



# City of Appleton

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

## Meeting Agenda - Final Safety and Licensing Committee

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Wednesday, October 26, 2022

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[22-1365](#) Approval of minutes from the October 5th, 2022 meeting.

**Attachments:** [S & L Minutes 10-12-22.pdf](#)

4. **Public Hearings/Apearances**

5. **Action Items**

[22-1379](#) License Application for Taxicab Company for Evergreen Campsites & Resorts, Jim Button, Owner, contingent on approval from Police.

**Attachments:** [Evergreen Campsites & Resorts.pdf](#)

[22-1191](#) Class "B" Beer and "Class C" Wine License application for PNH Foods LLC d/b/a Fome Food & Company, Athanea Hahn, Agent, located at 2821 N Ballard Rd, contingent upon approval from the Community Development, Fire and Health departments.

[22-1258](#) Class "B" Beer and Reserve "Class B" Liquor License application for Pillow Talk-N-Wine LLC, Lisa Pitts, Agent, located at 2310 W College Ave #C, contingent upon approval from the Community Development and Health departments as well as approval of a Special Use Permit (City Plan Commission 10/26/22).

**Attachments:** [Pillow Talk N Wine.pdf](#)

[22-1323](#) Class "B" Beer and Reserve "Class B" Liquor License application for Viand Hospitality LLC d/b/a Parker John's BBQ and Pizza, Aaron Sloma, Agent, located at 2331 E Evergreen Dr Unit 2, contingent upon approval from the Fire, Health, Inspections and Public Works departments.

**Attachments:** [Parker Johns BBQ and Pizza.pdf](#)

[22-1324](#) Temporary Class "B" Beer License application for Appleton Downtown Inc, Jennifer Stephany, Person In Charge, located at Jones Park, 301 W Lawrence St, on November 5, 2022, contingent upon approval from the Inspections department.

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

[22-1332](#) Temporary Class "B" Beer License application for St. Francis Xavier Booster Club, Robert Biebel, Person in Charge, located at Xavier High School, 1600 W Prospect Ave, on November 25, 2022, contingent upon approval from the Health and Inspections departments.

**Attachments:** [St Frances Basketball Tournament S&L.pdf](#)

## 6. Information Items

[22-1378](#) Special Events:  
Fox Valley Lagerfest, McFleshman's Brewing Company, S. State Street, October 1, 2022  
Houdini 10K, Houdini Plaza, November 5, 2022  
Light Up Appleton, Houdini Plaza, November 19, 2022  
Santa Scamper, College Ave, November 22, 2022  
Santa Pub Crawl, College Ave, December 10, 2022

[22-1375](#) Director Reports  
1. City Clerk  
    - November Election Updates and Reminders  
2. Fire Chief  
3. Police Chief

## 7. Adjournment

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

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



# City of Appleton

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

## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, October 12, 2022

5:30 PM

Council Chambers, 6th Floor

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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

[22-1255](#)

Approval of minutes from September 28th, 2022 meeting.

**Attachments:** [S & L Minutes 9-28-22.pdf](#)

Hartzheim moved, seconded by Wolff, 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

[22-1190](#)

Temporary Class "B" Beer License application for Ice Dogs Booster Club, Nick Laird, Person in Charge, located at Appleton Family Ice Center, 1717 E Witzke Blvd, on November 4, December 2 and December 16, 2022, contingent upon approval from the Health department.

**Attachments:** [Ice Dogs Booster Club S&L.pdf](#)

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

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

[22-1221](#) Temporary Class "B" Beer and "Class B" Wine License application for Building for Kids, Inc., Oliver Zornow, Person in Charge, located at 100 W College Ave, on November 5, 2022, contingent upon approval from the Health department.

**Attachments:** [Building for Kids Birthday Celebration S&L.pdf](#)

**This Report Action Item was approved**

[22-1275](#) Temporary Class "B" Beer and "Class B" Wine License application for Creative Downtown Appleton Inc, Jennifer Stephany, Person in Charge, located at Houdini Plaza, on November 19, 2022, contingent upon approval from the Police, Health and Inspections departments.

**Attachments:** [Light Up Appleton S&L.pdf](#)

**This Report Action Item was approved**

[22-1267](#) Cigarette License application for Pillow Talk-N-Wine LLC, Lisa Pitts, Applicant, located at 2310 W College Ave Unit C.

**Attachments:** [Pillow Talk n Wine S&L.pdf](#)

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

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

## 6. Information Items

[22-1257](#) Request to Apply for TC Energy's Build Strong Grant.

**Attachments:** [TC Energy Build Strong - Request to Apply - 10.04.2022.pdf](#)

[22-1265](#) 2023 Legal Services - City Clerk Budget

**Attachments:** [2023 Legal Services Budget.pdf](#)

[22-1273](#) 2023 Fire Budget

**Attachments:** [2023 Fire Budget.pdf](#)  
[2023 Haz-Mat Budget.pdf](#)  
[2023 Public Safety Cap Proj.pdf](#)

[22-1322](#)

2023 Police Budget

**Attachments:**    [2023 Police Grants.pdf](#)  
[2023 Police.pdf](#)

[22-1256](#)

Director Reports

1. City Clerk
2. Fire Chief
3. Police Chief
  - Quarterly Crime & Safety Report

**Attachments:**    [APD Quarterly Crime and Safety report.pdf](#)

7.    Adjournment

**Hartzheim moved, seconded by Schultz, that the meeting be adjourned at 6:04 p.m. Roll Call. Motion carried by the following vote:**

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



<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd	10/20/22
License fee EACH Vehicle	\$30.00	Acct. CLLTSE	
Investigation fee	\$ 7.00	Acct. CLLPIF	4139-1
Total fee paid	\$ 37	Receipt	

**LICENSE APPLICATION**

for  
**TAXICAB COMPANY AND LIMOUSINE SERVICE**

Original Application  
 Renewal – License # \_\_\_\_\_

**SECTION 1 – APPLICANT INFORMATION**

Name of Company <b>Evergreen Campsites &amp; Resort</b>		Business Phone <b>920-622-3498</b>	
Business Street Address <b>W5449 Archer Lane</b>		City <b>Wild Rose</b>	State <b>WI</b>
Owner's Name <b>Jim Button</b>		Date of Birth [REDACTED]	<input checked="" type="checkbox"/> Individual
Owner's Name		Date of Birth	<input type="checkbox"/> Partnership
			<input type="checkbox"/> Corporation

**SECTION 2 – VEHICLES TO BE OPERATED** (Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
<b>Chippy Traw</b>	<b>20 ppl</b>	<b>Custom</b>	<b>Chip xps</b>

**SECTION 3 - COMPANY HISTORY**

Is the company currently licensed in any other municipality? YES NO If Yes, what municipality? **State Lic & DSPS**

Has the company ever been denied a license by any municipality? YES **NO** If Yes, please explain:

Have any of the owners ever been convicted of a crime? YES **NO** If Yes, please explain:

Describe the basic operations of the company:  
**Evergreen is a campground/resort located in Central WI. Campground**

If the business is located in the City limits, Municipal Code requires that off-street parking is provided for. If applicable, what provisions have been made for off street parking?

**SECTION 4 – INSURANCE NOTICE**

Insurance Coverage:

Insurance Carrier: **West Bend**

Insurance Agent Name and Phone Number: **Melissa Pitzer 262-483-6050**

Policy Number: **Attached**

Policy Period: **7/1/2022 - 7/1/2023**

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license.

hold harmless the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorneys fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right-of-way or property under this permit or license.

I certify that this application, and all information and documentation provided therein, is true and accurate.

Applicant's Signature JPB

FOR OFFICE USE ONLY					COI on file? YES NO
Sealer	Approve	Deny	By	Reason	S&L Date
Police					Common Council
Fire					Date issued
Inspection					Exp. date

4/25/19

Date sent for approvals - 10/21/22











# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

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

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

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

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

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
<b>TOTAL FEE</b>	<b>\$ 260</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
PITTS LISA / Pillow Talk-N-Wine LLC

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

President / Member Last Name <u>PITTS</u>	(First) <u>LISA</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>903 W. Taylor Appleton, WI, 54914</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>PITTS</u>	(First) <u>LISA</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>903 W. Taylor Appleton, WI, 54914</u>
Directors / Managers Last Name <u>PITTS</u>	(First) <u>LISA</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>903 W. Taylor Appleton, WI, 54914</u>

1. Trade Name Pillow Talk-N-Wine LLC Business Phone Number 920-939-0360

2. Address of Premises 2310 W. College #C Post Office & Zip Code 54914

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
INSIDE OF 2310 W COLLEGE #C APPLETON, WI 54914  
at the the bar of the front entrance will be  
stored and the back office @ side office



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

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

(b) If yes, under what name was license issued? \_\_\_\_\_

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain**  Yes  No  
 Complete the course <sup>MAY 2022</sup> just need to find proof I did it.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? **If yes, explain.**  Yes  No
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain**  Yes  No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date 6-14-22 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain**  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>PITS LISA</u>	Title/Member <u>OWNER</u>	Date <u>7-14-22</u>
Signature <u>Lisa Pitts</u>	Phone Number 	Email Address 

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>10/4/22</u> <u>7/14/22</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Rev.



# City of Appleton

## Liquor License Questionnaire

1. Name of Applicant: LISA PITTS

2. Name of Business: Pillow Talk-A-WINE

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

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

3. Address of Business: 2310 W College<sup>#</sup> C Appleton 54914

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

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

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

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

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

<u>LISA</u>		<u>PITTS</u>	<u>          </u>	<u>          </u>
First name	M.I.	Last name	Date of Birth	
			/	/
			/	/
			/	/
			/	/
			/	/

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

Name: 2310 W College<sup>#</sup> C - LISA PITTS

First name                      Middle Initial                      Last name

Address: \_\_\_\_\_ APPLETON WI 54914

City                      State      ZIP

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

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

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

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

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 X 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 150 Outside —

11. Operating hours (Inside the building): 6pm 2AM  
Operating hours (Outdoor seating areas): —

12. Employees/Staff

Number of floor personnel 1 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 2500 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:

Social club - where I Lisa Pitts will like to serve beer & wine to socialize

Lisa Pitts  
Signature

6-24-22  
Date

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

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town of Appleton County of Outagamie  
 Village of Outagamie County of Appleton  
 City

The undersigned duly authorized officer/member/manager of PillowTalk-N-WINE 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 PillowTalk-N-WINE  
(Trade Name)

located at 2310 W College Suite C Appleton WI 54914

appoints ~~Barbara A. ...~~ / LISA PITTS  
(Name of Appointed Agent)

903 W. Taylor Appleton, WI 54914  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

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

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 17 yrs

Place of residence last year 903 W. Taylor Appleton WI, 54914

For: PillowTalk-N-WINE LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Lisa Pitts  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

### ACCEPTANCE BY AGENT

I, LISA PITTS / PillowTalk-N-WINE LLC, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Lisa Pitts 7-14-22 Agent's age 28  
(Signature of Agent) (Date)

903 W Taylor Appleton WI 54914 Date of birth 00-00-00  
(Home Address of Agent)

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

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2022 ending: 06/30/2023  
(mm dd yyyy) (mm dd yyyy)

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

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

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

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

+60+50+7.00x2 = 124.00

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Viand Hospitality LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Sloma	Aaron	Michael	W2547 County Line Rd, Cleveland WI
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Sloma	Jennifer	Rivers	W2547 County Line Rd, Cleveland WI
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Sloma	Aaron	Michael	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Parker John's BBQ and Pizza Business Phone Number 920-565-3303

2. Address of Premises 2331 E. Evergreen Drive Unit 2 Post Office & Zip Code Appleton 54913

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Dining and bar area gross square footage of 6,467 total.  
Restaurant seating including, bar and outdoor patio with  
food and alcohol served in all locations.  
Alcohol stored behind bar and liquor room off kitchen.  
Beer kept behind bar and separate cooler in kitchen.

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

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

(b) If yes, under what name was license issued? \_\_\_\_\_

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 02/10/20 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
**If yes, explain.**  
See attached Appendix A
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) Sloma, Aaron M	Title/Member President	Date 08/30/22
Signature 	Phone Number 	Email Address 

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 9-27-22	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



# City of Appleton Alcohol License Questionnaire

1. Name of Applicant: Aaron and Jennifer Sloma, Owners

2. Name of Business: Vland Hospitality LLC dba Parker John's  
(Check Applicable Box(s) to identify primary business activity) BBQ & Pizza

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

3. Address of Business: 2331 E. Evergreen Dr. Unit 2, Appleton

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

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

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

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

<u>Aaron</u>	<u>m</u>	<u>Sloma</u>	<u>          </u>	<u>          </u>	<u>          </u>
First name	M.I.	Last name	Date of Birth		
<u>Jennifer</u>	<u>R</u>	<u>Sloma</u>	<u>          </u>	<u>          </u>	<u>          </u>
First name	M.I.	Last name	Date of Birth		
First name	M.I.	Last name	Date of Birth		
First name	M.I.	Last name	Date of Birth		

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

Name: Old Brick Properties LLC  
First name Middle Initial Last name

Address: Unknown  
City State ZIP

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

Name: Beefeaters

(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?

unknown months ago.

10. Seating capacity: Inside 330 Outside 40

11. Operating hours (Inside the building): 11-9  
Operating hours (Outdoor seating areas): 11-9

12. Employees/Staff  
Number of floor personnel 10-20 <sup>estimate</sup> Number of door checkers \_\_\_\_\_

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

a. Gross floor building area of the premises to be licensed: 4467 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 1000 square feet.

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

Bar and restaurant seating and outdoor seating serving food and alcohol beverages. Alcohol kept behind the bar. Additional beer kegs + cases kept in Beer cooler in back kitchen area. Liquor room on main floor in back of house to store unopened liquor.

Signature [Signature]

Date 9-22-22

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

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  
 Village of Appleton County of Outagamie  
 City

The undersigned duly authorized officer/member/manager of Viand Hospitality 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 Parker John's BBQ and Pizza  
(Trade Name)

located at 2331E. Evergreen Drive, Unit 2, Appleton, WI 54913

appoints Aaron Sloma  
(Name of Appointed Agent)  
W2547 County Line Rd., Cleveland, WI 53015  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

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

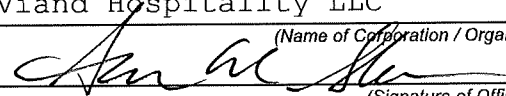
See Appendix A

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 16 years

Place of residence last year W2547 County Line Rd., Cleveland, WI 53015

For: Viand Hospitality LLC  
(Name of Corporation / Organization / Limited Liability Company)

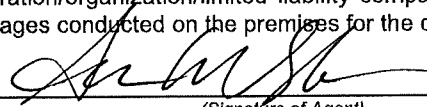
By:   
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, Aaron Sloma, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 8/30/2022 Agent's age             
(Signature of Agent) (Date)  
W2547 County Line Rd., Cleveland, WI 53015 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)

## Appendix A

<u>Company / Tax ID</u>	<u>Liquor Licenses</u>	<u>County</u>
<b>Viand Hospitality LLC</b>	<b>Log Cabin Inn</b>	Sheboygan
	633 Madison Ave	
	Howards Grove, WI 53083	
	<b>Parker John's BBQ and Pizza - Sheboygan</b>	Sheboygan
	705 Riverfront Drive	
	Sheboygan, WI 53081	
	<b>Parker John's BBQ and Pizza - Menasha</b>	Winnebago
	124 Main Street	
	Menasha, WI 54952	
	<b>Parker John's BBQ and Pizza - Green Bay</b>	Ashwaubenon
	2851 S. Oneida Street	
	Green Bay, WI 54304	
	<b>Parker John's BBQ and Pizza - Oshkosh</b>	Winnebago
	30 Wisconsin Street	
	Oshkosh, WI 54901	
<b>The Stuffed Olives Inc.</b>	<b>Parker John's BBQ and Pizza - Kiel</b>	Manitowoc
	819 Service Road	
	Kiel, WI 53042	
	<b>Parker John's BBQ and Wings</b>	Sheboygan
	N7390 State Road 67	
	Plymouth, WI 53073	



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

**FEES ARE NON-REFUNDABLE**

License Fee - \$10.00 per event  
Investigation Fee 7.00  
Total Amount Paid 10

Date Rec'd 10/11/22

Acct Code: CLCSPB  
Acct Code: CLCPIF  
Receipt 4106-3

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

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

<b>The named organization applies for: (Please check one or both)</b>						
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.						
<input type="checkbox"/> A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)						
<b>SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearly</b>						
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association)				Date Organized		
Appleton Downtown Inc.				4.2.1993		
Address		City	State	Zip		
333 W. College Ave Ste 100		Appleton	WI	54911		
Person in Charge of Event:		Name: Last	First	M. I.	Date of Birth	
		Stephany	Jennifer	L	●●●●●●	
Address		City	State	Zip	Person in charge phone number:	
3209 S. White Birch Ln		Appleton	WI	54915	●●●●●●	
President	Last	First	Middle Initial	Date of Birth	Male	Female
	Vangosko	Laura	E	●●●●●●		<input checked="" type="checkbox"/>
Address		City	State	Zip		
4321 N Ballard Rd		Appleton	WI	54919		
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
	King	Lyssa	M	●●●●●●		<input checked="" type="checkbox"/>
Address		City	State	Zip		
211 W. College Ave		Appleton	WI	54911		
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
	Klister	Tom	J	●●●●●●	<input checked="" type="checkbox"/>	
Address		City	State	Zip		
274 River Dr		Appleton	WI	54915		
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
	Lonsway	Steve	T	●●●●●●	<input checked="" type="checkbox"/>	
Address		City	State	Zip		
1004 S. Olden Onuda St		Appleton	WI	54911		
<b>SECTION 2 – EVENT INFORMATION SECTION</b>						
Date(s) of Event: Beginning		Ending:		Hours	(AM) / PM	12:00 AM (PM)
11 / 05 / 22		11 / 05 / 22		930	(AM) / PM	12:00 AM (PM)
Please describe the type of event you are going to have:						
10K run/walk - Finish line beverages & food for runners						
Do you plan to serve food at this event?		No	Yes	If yes, contact the Appleton Health Department. (920.832.6429)		
			<input checked="" type="checkbox"/>	catered expo lunch		
Location where beer or wine will be sold or served:						
Jones Park Parking lot						
Address		City	State	Zip		
301 W. Lawrence St		Appleton	WI	54911		
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!			Will minors be present?		No	Yes
parking lot tent & park						<input checked="" type="checkbox"/>
			If yes, how will you prevent minors from obtaining alcoholic beverages?		underage runners have indication bibs	
<b>SECTION 3 – PENALTY SECTION</b>						
This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license.						
If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license.						
This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.						
Signature of Officer						
<b>FOR OFFICE USE ONLY</b>						
Dept.	Approve	Deny	By	Reason		
Police						
Fire						
Health						
Inspection						
S&L 10/26/2022		Date Issued		Exp. Date	License Number	



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

**FEES ARE NON-REFUNDABLE**

License Fee - \$10.00 per event  
Investigation Fee 17 + 7.00  
Total Amount Paid \_\_\_\_\_

Date Rec'd 10/14/22  
Acct Code: CLCSPB  
Acct Code: CLCPIF  
Receipt \_\_\_\_\_

4120-3

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

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

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

- A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.
- A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) ST. FRANCIS XAVIER BOASTERS CLUB Date Organized 1970's

Address 1600 W. PROSPECT AVE City APPLETON State WI Zip 54914

Person in Charge of Event: Name: Last RIEDEL First ROBERT M. I. M Date of Birth [REDACTED]

Address 1100 MANICOTA AVE City OSHKOSH State WI Zip 54904 Person in charge phone number: [REDACTED]

President Last WENTY First STEVE Middle Initial \_\_\_\_\_ Date of Birth [REDACTED] Male  Female \_\_\_\_\_

Address 330 E Clearwater Dr City APPLETON State WI Zip 54913-7828

Vice President Last EATHY First LOMBARDI Middle Initial \_\_\_\_\_ Date of Birth [REDACTED] Male \_\_\_\_\_ Female

Address 4830 W. ARDENWOOD LN City APPLETON State WI Zip 54913

Secretary Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Treasurer Last DOWD First SHANNON Middle Initial \_\_\_\_\_ Date of Birth [REDACTED] Male \_\_\_\_\_ Female

Address 714 W Rolling Meadows Lane City APPLETON State WI Zip 54913

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 11/05/22 Ending: 11/05/22 Hours 2-6 AM  AM  PM

Please describe the type of event you are going to have:  
3 on 3 BASKETBALL TOURNAMENT

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

Location where beer or wine will be sold or served:  
Patio OUTSIDE School - ROLLED OFF

Address 1600 W. PROSPECT AVE City APPLETON State WI Zip 54914

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

10 X 20 YARDS If yes, how will you prevent minors from obtaining alcoholic beverages? ID - wristbands - 2 WATCHERS

**SECTION 3 - PENALTY SECTION**

This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Signature of Officer Robert Riedel

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L 10/26/22	Date Issued		Exp. Date	License Number