



# 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, December 14, 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

[22-1580](#) Approval of minutes from the October 26, 2022 meeting.

**Attachments:** [S & L Minutes 10-26-22.pdf](#)

4. **Public Hearings/Appearances**

5. **Action Items**

[22-1586](#) Request to purchase a UTV.

**Attachments:** [11-30-22 EMS Flex Grant UTV Quotes.pdf](#)

[22-1505](#) Class "B" Beer and "Class B" Liquor License application for Richmond Bar and Grill LLC d/b/a Richmond Bar, Tiffani Daul, Agent, located at 2611 N Richmond St, contingent upon approval from the Health, Inspections and Police departments.

**Attachments:** [Richmond Bar.pdf](#)

[22-1493](#) Class "B" Beer and "Class C" Wine License application for The Jerk Joint LLC d/b/a The Jerk Joint, Fay V Oliver, Agent, located at 1619 W College Ave Suite D, contingent upon approval from the Finance, Health and Inspections departments.

**Attachments:** [The Jerk Joint.pdf](#)

[22-1528](#) "Class A" Liquor License application for Sayash LLC d/b/a Wisconsin Ave Marathon, Yam Lamichhane, Agent, located at 1920 E Wisconsin Ave, contingent upon approval from the Fire, Health, Inspections and Police departments.

**Attachments:** [Wisconsin Ave Marathon.pdf](#)

- [22-1516](#) Class "A" Beer and "Class A" Liquor License application for SK Gas Mart LLC d/b/a Badger Mobil, Satbir Singh, Agent, located at 1201 N Badger Ave, contingent upon approval from the Health and Inspections departments.  
**Attachments:** [Badger Mobil - Singh.pdf](#)
- [22-1555](#) Class "A" Beer and "Class A" Liquor License Change of Agent application for Ultimate Mart LLC d/b/a Pick N' Save #123, Sara Hopkins, New Agent, located at 2700 N Ballard Rd, contingent upon approval from the Police department.  
**Attachments:** [Sara J Hopkins S&L.pdf](#)
- [22-1544](#) 2023 Secondhand Article, Secondhand Jewelry and Pawnbroker License renewal applications, contingent upon approval from all departments.  
**Attachments:** [2023 Renewals.pdf](#)
- [22-1506](#) Cigarette License application for Richmond Bar and Grill LLC d/b/a Richmond Bar, located at 2611 N Richmond St.  
**Attachments:** [Richmond Bar and Grill LLC S&L.pdf](#)
- [22-1510](#) Temporary Class "B" Beer License application for Ice Dog Booster Club, Nick Laird, Person in Charge, located at Appleton Family Ice Center, 1717 E Witzke Blvd, on February 17 & 25, 2023 and March 11 & 24, 2023, contingent upon approval from the Health and Inspections departments.  
**Attachments:** [2023 - Ice Dogs Booster Club S&L.pdf](#)

## 6. Information Items

- [22-1583](#) Request to Overhire for Front Desk Police Communication Specialist .  
**Attachments:** [front desk overhire S&L.docx](#)
- [22-1585](#) Threat Assessment Officer move from Special Investigation Unit to Community Resource Unit.  
**Attachments:** [TAO move from SIU to CRU \(002\).pdf](#)
- [22-1587](#) Special Events:  
Festival Foods Turkey Trot, Downtown Appleton, November 24, 2022  
Vigil for All Victims of Gun Violence, Houdini Plaza, December 7, 2022

[22-1581](#)

Director Reports

1. City Clerk
  - November Election Audit
  - 2023 Alderperson Candidate Information
2. Fire Chief
  - Firefighter Hiring Update
  - Battalion Chief Promotion Process
  - Assistance to Firefighter Grant
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 26, 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 5:31 p.m.*

2. Roll call of membership

**Present:** 4 - Schultz, Hartzheim, Croatt and Wolff

**Excused:** 1 - Alfheim

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](#)

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

**Aye:** 4 - Schultz, Hartzheim, Croatt and Wolff

**Excused:** 1 - Alfheim

4. Public Hearings/Appearances

5. Action Items

[22-1425](#)

Request to approve Towing Fee Changes

**Attachments:** [Wrecker Fee Proposal.pdf](#)

[AMENDED Wrecker Fee Proposal - Jan 1 2023 Proposed  
Schedule.pdf](#)

*Amended - see attachment.*

**Hartzheim moved, seconded by Croatt, that the Towing Fee Changes be  
amended by substitution (see attachment) and recommended for approval. Roll  
Call. Motion carried by the following vote:**

**Aye:** 4 - Schultz, Hartzheim, Croatt and Wolff

**Excused:** 1 - Alfheim

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

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

**Aye:** 4 - Schultz, Hartzheim, Croatt and Wolff

**Excused:** 1 - Alfheim

[22-1379](#)

License Application for Taxicab Company for Evergreen Campsites & Resorts, Jim Button, Owner, contingent on approval from Police.

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

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

[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.

**Attachments:** [Fome Food & Company.pdf](#)

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

[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](#)

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

[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](#)

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

[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](#)

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

[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](#)

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

## 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


**Hartzheim moved, seconded by Wolff, that the meeting be adjourned at 5:49 p.m. Roll Call. Motion carried by the following vote:**


**Aye:** 4 - Schultz, Hartzheim, Croatt and Wolff


**Excused:** 1 - Alfheim


# CITY OF APPLETON

## FIRE DEPARTMENT

 700 N. Drew Street  
Appleton, WI 54911

 (920) 832-5810

 (920) 832-5830

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

## MEMORANDUM

November 30, 2022

To: Safety & Licensing Committee and Common Council  
From: Jeremy Hansen, Fire Chief  
Cc: Ryan Weyers, Deputy Fire Chief and Doug Vrechek, Battalion Chief of Resource Development  
Re: Request to Approve Utility Terrain Vehicle (UTV) Quote

In September, the Appleton Fire Department received \$52,890 from the State of Wisconsin Health Services EMS Flex Grant. The purpose of the grant is to stabilize EMS providers and to ensure they can continue to respond to emergencies across Wisconsin following the impact of the COVID-19 pandemic.

The Appleton Fire Department identified the need for a Utility Terrain Vehicle (UTV) to respond to medical emergencies at events such as Oktoberfest, Mile of Music, Farmer's Markets, along with other locations where access is limited. (i.e. walking trails, retention ponds, parks, etc.)

The department sought quotes from three vendors and received the following responses:

Vendor	Description	Price
Ken's Sports Inc.	2023 Honda Pioneer 1000-6 Deluxe Crew	\$27,153
Team Motorsports	2023 Honda Pioneer 1000-6 Deluxe Crew	\$29,772
Miller Implement & Pro Motorsports	Non-Responsive Due to Delivery Timeframes	NA

Based on these responses, the Appleton Fire Department respectfully requests the approval of \$27,153 from Ken's Sports Inc. for the purchase of a 2023 Honda Pioneer 1000-6 Deluxe Crew UTV.

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

# 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	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 600
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
KAUR MANDEEP / RICHMOND BAR AND GRILL LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KAUR</u>	<u>MANDEEP</u>	<u>✓</u>	<u>3709 S BOYD CT APPLETON WI 54915</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>DAUL</u>	<u>TIFFANI</u>	<u>NICOLE</u>	<u>FREEDOM, WI N3929 WASHINGTON AVE # 7 54130</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name RICHMOND BAR Business Phone Number 920-832-8550

2. Address of Premises 2611 N RICHMOND ST Post Office & Zip Code 54911

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
2611 N RICHMOND ST  
1st Floor, Basement, Deck # 1-04, # 12-04, # 5-05  
3,750 SQ. FT. ON First FLOOR-  
80 x 13 OUTDOOR DECK-  
12x12 COOLER IN BASEMENT and  
STORAGE IN 12x20 LIQUOR  
ROOM IN BASEMENT

4. Legal description (omit if street address is given above): 2611 N RICHMOND ST APPLETON WI 54911

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? Chesters Pub LLC



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

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

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

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

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

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

9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 10/14/22 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


Hold license for Boar's Nest LLC  
Center Valley, WI LLC Black Creek WI

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) <b>KAUR MANDEEP</b>	Title/Member <b>OWNER</b>	Date <b>11/8/22</b>
Signature <b>Mandeep Kaur</b>	Phone Number 	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>11-28-22</b>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



# City of Appleton

## Liquor License Questionnaire

1. Name of Applicant: MANDEEP KAUR

2. Name of Business: RICHMOND BAR and Grill LLC  
 (Check Applicable Box(s) to identify primary business activity)

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

3. Address of Business: 2611 N RICHMOND ST APPLETON WI 54911

4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes \_\_\_\_\_ No \_\_\_\_\_  
 AND/OR been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
 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>MANDEEP</u>		<u>KAUR</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: Chester Krawze  
 First name Middle Initial Last name

Address: 3012 N ONEIDA APPLETON WI 54911  
 City State ZIP

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

Name: Chester's Pub LLC

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

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

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

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

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

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

N/A months ago.

10. Seating capacity: Inside 160 Outside \_\_\_\_\_

11. Operating hours (Inside the building): M-T 2P-2A FRI-SUN 11-CL  
Operating hours (Outdoor seating areas): same as indoor

12. Employees/Staff

Number of floor personnel 10 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: 3750 sq square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 1,040 sq square feet.
- c. Below, identify the operational details of the proposed establishment:

BAR With HOT FOOD and SNACKS

Mandeep Kaur

Signature

11/8/2022

Date

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

Submit to municipal clerk.

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

To the governing body of:  Town  
 Village of APPLETON County of OUTAGAMIE  
 City

The undersigned duly authorized officer/member/manager of RICHMOND BAR and CIVIL 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  
RICHMOND BAR  
(Trade Name)

located at 2611 N RICHMOND ST APPLETON WI 54911

appoints TIFFANI DAUL  
(Name of Appointed Agent)

N3929 WASHINGTON AVE #7 FREEDOM, WI 54130  
(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).  
RICHMOND BAR and CIVIL LLC

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? 18 years

Place of residence last year 3709 S BOYD CT APPLETON WI 54952

For: RICHMOND BAR and CIVIL LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Mandeep Kaur  
(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, TIFFANI DAUL, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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

[Signature] 11/14/22 Agent's age 30  
(Signature of Agent) (Date)

N3929 WASHINGTON AVE #7 FREEDOM, WI 54130 Date of birth 01/01/92  
(Home Address of Agent)

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

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

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: July 1 22 ending: June 30, 2023  
(mm dd yyyy) (mm dd yyyy)

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

County of Ou tagamie 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	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60
<b>TOTAL FEE</b>	<b>\$ 260</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Oliver, Fay Victoria & The JERK Joint LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Oliver</u>	<u>FAY</u>	<u>Victoria</u>	<u>400 N Richmond St #332 Appleton, WI 54911</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Oliver</u>	<u>FAY</u>	<u>Victoria</u>	<u>400 N Richmond St #332 54911</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The JERK Joint LLC Business Phone Number 920 364-0473  
 2. Address of Premises 1619 W College Ave #10 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.)  
The Alcohol will be stored behind counter in cooler, stored in Back Room or 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  
Yes, the ~~training~~ training will be done on the 360 learning before license are issued
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 8/19 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>Oliver, FAY V</u>	Title/Member <u>Owner</u>	Date <u>11/17/2022</u>
Signature <u>[Signature]</u>	Phone Number <u>[Redacted]</u>	Email Address <u>[Redacted]</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>11-17-2022</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



# City of Appleton

## Liquor License Questionnaire

1. Name of Applicant: FRAY Victoria Oliver

2. Name of Business: THE JERK JOINT

(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: 1619 W College Ave D Appleton, WI 54914

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

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

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

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

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

<u>Oliver</u>	<u>V</u>	<u>FRAY</u>	
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth

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

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

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

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

Name: The Jerk Joint 1619 W College Ave D

Appleton, WI

(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 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?

24 months ago.

10. Seating capacity: Inside ~~24~~ 24 Outside \_\_\_\_\_

11. Operating hours (Inside the building): 11Am-2:30pm - 4:00pm-8pm  
Operating hours (Outdoor seating areas): \_\_\_\_\_

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: 1,025 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 0 square feet.
- c. Below, identify the operational details of the proposed establishment:

The proposed establishment is for food and beverage consumption.

[Signature]  
Signature

11/17/2022  
Date



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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of The Jerk Joint 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 The JERK JOINT  
(Trade Name)

located at 1619 W College Ave Suite D Appleton, WI 54911

appoints Fay Victoria Oliver  
(Name of Appointed Agent)

400 N Richmond St #332 Appleton WI 54911  
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 3yrs

Place of residence last year 400 N Richmond St #332 Appleton, WI 54911

For: The JERK JOINT  
(Name of Corporation / Organization / Limited Liability Company)

By: Fay Victoria Oliver / Fay  
(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, Fay Victoria Oliver, 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.

Fay 11/17/2022 Agent's age 33  
(Signature of Agent) (Date)

400 N Richmond St #332 Appleton WI 54911 Date of birth 01/01/1989  
(Home Address of Agent)

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

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

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

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

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

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

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

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

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Sayash 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>Lamichhane</u>	(First) <u>Yam</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1000 Kernan Ave Menasha WI 54952</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Lamichhane</u>	(First) <u>Yam</u>	(Middle Name) <u>M.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1000 Kernan Ave Menasha WI 54952</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Wisconsin Ave Marathon Business Phone Number 920 733 3652

2. Address of Premises 1920 E Wisconsin Ave Appleton Post Office & Zip Code 54911

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

Building located in 1920 E Wisconsin Ave Appleton  
About 1700 Sq feet Area.  
convenience store with walk in cooler  
and display Area.

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  
*Current Agent on Class A Beer license.*
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state ~~WI~~ WI and date 2016 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  
*City of Marion, WI 54950*
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) <i>Lamichhane Yam N</i>	Title/Member <i>owner</i>	Date <i>11/30/22</i>
Signature <i>[Handwritten Signature]</i>	Phone Number ●●●●●●●●	Email Address ●●●●●●●●●●●●●●●●

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>11-30-2022</b>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



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

Name: Sayash LLC

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

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

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

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

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

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

0 months ago.

**10. Seating capacity:** Inside 15 Outside N/A

**11. Operating hours** (Inside the building): 6 AM to 10 PM  
**Operating hours** (Outdoor seating areas): N/A

**12. Employees/Staff**

Number of floor personnel 7 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: 1200 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: N/A square feet.
- c. Below, identify the operational details of the proposed establishment:

gas station c-store with alcohol sales.

*Najim Asw*  
Signature

11/30/22  
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Sayash 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 Wisconsin Ave Marathon  
(Trade Name)

located at 1920 E Wisconsin Ave Appleton, WI 54911

appoints Yam Lamichhane  
(Name of Appointed Agent)  
1000 Kernan Ave Menasha WI 54952  
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 14 years

Place of residence last year 1000 Kernan Ave Menasha WI 54952

For: " Sayash LLC  
(Name of Corporation / Organization / Limited Liability Company)  
By: [Signature]  
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

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

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

[Signature] 11/30/22 Agent's age ●●  
(Signature of Agent) (Date)  
1000 Kernan Ave Menasha WI 54952 Date of birth ●/●/●●  
(Home Address of Agent)

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

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

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/2022 ending: 6/30/2023  
(mm dd yyyy) (mm dd/yyyy)

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

County of Outagamie County 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 type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
SK GAS MART 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>Singh</u>	(First) <u>SATBIR</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>W628 Blwing st dr Appleton WI 54915</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>SINGH</u>	(First) <u>SATBIR</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name: Badger MOBILE Business Phone Number 219 256 6577

2. Address of Premises 1201 N Badger Ave Appleton WI 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.)  
1201 NORTH BADGER Avenue  
1,000 SQ. FT. Retail store with walk IN cooler

4. Legal description (omit if street address is given above): 1201 N Badger Ave Appleton WI 54914

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? KAHYA GAS INC

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  
*Today I take course online (11-30-22)*
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 11/1/2022 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

Contact Person's Name (Last, First, M.I.) <b>SINGH SATBIR</b>	Title/Member <b>owner</b>	Date <b>11/30/2022</b>
Signature <i>Satbir Singh</i>	Phone Number 	Email Address 

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>11/30/22</b>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	





# City of Appleton Liquor License Questionnaire

1. Name of Applicant: SATBIR SINGH

2. Name of Business: SK GAS MART LLC

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

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

3. Address of Business: 1201 N Badger Ave Appleton WI 54914

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

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

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

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>SATBIR</u>		<u>SINGH</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		
			/	/	
First name	M.I.	Last name	Date of Birth		
			/	/	

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

Name: JAYANT G PATEL  
First name Middle Initial Last name

Address: 1201 N BADGER AVE APPLETON WI 54914  
City State ZIP

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

Name: KANYA GAS INC

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

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

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

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

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

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

0 months ago.

10. Seating capacity: Inside NO Outside NO

11. Operating hours (Inside the building): 6 AM to 12 PM  
Operating hours (Outdoor seating areas): \_\_\_\_\_

12. Employees/Staff  
Number of floor personnel 2-3 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: 1000 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:

Gas station with liquor Beer Milk  
Snacks Soda Coffee

Sabbir Singh  
Signature

11/30/2022  
Date

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of SK GAS 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 SK GAS MART LLC Badger MOBIL  
(Trade Name)

located at 1201 N Badger Ave Appleton WI 54914

appoints SATBIR SINGH  
(Name of Appointed Agent)

W6028 Blaring Star Dr Appleton WI 54915  
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 6 years

Place of residence last year W6028 Blaring Star Dr Appleton WI 54915

For: SK GAS MART LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Satbir Singh  
(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, SATBIR SINGH, 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.

Satbir Singh 11/30/2022 Agent's age             
(Signature of Agent) (Date)

W6028 Blaring Star Dr Appleton WI 54915 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)

## 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 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 #123

(Trade Name)

located at 2700 N Ballard Rd Appleton, WI 54911

appoints Sara Hopkins  
(Name of Appointed Agent)

801 S. Commercial St Neenah WI 54956  
(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? 38 years

Place of residence last year 801 S. Commercial St Neenah WI 54956

For: Ultimate Mart, LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

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

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

[Signature] 11-26-2022 Agent's age 22  
(Signature of Agent) (Date)

801 S. Commercial St Neenah WI 54956 Date of birth [Redacted]  
(Home Address of Agent)

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

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

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

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Hopkins		Sara			
Home Address (street/route)	Post Office	City	State	Zip Code	
801 S. Commercial St		Neenan	WI	54956	
Home Phone Number	Age	Date of Birth	Place of Birth		
●●●●●●●●	●	●●●●●●●●	Neenan, WI		

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

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

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 38 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Roundys Supermarkets	875 E Wisconsin Ave MKE WI	01-08-2018	Present
Home Depot		02-23-2012	08-03-2017

**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.

Sara Hopkins  
(Signature of Named Individual)

## Secondhand Jewelry Dealers

COMPANY	AGENT/CONTACT	ADDRESS
Avenue Jewelers	Jason A Druxman	303 E College Ave
Expert Jewelry Repair	Randy Kester	636 W College Ave
Kay Jewelers	Dalton Booker	3845 E Calumet St Ste B
Krieger Jewelers	Jamie Boyce	934 W Northland Ave
Tennies Jewelry	Rebecca Juedes	208 E College Ave

## Secondhand Article Dealers

Active Bike & Fitness	Mark Fluette	1131 N Badger Ave
Beatnik Bettys Resale Butik	Monika Austin	214 E College Ave
ecoATM	Sean E Flaherty	2700 N Ballard Rd
ecoATM	Sean E Flaherty	511 W Calumet St
ecoATM	Sean E Flaherty	3701 E Calumet St
Game Stop #5520	Diana Soadeh-Jajeh	3825 E Calumet St Suite 500
Heid Music	Todd Heid	308 E College Ave
Replay Toys	Chris Freimuth	127 E Wisconsin Ave
Richmond Resale	Dean VandenHoy	204 N Richmond St
Side Quest Gaming	John Steudel	609A W. College Ave
T&S Sports-Play It Again Sports	Michael Milloy	611 W Northland Ave
The Attique Resale	James Boylan	415 N Oneida St
The Exclusive Company	Mark Hillstrom	770 W Northland Ave
The Statement Piece	Lena-Sara Gustman	745 W College Ave
Tiffani's Bridal	Tiffani Ebben	1314 W College Ave #6
Warehouse Office Products	Jeff Lemery	1825 N Richmond St

### Pawnbroker

JGB LLC d/b/a Mister Money	Gregory Baer	1933B N Richmond St
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# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number
Period Covered
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.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <i>Richmond Bar and Grill LLC</i>			Federal Employer Identification No. (FEIN) 	
Trade or Business Name (if different than Legal Name)			Telephone Number <i>(920) 832-8550</i>	
Business Address (License Location) <i>3611 Richmond St</i>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )
Municipality	State <i>WI</i>	Zip Code <i>54911</i>	of: <i>Appleton</i>	County <i>Outagamie</i>
Mailing Address (if different than Business Address)		Municipality	State <i>WI</i>	Zip Code <i>54911</i>

Organization (check one)

Sole Proprietor     
  Wisconsin Corporation – Enter date incorporated: *10/14/22*  
 Partnership     
  Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No  
 Other (describe)

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing 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/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    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?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*Mandeep Kaur*  
 (Officer 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.



<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>9/16/22</u>
License Fee - \$10.00 per event <u>44</u>	Acct Code: CLCSPB
Investigation Fee <u>7.00</u>	Acct Code: CLCPIF
Total Amount Paid <u>40</u>	Receipt <u>4042-4</u>

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

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

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

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

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

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Ice Dog Booster Club Date Organized 01/01/2003

Address 1941 P.O. Box 54912 City Appleton State WI Zip 54911

Person in Charge of Event:  Name: Last Laird First Nick M. I. B Date of Birth [REDACTED]

Address 2314 N. Appleton St. City Appleton State WI Zip 54911 Person in charge phone number: [REDACTED]

President Last Van Houckligan First Peter Middle Initial A. Date of Birth [REDACTED] Male  Female

Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]

Vice President Last Laird First Nick Middle Initial B. Date of Birth [REDACTED] Male  Female

Address 2314 N. Appleton St. City Appleton State WI Zip 54911

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

Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]

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

Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]

**SECTION 2 - EVENT INFORMATION SECTION** \*see Attached list of event dates

Date(s) of Event: Beginning 01/01/2023 Ending 03/24/2023 Hours 7:00 AM/PM  10:00 AM/PM

Please describe the type of event you are going to have:  
Family Entertainment/Fox Cities Ice Dog Hockey Game/Great Lakes Hockey League (GLHL)

Do you plan to serve food at this event?  No  Yes If yes, contact the Appleton Health Department. (920.832.6428)

Location where beer or wine will be sold or served:  
APPLETON Family Ice Center (AFIC) Concession Stand at REAR of Building

Address 1717 E Witeke Blvd City Appleton State WI Zip 54911

Describe actual location and dimensions of area to be licensed below: BE PRECISE! SOX 30 Designated AREA in northeast rear Section of Building. Existing Concession stand

Will minors be present? No  Yes

If yes, how will you prevent minors from obtaining alcoholic beverages? Id checks, Brackets / stamp for age consumption

**SECTION 3 - PENALTY SECTION**

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

Signature of Officer [Signature]

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L	<u>11/14/2022</u>	Date Issued	Exp. Date	License Number



**Fox Cities Ice Dog Hockey – Great Lakes Hockey League. US Amateur Elite Hockey**

**LEAGUE CHAMPIONS- 2006, 2020, 2022**

The league was formed in 1937 as the Badger State Hockey League. The Great Lakes Hockey League (GLHL) is a Semi Professional ice hockey league that is affiliated with USA Hockey. Players must be at least 18 years of age and most have previous NCAA College, Junior A or Professional hockey experience. There are currently nine teams in the league divided into two divisions. The teams are all based in Wisconsin and the Upper Peninsula of Michigan. All GLHL franchises are non-profit organizations organized by volunteers in their local communities.

The league follows USA Hockey rules, with games featuring three 20-minute stop time periods. It is the ONLY traveling full check adult amateur hockey league in the United States.

**APPLEOTN FAMILY ICE CENTER – EVENT DATES:**

- ~~██████████ TH VS CALUMET WOLVES~~
- ~~██████████ VS ██████████~~
- ~~██████████ TH VS ██████████~~
- FEBURARY 17<sup>TH</sup> VS MARQUETTE MUTINERS
- FEBURARY 25<sup>TH</sup> VS DEPERE DEACONS
- MARCH 11<sup>TH</sup> VS CALUMET WOLVES
- MARCH 24<sup>TH</sup> VS EAGLE RIVER FALCONS



## POLICE DEPARTMENT

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222 South Walnut Street • Appleton, WI 54911-5899  
(920) 832-5500 • Fax (920) 832-5553  
<http://www.appleton.org/police>

To: Alderperson Croatt, Safety and Licensing Committee Chairperson  
From: Assistant Chief Polly Olson  
Date: November 18, 2022  
Subject: Informational Item

Within the past two months we have had some personnel changes at the front desk of the Appleton Police Department. We currently have five Professional Communication Specialist's (PCS) which is challenging for us to ensure coverage of the front desk at the department because of benefited time off, sickness, or family leave.

In the budget process the decision was made to create two part time employees (PTE) out of one full time employee (FTE). One of these positions is currently filled, and the other will be shortly.

These employees are frequently the first contact someone has with the department, and their duties are complex. It is important they receive the proper training, and with the amount of turnover and the challenges that are present, we are requesting to over hire for the one FTE position to continue to provide the level of service required.

The funds for this over hire would be from the vacancy we carried in the 2022 budget at the front desk with a retirement from April, and from the split of one FTE into two PTE positions in the clerical department. For 2023, the funds would be from expected vacancies or salary reduction with the (FTE) filled at a different rate and the other FTE position moving to two PTE. The estimate is \$4,233 in 2022 and \$4,300 in 2023 = \$8,533 total in budget impact.

Assistant Chief Polly Olson



## POLICE DEPARTMENT

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222 South Walnut Street • Appleton, WI 54911-5899  
(920) 832-5500 • Fax (920) 832-5553  
<http://www.appleton.org/police>

To: Alderperson Fenton, Human Resources Committee Chairperson  
Alderperson Croatt, Safety and Licensing Committee Chairperson

From: Assistant Chief Polly Olson

Date: November 15, 2022

Subject: Informational Item

We constantly review processes, programs, and our organizational structure to make sure we are delivering excellent police services in the most efficient way. I want to inform you of the following change we will be making.

The department will be moving supervision and oversight of the Threat Assessment Officer from the Special Investigation Unit to the Community Resource Unit.

We have learned the work being done by the Threat Assessment Officer better aligns with the mission and vision of the Community Resource Unit. This unit is currently comprised of the Community Liaison Officer, The Victim Services Officer, the Behavioral Health Officer, and our imbedded Clinical Therapist. Lt. Meghan Cash is the assigned supervisor.

There will be no financial impact associated with this move.

In addition, the Professional Development Coordinator, will be moved into the cadre of Patrol Lieutenants responsible for day-to-day patrol supervision. The work being done by the PDC is critical work, however we found we were having difficulty meeting minimum staffing needs with the current TO.

We will constantly review programs, processes, and our organizational structure. We also know that it takes time for changes to take hold so that we can truly determine if the anticipated benefits outweigh the unintended consequences. I will review the impact of any change that is approved and report back to the Council if there are any concerns.

Assistant Chief Polly Olson