until 11pm and Saturday, August 13 from 8am until 11am.

Tent #1 - size 40ft x120ft will be used for guest dining and socializing. It is proposed that guests will obtain drinks and food inside of The Grand Meridian and be able to walk outside and seat in the large tent as desired. This tent will have tables, chairs and linens set under it.

Tent #2 – size 20ftx30ft will be used by the caterer as a cooking tent. Certificate of liability for caterer is attached

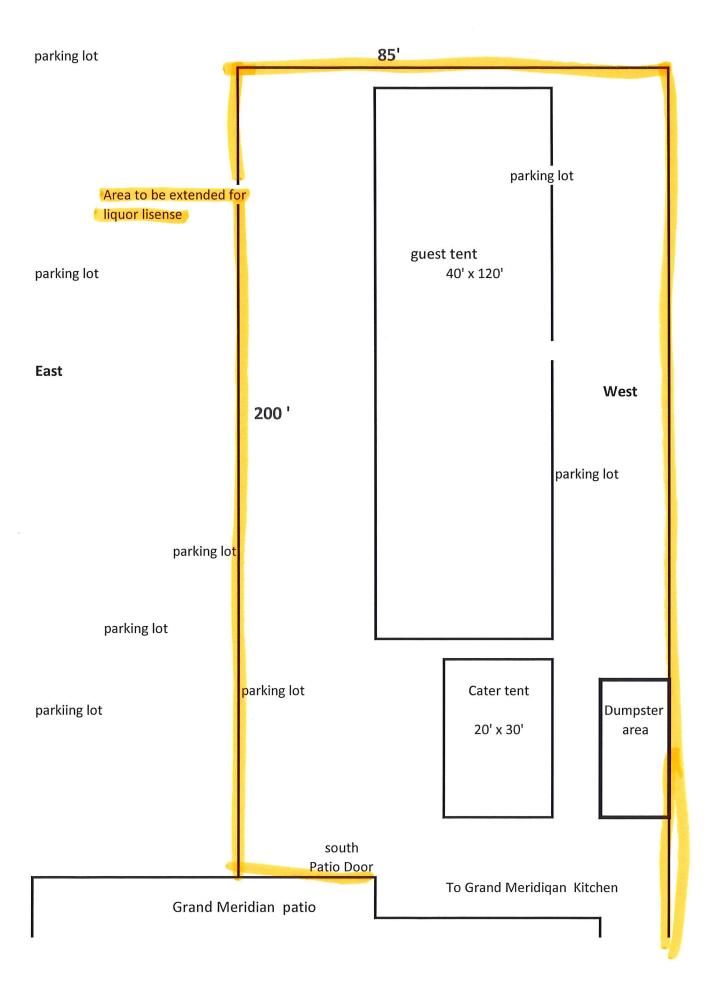
Both tents are being provided by Fox Valley Party Rentals. Certificate of liability is attached

- Background music will be played using a Bluetooth speaker at a reasonable volume in the guest tent on Thursday, August 11 & and Friday, August 12. All outside music will cease by 11pm
- It is proposed that guests will buy all alcohol from the fully-licensed bar inside of Grand Meridian but be allowed to carry these drinks out to the guest tent in the lot. See attached map.



Imagery ©2022 CNES / Airbus, Maxar Technologies, Map data ©2022 50 ft





Attach ment A

Question 4, Description of the building, and areas of the building, where alcoholic beverages will be sold and stored

The facility which is located at 2621 North Oneida Street is 100' wide and 134' 8" long. It is 13,400 sq. ft. and consists of a 20' x 100 ft kitchen on the west end of the building. Alcohol will be used and stored in the kitchen. To the west of the kitchen there is a walk in cooler where alcohol will be stored.

There is 1 large banquet hall that can be transformed into 2 smaller ones, adjacent and to the east of the kitchen, the overall dimensions of the banquet room are 100' x 77' 7"... There is one bar that can be converted into 2 separate bars when the room is transformed into 2. alcohol will be stored & served and consumed in this room.

To the east of the banquet room is a corridor area measuring approximately 7' wide by 100' long. It is divided in the middle by a walk in cooler measuring 7' wide by 8' long. This cooler is an area where alcohol will be stored. Alcohol will also be consumed in this corridor area.

East of the corridor is a common foyer and public entrance to the facility. It also consists of two women's bathrooms, 2 men's bathrooms and a coat room. The overall dimensions of this area are 25' 6" wide by 100' long. This foyer area is an area where alcohol will be consumed.

Above the corridor is a mezzanine with an office area which will be used for storage of alcohol and records.

On the south side of the building adjacent to the kitchen is a cater staging & storage area. With an outside patio connected to the east. The storage area will be an area that alcohol will be stored and served to the guests who are using the patio. The patio is an area where alcohol will be served and consumed.



"meeting community needsenhancing quality of life"

REQUEST for Alcohol License

FEES	ARE	NON	-REFL	JND	ABL	E

License Fee \$10.00/event
Receipt 3733-7

Date Recv'd 6 4 7 7 7 Acct: CLCAGP

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SECTION 1 – LICENSE INFORMATION										
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Name of Agent										
AY	\mathcal{D}_{α}		611		Phone Number					
SECTION 2 -	DDENNICE	ANAENI	DMENT							
SECTION 2 -	PREMISE	MIVIEIN	DIVICIAL							
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					to the best of my knowledge and belief.					
chack policity of	1411, 1 511041	inat the h	normation provided in tims a	poneation is true and correct	to the best of my knowledge and benef.					
Signature of Applicant:										
	•									
FOR OFFICE U	SE ONLY									
Department	Approve	Deny	Ву	Reason						
Comm. Dev.										
Finance			The state of the s							
Fire										
Health										
Inspections										
Police			:							
S&L 7-13- 2	Coun	cil 7.	Date Issued	Exp. Date	License Number					

I Theodore Cervelli am allowing Jim's Place (Jay) and wooden nickel (Tony) to use the parking lot in the back of the building of 219 E. College Ave. for the period of August 4 through August 7th 2022 thank you.

Jal (1-in)



"meeting community needsenhancing quality of life"

Council 7-22 Date Issued

REQUEST for Alcohol License Premise Amendment

F	FFS	ΔRF	NON	-RFFIII	NDABLE

icense Fee \$10.00/event

Date Recv'd (Q/Q/A)

SECTION 1 – LICENSE INFORMATION										
Name of Establishment										
Wante of Establis	\mathcal{N}	icko	1 RESTAUDING	& LOUNG INC						
Address of Estab	olishment	iope	HOSTHOLAND	t, but the first						
217 E. COLLEGE AUG APPLETON, WI 54911										
Name of Establishment Wooden Nickel RESTAURANT & LOUNG INC Address of Establishment 217 E. COLLEGE AVE APPLETON, WI 54911 Name of Agent ANTHONY A. MUELLER Phone Number										
ANTHONY A MUELLER										
SECTION 2 – PREMISE AMENDMENT										
Please describe										
			sed area must also be subm							
USING	5 PAR	KIN,	6-LOTS 217,	219, 223						
				<i>(</i>) ;						
				ATTEY						
Is this change Pe	ermanent?	1	If this is temporary please specify the reason for the amendment!							
			Mile of Mus	16						
I	₹									
YES N	NO									
Please list the da	ate(s) and t	ime(s)	that this temporary premise	amendment will be utilized:						
			16 11-12	differential will be delized.						
			711-5							
SECTION 3 - PE										
				the City of Appleton and agree that any license granted under this						
			at any time by the Common Co							
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: // / / / / / / / / / / / / / / / / /										
FOR OFFICE US Department	Approve	Deny	Ву	Reason						
Comm. Dev.	пррготе	Deny	Dy .	Accusor.						
Finance										
Fire			<u> </u>							
Health										
Inspections										
Police										

Exp. Date

License Number

To whom it may concern,

I Theodore Cervelli am allowing Jim's Place (Jay) and wooden nickel (Tony) to use the parking lot in the back of the building of 219 E. College Ave. for the period of August 4 through August 7th 2022 thank you.

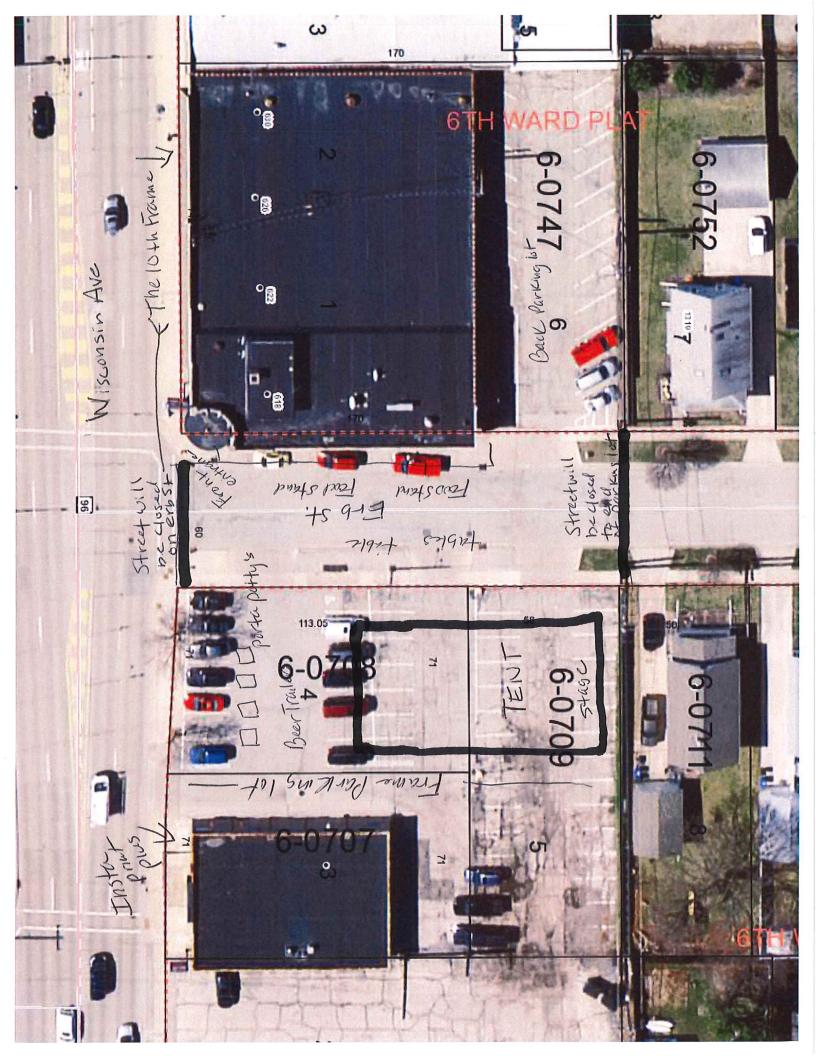
Tall (1-1)



REQUEST for Alcohol License Premise Amendment

		1 2 1
FEES ARE NON-REFUNDABLE	Date Recv'd 💟_	11,010
License Fee \$10.00/event	Acct: CLCAGP	
Receipt	-5	
2600		

Name of Establishment Address of Establishment OIS W. WISCONSIN AVE Name of Agent Chad Van Daalwyk SECTION 2 - PREMISE AMENDMENT Please describe the change in premises: *A drawing/diagram of the proposed area must also be submitted with this application* We will have a large tent in our parking lot for our 20 year Ouniversary party. We will have been trailers, must beverages and whatever else the city will allow us to sell. Is this change Permanent? If this is temporary please specify the reason for the amendment:				
Name of Agent Chad Van Daalwyk SECTION 2 - PREMISE AMENDMENT Please describe the change in premises: *A drawing/diagram of the proposed area must also be submitted with this application* We will have a large tent in our parking lot for our 20 year Onniversary party. We will have beer trailers, malt beverages and whatever else the city will allow us to sell.				
Phone Number SECTION 2 - PREMISE AMENDMENT Please describe the change in premises: *A drawing/diagram of the proposed area must also be submitted with this application* We will have a large tent in our parking lot for our 20 year Owniversary party. We will have been trailers, malt beverages and whatever else the city will allow us to sell.				
Please describe the change in premises: *A drawing/diagram of the proposed area must also be submitted with this application* We will have a large tent in our parking lot for our 20 year Owniversary party. We will have been trailers, must beverages and whatever else the city will allow us to sell.				
A drawing/diagram of the proposed area must also be submitted with this application We will have a large tent in our parking lot for our 20 year Owniversary party. We will have been trailers, must beverages and whatever else the city will allow us to sell.				
Is this change Permanent? If this is temporary please specify the reason for the amendment: This is temporary fuga 20 year outdoor anniversary Party open to the public outside in our parking lot.				
Please list the date(s) and time(s) that this temporary premise amendment will be utilized: September 10, 2022 10am - 11 pm				
SECTION 3 – PENALTY NOTICE				
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council. Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief. Signature of Applicant:				
FOR OFFICE USE ONLY				
Department Approve Deny By Reason				
Comm. Dev. Finance .				
Fire				
Health '				
Inspections				
Police				
S&L Council Date Issued Exp. Date License Number				





REQUEST for **Alcohol License Premise Amendment**

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FEED	ANE	INCH	-NEFL	עווו	MDLC

Date Recv'd 5/17/33

License Fee

\$10.00/event Receipt 3631-1

Acct: CLCAGP

SECTION 1 – LICENSE INFORMATION						
Name of Establishment Trout My Seum of ART						
Name of Agent Christina S. Turner Phone Number 920-733-4089						
Name of Agent	ic L.	10 0		Phone Number		
SECTION 2 PREMISE	1571A	JA S. 141	MES.	1930-733-4089		
SECTION 2 – PREMISE	AMENDIV	/IEN I				
Please describe the change	in premise	es:				
A drawing/diagram of the	proposed	area must also be subm	itted with this application	1 00011		
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to Add as	5 P(remise an	<u>nmendmen</u>	beverages. Hould like t. Hound manual time t.		
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Please list the date(s) and t			_	zed:		
Aug	26,	2022	5p-8p,			
/ / / /		•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
SECTION 3 – PENALTY NO	OTICE					
application may be suspended to	for cause at a	any time by the Common C	ouncil.	ee that any license granted under this		
Under penalty of law, I swear t	hat the infor	mation provided in this app	lication is true and correct to	the best of my knowledge and belief.		
Signature of Applicant:						
				· · · · · · · · · · · · · · · · · · ·		
FOR OFFICE USE ONLY		The state of the s	0.00			
Department Approve	Deny By	<i>y</i>	Reason			
Comm. Dev.						
Finance						
Fire			· · · · · · · · · · · · · · · · · · ·			
Health Inspections		<u> </u>		•		
Police						
	il 07/20/20	022 Date Issued	Evn Date	License Number		



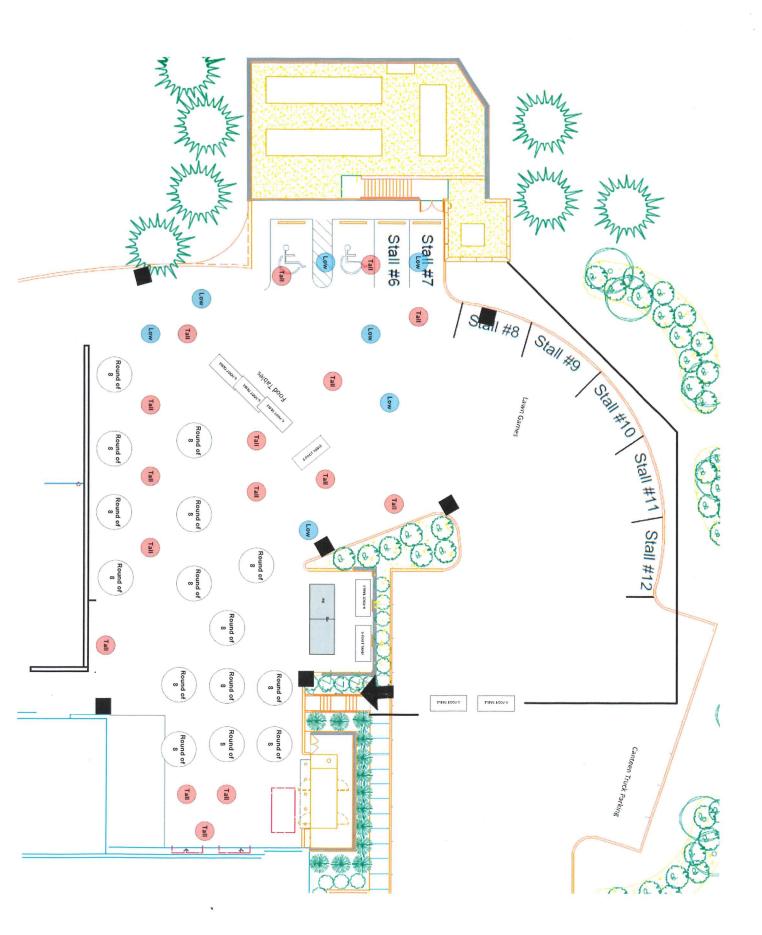
REQUEST for **Alcohol License Premise Amendment**

FEES ARE	NON-REFU	JNDABLE
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License Fee \$10.00/event

Acct: CLCAGP

Name of Establishment Fox Cities Performing Arts Center							
Address of Establishment							
Address of Establishment 400 West College Ave. Appleton, WI 54911							
Name of Agent Nick Reising Maria Van Lanen Phone Number 920-730-3785							
SECTION 2 -						*	contact max u/ quest
Please describ	e the change	in pren	nises:				
*A drawing/di	agram of the	propos	sed area mu	ıst also be su	bmitted with this a	pplication ³	*
will be taking p outdoors at the beverages. To	lace on Tues Center, on o allow us to s	day, Au our Load erve ald	igust 16, 20 ding Dock. T cohol at this	22 from 5:30 Fraditional W event we ar	PM -7:30 PM. We a sisconsin Cookout for e requesting a one-o	are plannir od will be day amend	support this past year. The eventing to host a summer cookout, served and a variety of diment to our liquor license. The b. On site security will be present
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Although this event will be hosted on Center property, it is outside and we will need our liquor license amended for the day to extend outside to this space.							
YES	NÖ	to th	is space.	•	noonoo amona	34 131 111	
Please list the	date(s) and t	time(s) t	that this ten	nporary prei	mise amendment wi	ill be utilize	•
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Please list the The event w SECTION 3 – I I certify that I an application may Under penalty of Signature of Ap FOR OFFICE U Department Comm. Dev.	date(s) and to vill be Tue PENALTY Note that is a second of the suspended of the flaw, I swear to publicant:	sday, DTICE Section for cause hat the ir	9-52 of the Martin promation pr	mporary pred 6, 2022 fi	e of the City of Appleton Council.	ill be utilized: 30 PM	ed: e that any license granted under this
Please list the The event v SECTION 3 – I I certify that I an application may Under penalty of Signature of A FOR OFFICE U Department Comm. Dev. Finance	date(s) and to vill be Tue PENALTY Note that is a second of the suspended of the flaw, I swear to publicant:	sday, DTICE Section for cause hat the ir	9-52 of the Martin promation pr	mporary pred 6, 2022 fi	e of the City of Appleton Council.	ill be utilized: 30 PM	ed: e that any license granted under this
Please list the The event w SECTION 3 – I I certify that I an application may Under penalty of Signature of Ap FOR OFFICE U Department Comm. Dev. Finance Fire	date(s) and to vill be Tue PENALTY Note that is a second of the suspended of the flaw, I swear to publicant:	sday, DTICE Section for cause hat the ir	9-52 of the Martin promation pr	mporary pred 6, 2022 fi	e of the City of Appleton Council.	ill be utilized: 30 PM	ed: e that any license granted under this





Max Ver Voort

Event Coordinator

(920) 730-3785 mvervoort@foxcitiespac.com foxcitiespac.com

Fox Cities Performing Arts Center 400 W. College Avenue Appleton, WI 54911



REQUEST for **Alcohol License Premise Amendment**

SECTION 1 – LICENSE INFORMATION

EEEC	ARE	NON-	RECLI	MD	RI
LLLJ		IACIA-	INLIO	יועטיי	1DF

Date Recv'd 6 38/32 /event

icense	Fee		\$10.0)0/
laaalat	3	77	\	-

Acct: CLCAGP

Name of Establishment Emmets Bar & Grill						
Address of Establishment 139 N. Richmond St						
Name of Agent			von Reade		Phone Number	
SECTION 2 -						
Please describe	the change	in prer	nises:			
	_	•	sed area must also be subr	nitted with this applic	ration*	
	(Sec	a Hoched	•		
			· ·			
Is this change P	ermanent?	If thi	s is temporary please spec	ify the reason for the	amendment:	
YES	D NO		Mile OF	Musico	2022	
Please list the d	ate(s) and	time(s)	that this temporary premis	e amendment will be	utilized: 11a - 11p Dai	
					unday aug 74h	. 7
SECTION 3 - P	ENALTY N	OTICE				
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council. Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief. Signature of Applicant:						
FOR OFFICE US	SE ONLY					
Department	Approve	Deny	Ву	Reason		
Comm. Dev.					***************************************	
Finance						
Fire					***************************************	
Health						
Inspections						
Police						
S&L 7-13-7	Coun	cil) ~2	Date Issued	Exp. Date	License Number	
					•	

To Whom It May Concern,

I would like to amend my liquor license to include my parking lot (approximate sq. footage = 175 x 175 sq ft) for the Mile of Music weekend. The dates are Thursday, August 4 through Sunday, August 7, 2022. We are planning to have live music and serve alcohol outside.

Like last year, we will have plenty of staff and security scheduled for this event. We plan to have this area fenced off. We will not be allowing anyone under the age of 21 into this area. We will have plenty of Port-a-Potties available.

I have gotten permission from my landlord and surrounding business and neighbors to hold the event outside.

I have to say that I was extremely pleased how my security staff handled this event each year.

If there is any more information you would need, please call me at 920-378-3697.

Sincerely,

Sharon Reader Owner - Emmetts Bar & Grill

	MASHINGTON STREET	
Evergreen C. i.	HANDICAPPED STALL MAN BEER TENT SET RAIL Entrance Col.	· Bown blag.
Emmosts Boo	Terre Transfer of the second o	Dumpsters
Brost roper / Vacant /	Food Vendor Area STAGE Actis	+ Entrance
Vacant Lindo Michoecan	Lindo Micharan P!HH Stry	35070TZ



REQUEST for Alcohol License Premise Amendment

FEES ARE NON-REFUNDABLE

Date Recv'd 7 / 5 / 2022

License Fee

\$10.00/event

Acct: CLCAGP

Receipt PAPER DECEIPT 088818

3798 - 7

SECTION 1 —	LICENSE I	NFORI	MATION			
Name of Establi	shment BLSIDE	BR	n/onel			
Address of Esta		W E	/	st	54915	
Name of Agent	i \	,	015			Phone Number
OVE	79 U	an	Diata			920-9553808
SECTION 2 —	PREMISE	AMEN	DMENT			
Please describe	the change	e in prei	mises:			
1	_	•		e submitte	d with this application*	k
, and the second second		- 11				
			•			
Is this change Po	ermanent?	If th	s is temporary pleas	e specify th	ne reason for the amend	dment:
			mile	af in	NU SU	•
	NO NO		ANG B	0 (Y		
YES	ИΟ					
Di 15-4 451				· · · · · · · · · · · · · · · · · · ·	1 , •11 , ,•1•	
					nendment will be utilize へのいん、	
Duguo	4 2	200	2 Throw			
	•			٩٢	-12 Doily	
SECTION 3 - P	ENALTY N	OTICE				
application may b	e suspended	for cause	at any time by the Con	nmon ['] Counc	zil.	that any license granted under this ne best of my knowledge and belief.
Signature of Applicant:						
FOR OFFICE US	E ONLY			ation in the second		
Department	Approve	Deny	Ву	R	Reason	
Comm. Dev.						
Finance						
Fire						
Health						
Inspections						
Police						
S&L 07/13/202	2 Coun	cil 07/2	0/2022 Date Issued		Exp. Date	License Number

Block of F Bon + Grall K 301-7 Ru orsint , 0 da 0 3000 to 0000 t Blackso parkinglat (0)(0) 60 (<

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.

corporation	n/organization or	one member/m	nanager of a limited liability company a	nd the recommendation made by the proper local official.
To the gov	verning body of:	☐ Town ☐ Village ☑ City	of Appleton	County of Outagamie
The under	signed duly author	•	member/manager of KWIK TRIP	, INC. I Name of Corporation / Organization or Limited Liability Company)
		liitaal linkili		alcohol beverage license for a premises known as
	-		ty company making application for an e	siconor beverage needs to a premises known as
· · · · · · · · · · · · · · · · · · ·	Kwik Trip 18		(Trade Name)	and the state of t
located at	306 N. Richm	iond St., Ap	pleton, WI 54911	
appoints	Isaac A. Peters	on		
арролно		. ·	(Name of Appointed Agent)	
	732 E. Harris	on St., Appl	eton, WI 54915 (Home Address of Appointed Age	ent)
to alcohol	beverages condu on/limited liability	icted therein. I company havi	s applicant agent presently acting in the	and control of the premises and of all business relative hat capacity or requesting approval for any corporation/license for any other location in Wisconsin?
		•	ute, WI, until new agent appointment appr	
Is applicar	nt agent subject to	completion o	f the responsible beverage server train	ing course? ☐ Yes ✓ No
How long i	immediately prior	to making this	application has the applicant agent re	sided continuously in Wisconsin? All my life
			rrison St., Appleton, WI 54915	
	For	r: KWIK T	RIP, INC.	
	Ву	, 7	(Name of Corporation / Orga	nization / Limited Liability Company)
	2,	/_or	(Signature of Offi	cer / Member / Manager)
Any person \$1,000.	n who knowingly	provides mate	rially false information in an application	n for a license may be required to forfeit not more than
	,		ACCEPTANCE BY AGEN	іт
I, Isaac A.	Peterson	(Print / Tvp	e Agent's Name)	, hereby accept this appointment as agent for the
corporatio beverages	n/organization/lin conducted on th	nited liability	*	lity for the conduct of all business relative to alcohol liability company.
- Du	m H	(Signatur	reloFAgent)	(Date) Agent's age
32 E. Ha	rrison St., Apple	eton, WI 5491	· · · · · · · · · · · · · · · · · · ·	Date of birth
			PPROVAL OF AGENT BY MUNICIPA Clerk cannot sign on behalf of Mun	
I hereby co	ertify that I have deter, record and re	checked municeputation are	cipal and state criminal records. To the satisfactory and I have no objection to	e best of my knowledge, with the available information, the agent appointed.
Approved	on	by		Title

(Signature of Proper Local Official)

(Date)

AT-104 (R. 4-18)

(Town Chair, Village President, Police Chief)

Wisconsin Department of Revenue

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name))	(m	iddle nar	ne)	
Peterson		Isaaċ			Alan		
L Part Office			City	St	ate	Zip Code	
Home Address (street/route) 732 E. Harrison St.	Appleton			,	WI	54915	
Home Phone Number	Appleton	Age	Date of Birth		ace of Bi		
Floring Citisate stansau				F	Fond	l du Lac, ˈ	WI
The above named individual provides the	following information	as a per	son who is (check one	e):	•		
Applying for an alcohol beverage licer							
A member of a partnership which is r	naking application fo	or an alco	hol beverage license				
X Agent		wik Trin	Inc				and the same of th
(Officer / Director / Member / Manager / A		(/\	lame of Corporation, Limited	Liability Company or	Nonprofit	Organization)	
which is making application for an alc	ohol beverage licens	se.					
The above named individual provides the			censing authority:				
1 How long have you continuously reside	d in Wisconsin prior	to this da	ite? All my life.			33.000	
2 Hour you over been convicted of any	offenses (other than	traffic un	related to alcohol bev	verages) for			
Juiolation of any federal laws, any Wisc	onsin laws, any law:	s of any o	ther states or ordinal	ices of any co	unty		524
an autoioinalitu?					, , , , , ,	Yes	∑ No
If yes, give law or ordinance violated, to	rial court, trial date a	and penal	ity imposed, and/or d	ate, descriptio	n and		
status of charges pending. (If more roo	m is needed, continue	on reverse	e side of this form.)				
3. Are charges for any offenses presently	, ponding against va	u (other t	han traffic unrelated	to alcohol bev	erages)	
 Are charges for any offenses presently for violation of any federal laws, any V 	/ penung agamer yo /isconsin laws. anv l	laws of ot	her states or ordinan	ces of any cou	inty or		
municipality?						Yes	No
transaction at the state of characters non-	dina						****
4. De you hold are you making applicati	on for or are you an	officer, di	rector or agent of a c	corporation/nor	iprofit	ı	
organization or member/manager/age	nt of a limited liabilit	у сотраг	ily troiditif or abbiliting	I IOI ally other	alcono	Yes	□No
beverage license or permit?				until nev	, age		ed.
If yes, identify. Agent Kwik Tri	p 452, Town C	Name, Locali	on and Type of License/Permi	10	3 -		
5. Do you hold and/or are you an officer	director, stockholde	er, agent o	or employee of any p	erson or corpo	ration	or	
	ahilify company hold	ling or ab	DIVING for a wholesall	e neer bonning			TYNO
brewery/winery permit or wholesale lice	quor, manufacturer o	or rectifier	permit in the State of	f Wisconsin?.		Yes	I NO
If yes, identify.							
	holesale Licensee or Permitt			(Address B	y City and	County	
6. Named individual must list in chronology	gical order last two	employer	S,	Employed From		То	
Employer's Name	720 W North	and Av	e, Appleton, WI	9/2007		11/2011	
Walgreen's				Employed From		То	
General Beverage Dist.	2855 Oregon	n St., C)shkosh, Wl	1/2005		9/2007	

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)

Isaac A. Peterson

Wisconsin Department of Revenue

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

Submit to municipal clerk

	Subinit to manicipal derk.
	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: Village of Appleton County of Winnebago
	The undersigned duly authorized officer/member/manager of Ultimate Mart, 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 Pick 'n Save #187
	FICK II Dave #107
	located at 511 W Calumet St Appleton, WI 54915
	appoints Lyndsey Lawrence
Ì	(Name of Appointed Agent) 2814 VIIIa Way, Menasha, WT, 54952 (Phome Address of Appointed Agent)
l	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(les) and municipality(les).
	is applicant agent subject to completion of the responsible beverage server training course? Yes Vo
ĺ	How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 34 years
١	Place of residence last year 2814 Villa Way, Menasha, WI 54952
1	For: Ultimate Mart, LLC
	By: A Property of Officer / Member / Manager) By: (Signature of Officer / Member / Manager)
	Any person who knowlngly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.
_	ACCEPTANCE BY AGENT
	(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.
	Aynd Dey damence (5/1/22 Agent's age (5) (Signature of Agent)
	2814 VIIIa Way, Menasha, WT, 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)

AT-104 (R. 4-18)

Wisconsin Department of Revenue

Auxiliary Questionnaire Alcohol Beverage License Application

Ţ		······································	Submit to munici	pal clerk.					
١	Π	ndividuats Full Name (please print) (last name)	(first name	1)			(middle na	me)	
	1	Lawrence	Lyndse	· V			Mac	10	
,	L.	Home Address (street/route)	Post Office	City			State	Zip Code	
XI		2814 VIIIa Way	Menasha	Men	ash	19	WI	5495	;a
,		Home Phone Number	Age	Date of Birth		· · · · · · · · · · · · · · · · · · ·	Place of B		
							Boso	v,bleft	IU
:	L						0000	, create	
	τ	he above named individual provides the following the follo	lowing information as a pers	ion who is (check o	ne):			
		Applying for an alcohol beverage license	e as an Individual.						
	[A member of a partnership which is ma				še,			
	4	Agent	of <u>Ultimate</u>						
		(Officer / Director / Member / Meneger / Agen	•	ime of Carporali	on, Limite	d Liability Company	or Nonpsolil	Organization)	
		which is making application for an alcoh	ol beverage license.						
	T	he above named individual provides the foll	lowing information to the lice	ensing author	ority:				
Γ		. How long have you continuously resided							
1	2	. Have you ever been convicted of any offer					_		
1		violation of any federal laws, any Wiscon	•			· ·	county	[] Ver	EZ/N-
٨		or municipality?					ion and	[_] Yes	₩ No
М		status of charges pending. (If more room I		•		dato, dosonpt	ion and		
` \								······································	· · · · · · · · · · · · · · · · · · ·
	3	. Are charges for any offenses presently po							
		for violation of any federal laws, any Wisc						<u> П</u> ус.	No No
		municipality? If yes, describe status of charges pending		.,,,,,,,,,	,,,,,	******	,,,,,,	∐ Yes	[A] 140
	4.	. Do you hold, are you making application	for or are you an officer, dire	ctor or age	nt of a	corporation/no	onprofit		
		organization or member/manager/agent of							
		beverage license or permit?		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • •		🗌 Yes	₽ No
		If yes, identify.	(Name, Location	and Type of Line	nee/Dam	10)			
	5	. Do you hold and/or are you an officer, dire	•	••		•	ration or		
	•	member/manager/agent of a limited liabili							
		brewery/winery permit or wholesale liquor						🗌 Yes	₩ No
		If yes, identify.							
7		•	rale Licensee or Permittee)	***************************************		(Address	By City and (County)	
١	6.	. Named individual must list in chronologic				Employed From		174	
١			oyers Address 5 E Wisconsin Av	A MKE	ፕ ለ ፖ ተ	10/31/2	IN	Curren	4-
ار	i		loyer's Address	A PHILE	AAT	Employed From		To	•
N		American N & Appliances	NIA			5/15/2	010	10/30/	aon
•		Mild Carris Applied Day	32113						
	<u>سا</u>	 EAD CAREFULLY BEFORE SIGNING: U	nder nepalty provided by la	w. the unde	rsioned	i states that e	ach of th	e above quest	lons has
	be	een truthfully answered to the best of the kr	rowledge of the signer. The	signer agre	es that	he/she is the	person r	named in the f	oregoing
	a	pplication; that the applicant has read and m	ade a complete answer to e	ach questio	n, and i	that the answe	ers in eac	h instance are	true and
	CO	orrect. The undersigned further understands nder penalty of state law, the applicant may	i mai any iicense issued con be prosecuted for submittin	uary to Ona o faise state	pier 12 ements	and affidavits	nisiri ota Sin conne	ction with this	applica-
	tic	on. Any person who knowingly provides mai	terially false information on	his applicat	ion ma	y be required	to forfeit	not more than	\$1,000.
		• • • • • • • • • • • • • • • • • • • •		,	1		,		

Application for Cigarette and MUNICIPAL USE ONLY License Number **Tobacco Products Retail License** Period Covered Submit to municipal clerk. Date of Issuance Applicant's Wisconsin 15-digit Sales Tax Account Number This must be issued in the same Legal Name of the licensee below. Federal Employer Identification No. (FEIN) Legal Name (corporation, limited liability company, partnership or sole proprietorship) or Business Name (if different than Legal Name) Telephone Number Business Telephone Address (License Location) Business Located In City Town Village Mailing Address (if different than Business Address) Zip Code Organization (check one) Sole Proprietor Wisconsin Corporation - Enter date incorporated: No Out-of-State Corporation - Are you registered to do business in Wisconsin? Partnership Other (describe) 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from No distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing No untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue wi.gov/dorforms/ctp-129.pdf.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products No Yes Yes from another retailer, including transferring existing stock to a new owner? 4. Does the applicant understand that they must provide employees with tobacco sales training approved No by the Wisconsin Department of Health Services? (https://witobaccocheck.org) 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco □ No products and nicotine products to minors (including electronic cigarettes containing nicotine)? 6. Does the applicant understand that they may not sell single cigarettes? 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on Yes No the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? over counter through vending machine Cigarettes / Tobacco will be sold READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any por-tion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.



APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDA	BLE Date Rec'd し/とり 30
See SECTION 5 for Fee Schedul	
License Fee - Initial \$	Acct. Code: CLPETK
License Fee – Renewal \$ 75.0	OO Acct. Code: CLPETK
	\$ 7.00 Acct. Code: CLCPIF
Total Amount Paid \$ 82.0	00 Receipt <u>3つゅつ~</u> 9
License period July 1 to June 3	

PLEASE ALLOW 4 WEEKS FOR PROCESSING

SECTION 1 – BUSINESS LOCA	ATION – An:	swe	r all questio	ns com	pletel	v. Please	PRINT clearly	,	
NOTE: The location of a Kei									
Business Name	<u> </u>	<u>4- 146</u>	<u>40.00 No. 8 04 € 10 00 4</u>		1, 3, 3,	3 1 S. V. J 9 33 C.	(2) (10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	I N V P	<u> </u>
Petco # 1656	3					Lat	······································		T
Business Street Address 3829 E Calumet S	Street					City Appletor	· 1	State	Zip 54915
Business Telephone Number	311001							W. W.	
920-997-1543	AN GRANT COLUMN	. 162.00	Tala sassi Awasa						
SECTION 2 – APPLICANT INF	ORMATION		Parter Wat			130,343			
Name Petco Animal Suppli	es Stores Ir	10							
Home Street Address	03 010103, 11	10.	-			City		State	Zip
654 Richand Hills Drive	% License	Dep	ot.			San Anto		TX	78245
Date of Birth				Male		Female	Telephone Nu	mber	
SECTION 3 - SERVICES TO B	F PROVIDE	D S.			15.5.4.	is was to			
Please check the type(s) of serv	Street Control of the	A A	shment will o	ffer:	y Liv	e animals	l _x l	Pet Food	
X Pet Accessories	X Fish			Other	<u> </u>				
SECTION 4 - PENALTY NOTI			1 1 1 1 1 1 1 1 1 1	3 48 18	W 1940			. Pakita	
Having knowledge of all govern certify that the information produced Signature of Applicant:	vided in this	appl ch	ication is true	and cor	rect to		•		-
SECTION 5 – FEE SCHEDULE Pet Store License	TALANSA MARI	2 24.7	uitial Fee - \$90	Strike entergy	- Marian	Pana	wal Fee – \$75	00	<u> </u>
Kennel License			or less anim		: 00	1	less animals -		
Keiner License			or less anim				than 50 anima) not animal
		30	or less amm	ais - \$20	55.00	i i	man 30 amma n minimum of		per ammar
FOR OFFICE USE ONLY									
Dept.	Appr	ove	Deny	Ву			Reason		
Police									
Fire									
City Sealer									
Inspection									
Community Development									
S&L 7-13-22	Council 7-	·U	>-22	Date Is	sued		Exp. Date		
		Y i.				Lice	nse Number		

* See Attached page for events 2-8

FEES ARE NON-REFUNDABLE لاد License Fee - \$10.00 per event Date Rec'd 6/30/30

Investigation Fee

Acct Code: CLCSPB Acct Code: CLCPIF

Total Amount Paid _

Receipt <u>3787-3</u>

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

"meeting community needs

.....enhancing quality of life"

	Application MI	UST be on file	for 10 days prior to	event, please allo	w 2-3 weeks	for processing					
	The named of	organization	າ applies for: (P	lease check on	e or both)						
	A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats. A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)										
	A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period) SECTION 1 — ORGANIZATION INFORMATION — Answer all questions completely. Please PRINT clearly										
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	Address			,	City		State	Zip			
	Vice President	Last		First	Middle In	itial	Date of Birth	Male	Female		
	Address				City		State	Zip			
	Secretary	Last		First	Middle II	nitial	Date of Birth	Male	Female		
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SACRED HEART PARISH EVENTS Event # 2 Beer only Chili Dinner 10/22/22 5-8 pm BEER ONLY SOLD in Cafeteria in Basement dimensions 120×300 will cheek IDS at point of sale Even+#3 Spaghetti Dinner 1/28/23 5-8 pm Beer and Wine Beer AND Wine sold in Cafetonia in Basement dimensions 120 × 300 will check ID's at point of sale Event # 4
Family Bingo Night 2/18/23 5-9 pm BEER AND wine sold in Gym on main floor Beerand dimensions 180 x 400 Wine will check IDs at point of sale Quents#5,#6,#7 Lentan Fish Frys 3-3-23, 3-17-23, 3-31-23 5-8pm

Beer only sold in Cafeteria in Basement

dimensions 120×300 Will cheek IDs at Point of Sale

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Event # 8

Cinco Celebration 5/6/23 5-8 pm

Beer Beer Only Sold in Cafeteria in Basement.

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APPLETON POLICE DEPARTMENT

2022 Mid-Year Budget Report

Significant 2022 Events

Ongoing recruitment and retention are critical to our policing capabilities and continues to be a major emphasis of the Department in 2022. Staffing shortages in policing is a nation-wide trend that created the challenge of rebuilding public perception and changing the framework of how we engage in community policing efforts. Another trend since the COVID emergency in 2020 is the increase in retirements/resignations. Prior to 2020 our 5-year average the first half of the year was 3.4 retirements/resignations compared to 8 in 2021 and 7 in 2022. Although there is no simple solution, we are committed to maintaining recruitment standards to provide excellent services to our community.

Pedestrian and traffic safety remains one of the top concerns in Appleton, especially in summer months when there are more vehicles, motorcycles, scooters, bicycles, and pedestrian traffic. To ensure the safety of all travelers a Traffic Safety Unit pilot program was established to address traffic enforcement, collect and analyze data, identify safety problem areas, and educate the public on traffic safety. The Traffic Safety Officer will continue to assist the Patrol Unit during high-volume calls for service. This position will be requested as part of the 2023 budget process.

The pilot program for the Crisis Response Team (CRT) is a partnership between Appleton Police Department's Behavioral Health Officer and Outagamie County Health and Human Services Clinical Therapist. CRT will address the growing concerns of mental health calls for service through assisting police officers on calls for service, facilitating support for individuals and families coping with mental health issues, and providing clinical assessment for intervention and case management to be proactive in addressing and preventing a mental health and/or substance abuse crisis. The 2-year program will be evaluated for its progress annually.

Governor Evers allocated American Rescue Plant Act (ARPA) funding for the Safety Communities Law Enforcement program. Appleton was awarded \$225,618 in grant funds that we designated for a wireless router system. Taking advantaged of technology is essential when officers are mobile and need to manage connectivity on multiple devices. Utilizing a secure wireless router system will ensure access can be provided remotely without lagging or loss of connectivity. Our assessment of the pilot program determined this was essential for a safe and efficient response that will increase officer's situational awareness to take appropriate action.

Another program we had recently piloted is the automated license plate reader (ALPR) computer-based system. There are high-speed, high-resolution fixed cameras that capture license plates that are stored in a database and compared to other databases. This technology quickly provides officers in locating a suspect or assisting investigators in solving crimes. One of the features is the interface with AXON programs and the wireless router system mentioned above.

Providing funding for essential core services will enable the department to maintain operational readiness and emergency services such as SWAT (Special Weapons and Tactics), sensitive investigative scenes, mutual aid and other rapid deployments. It is imperative that, with the sophisticated technology advancements and expansion of social media, we are focused on increasing our presence in the community and expanding our technological abilities to maintain professional police services.

PERFORMANCE INDICATORS

	Actual 2020	Actual 2021	Target 2022	Projection 2023
Mental Health / Behavioral Health				
# of behavioral health officer contacts	89	42	40	40
# of clinical therapist contacts	New	New	70	70
Special Investigative Unit				
# of arrests	48	38	45	45
# of citations	82	36	35	35
# of DA referrals	20	31	25	25
Traffic Data				
# of directed traffic enforcements	10,630	15,977	16,000	16,000
# of traffic stops	22,711	29,246	30,000	30,000
Crime Prevention By District				
# of Downtown District contacts	4,594	4,493	4,500	4,500
# of Northern District contacts	3,300	3,187	3,200	3,200
# of Southern District contacts	2.074	2.175	2.000	2.000

Areas of Primary Concentration for 2023:

Educate the community through the continued collaboration of the Police Chief's Community Advisory Board. Citizens' expectations vary widely, and the diversity of the Board supports community involvement as they evaluate police services that identify and focus on public safety issues.

Evaluate the Crisis Response Team collaboration with Outagamie County Health and Human Services.

Review other technology upgrades to ensure we are successfully improving our ability to respond to the needs of the community.

Update the Crossing Guard contracted service to meet the needs of the children at guarded crossings in continued collaboration with the Appleton Area School District.

Promote the continued health and well-being of employees through wellness check-ins.

Maintain police policies to promote effective community engagement that is responsive to the needs of the community.

Continue assessment of the Officer Safety Program for equipment and body worn cameras.

Enhance marketing the Department through social media outlets and evaluate other options to attract qualified candidates to ensure we are providing quality police services.

Evaluate and refresh patrol allocation model for determining optimum patrol levels.

Expand and use our communications platforms to educate the community on our successes and encourage active participation in public safety.

Provide excellence in investigative services to citizens and victims impacted by crime in our community.

Continue working on alternatives to entering students/juveniles into the juvenile justice system and continue our communication with the schools we serve on safety, education and response issues.

Provide ongoing opportunities for citizens to be educated in crime prevention and other police services through Neighborhood Watch, School Resource Program, media outreach and citizen contacts