



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, May 24, 2023

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[23-0570](#) Safety & Licensing Committee Minutes from 05/10/2023

Attachments: [S&L Minutes 5-10-23.pdf](#)

5. **Public Hearing/Appealances**

6. **Action Items**

[23-0596](#) Special Event Application Denial Appeals

Attachments: [Smosh Fest Denial Recommendation Letter 05.18.23.pdf](#)

[Smosh Fest Application.pdf](#)

[23-0441](#) Class "A" Beer and "Class A" Liquor License application for Ivory Rose Bridal Boutique Inc, d/b/a/ Ivory Rose Bridal Boutique, Marissa Knuth, Agent, located at 103 E College Ave Ste 103, contingent upon approval from the Finance, Health and Inspections departments.

Attachments: [Ivory Rose Bridal Boutique.pdf](#)

[23-0565](#) Additional 2023-2024 Alcohol License Renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 30, 2023.

Attachments: [2023-24 Alcohol License Renewals-2nd set.pdf](#)

[23-0549](#) Class "B" Beer and "Class B" Liquor Temporary Premise Amendment application for S C Carrow Corp d/b/a Rookies Sports Bar & Grill, Steven Carrow, Agent, located at 325 N. Appleton St, on August 3-5, 2023, for Mile of Music, contingent upon approval from the Community Development, Health and Inspections departments.

Attachments: [Rookies Sports Bar S&L.pdf](#)

- [23-0519](#) Class "B" Beer and "Class B" Liquor License Change of Agent application for RH Events LLC d/b/a Poplar Hall, Nicole Burleson, New Agent, located at 141 S Riverheath Way.
Attachments: [Nicole Burleson S&L.pdf](#)
- [23-0538](#) Temporary Class "B" Beer License application for Fox Cities Chamber of Commerce, Thomas Lehr, Person in Charge, located along College Ave on September 30, 2023 for Oktoberfest, contingent upon approval from the Inspections department.
Attachments: [Oktoberfest S&L.pdf](#)
- [23-0539](#) Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veterans Assoc, David Willems, Person in Charge, located at 401 E College Ave, Lawrence University Main Stage, on August 3-6, 2023 for Mile of Music, contingent upon approval from the Inspections department.
Attachments: [MoM-LU Main Stage S&L.pdf](#)
- [23-0540](#) Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veterans Assoc, David Willems, Person in Charge, located at Houdini Plaza, on August 3-6, 2023 for Mile of Music, contingent upon approval from the Inspections department.
Attachments: [MoM-Houdini Plaza S&L.pdf](#)
- [23-0520](#) Temporary Class "B" Beer License application for Heart of the Valley Lions Club, Beth Sewall, Person in Charge, located at Jones Park, on June 3, 2023, for Sol Dance 2023, contingent upon approval from the Health and Inspections departments.
Attachments: [Sol Dance 2023 S&L.pdf](#)
- [23-0521](#) Temporary Class "B" Beer License application for Heart of the Valley Lions Club, Beth Sewall, Person in Charge, located at Jones Park, on July 8, 2023, for Sky Dance 2023, contingent upon approval from the Health and Inspections departments.
Attachments: [Sky Dance 2023 S&L.pdf](#)
- [23-0522](#) Pet Store License Renewal application for Fish Cave LLC, Ton Vang, Applicant, located at 2110 S Memorial Dr, contingent upon approval from the Inspections department.
Attachments: [Fish Cave S&L.pdf](#)
- [23-0541](#) Pet Store License Renewal application for HSA Corporation d/b/a Pet Supplies Plus, Angela DeHaan, Applicant, located at 702 W Northland Ave, contingent upon approval from the Inspections department.
Attachments: [Pet Supplies Plus S&L.pdf](#)

[23-0548](#) Pet Store License Renewal application for Just Pets, Craig Weborg, Applicant, located at 2009 N Richmond St, contingent upon approval from the Fire and Inspections departments.

Attachments: [Just Pets S&L.pdf](#)

[23-0606](#) 2023-2024 Mechanical Amusement Device License renewals, contingent upon approval from all departments by 12:00 p.m. on June 30, 2023.

Attachments: [Amusement Device renewals 2023-24.pdf](#)

[23-0598](#) Additional 2023-2024 Cigarette and Tobacco Products License Renewals

Attachments: [2023-2024 Additional Cigarette Renewals.pdf](#)

7. Information Items

[23-0602](#) Police Department information on alcohol law violation convictions:
Sushi Lover, No Licensed Operator on Premises - 40 point violation
Establishment Total Points: 120

[23-0575](#) Police Department Salary Administration Policy 2023

Attachments: [Salary Administration Policy 2023 S&B.docx](#)

[23-0573](#) Special Events:
ADI, Heid Music Summer Concert Series, Jones Park, Thursdays June 1st - August 31st 2023
WIJAM, SOL Dance, Jones Park, June 3rd 2023
The Mission Church, Picnic in the Park, Pierce Park, June 9th, June 11th 2023
ADI, Downtown Creates Series, College Avenue Amenity Strip, June 16th, July 21st, August 18th 2023

[23-0571](#) Directors Report

1. City Clerk
2. Fire Chief
 - Recruit School
 - Swift Water Rescue Training
3. Police Chief

8. 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.

**We are currently experiencing intermittent issues/outages with our audio/video equipment. Meeting live streams and recordings are operational but unreliable at times. This is due to delays in receiving necessary system hardware components. We continue to look for solutions in the interim and we hope to have these issues resolved soon.*



City of Appleton

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

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, May 10, 2023

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Pledge of Allegiance

3. Roll call of membership

Present: 5 - Croatt, Schultz, Siebers, Van Zeeland and Wolff

4. Approval of minutes from previous meeting

[23-0517](#)

Safety & Licensing Committee minutes from 04/26/2023

Attachments: [S&L Minutes 4-26-23.pdf](#)

Siebers moved, seconded by Van Zeeland, that the Minutes be approved. Roll Call. Motion carried by the following vote:

Aye: 5 - Croatt, Schultz, Siebers, Van Zeeland and Wolff

5. **Public Hearing/Appearances**

[23-0512](#)

Alcohol License Demerit Point Violation Appearance- OB's Brau Haus

Attachments: [Demerit Point Notification Letter 2023 - OB's Brau Haus.pdf](#)

The following appeared on behalf of OB's Brau Haus and addressed the committee:

-Steven Jesser, Attorney for OB's Brau Haus

-Christopher Nelis, 1315 1/2 S Jefferson St, Appleton WI 54915

-Franz-Josef Schadt, 1823 Statue Dr, Neenah WI 54956

-Diago Harris, 70 Foster Ct, Appleton WI 54915

6. **Action Items**

Balance of the action items on the agenda.

Schultz moved, Van Zeeland seconded, to approve the balance of the agenda.

The motion carried by the following vote:

Aye: 5 - Croatt, Schultz, Siebers, Van Zeeland and Wolff

[23-0472](#)

2023-2024 Alcohol License Renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 30, 2023.

Attachments: [2023-24 Alcohol License Renewals.pdf](#)

This Report Action Item was recommended for approval.

[23-0487](#)

Class "A" Beer and "Class A" Liquor License application for Samyam LLC d/b/a Wisconsin Avenue Marathon, Sadhana Lamichhane, Agent, located at 1920 E Wisconsin Ave, contingent upon approvals from the Health, Inspections and Public Works departments.

Attachments: [Wisconsin Avenue Marathon S&L.pdf](#)

This Report Action Item was recommended for approval.

[23-0404](#)

Class "B" Beer and "Class C" Wine License application for Off The Vine Woodfire Pizza Co LLC d/b/a Broken Tree Pizza, Keith Schreiner, Agent, located at 201 S Riverheath Way Ste 1100, contingent upon approval from the Health, Inspections and Police departments.

Attachments: [Broken Tree Pizza.pdf](#)

This Report Action Item was recommended for approval.

[23-0470](#)

Class "B" Beer and "Class B" Liquor License Change of Agent application for DDCT Inc, d/b/a Jim's Place, Stacy Hoffman, New Agent, located at 223 E College Ave.

Attachments: [Stacy Hoffman S&L.pdf](#)

This Report Action Item was recommended for approval.

[23-0471](#)

Class "A" Beer and "Class A" Liquor License Change of Agent application for Walgreens Co, d/b/a Walgreens #05102, Andrew Eisele, New Agent, located at 700 W College Ave.

Attachments: [Andrew Eisele S&L.pdf](#)

This Report Action Item was recommended for approval.

[23-0476](#)

Class "A" Beer and "Class A" Liquor License Change of Agent application for Target Corporation d/b/a Target Store T-1248, Sara Matusz, New Agent, located at 1800 S Kensington Dr.

Attachments: [Sara Matusz S&L.pdf](#)

This Report Action Item was recommended for approval.

[23-0475](#) Salvage Dealer Renewal application for Mr C's Motorcycles LLC, Janet Ristau, Applicant, located at 724 S. Outagamie St, contingent upon approval from all departments.

Attachments: [Mr C's Motorcycles S&L.pdf](#)

This Report Action Item was recommended for approval.

[23-0495](#) 2023-2024 Cigarette and Tobacco Product License Renewals

Attachments: [2023-2024 Cigarette Renewals.pdf](#)

This Report Action Item was recommended for approval.

[23-0494](#) Cigarette License application for Samyam LLC d/b/a Wisconsin Avenue Marathon, located at 1920 E Wisconsin Ave.

Attachments: [Wisconsin Avenue Marathon S&L.pdf](#)

This Report Action Item was recommended for approval.

7. Information Items

[23-0516](#) Special Events:
Rivers Mini Triathlon, North High School, May 17th 2023
ADI, Light the Night Market, College Avenue, May 19th 2023
Edison Family Fun Run, Edison Elementary, May 20th 2023
City of Appleton Memorial Day Parade, Downtown Appleton, May 29th 2023

[23-0515](#) Directors Report
1. City Clerk
2. Fire Chief
3. Police Chief

8. Adjournment

**Siebers moved, seconded by Wolff, that the meeting be adjourned at 6:01 p.m.
Roll Call. Motion carried by the following vote:**

Aye: 5 - Croatt, Schultz, Siebers, Van Zeeland and Wolff



LEGAL SERVICES DEPARTMENT

Office of the City Clerk

Kami Lynch, Clerk

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6443

Fax: 920/832-5823

May 18, 2023

Notice Provided:
Via Mail & Email

William S. Dorman
620 W Prospect Ave
Appleton, WI 54914
N.E.S.T. Productions LLC
nestproductions2021@gmail.com

This letter is to notify you that we are in receipt of your application for a Special Event License for Smosh Fest on June 15th, 16th, 17th, and 18th, 2023. Upon review of your application, the following departments have recommended the denial of your event for the reasons cited:
Police Department:

- The application indicates the need for parking restrictions, but no information was provided to indicate when, where, or for how long these restrictions are needed for.
- The event organization's name, N.E.S.T. Productions LLC shows a delinquent LLC status when queried through the Wisconsin Department of Financial Institutions.
- The event organization's name, Nolan's Safehouse, listed as a non-profit, can only be verified by an IRS EIN (Employer Identification Number) application form letter dated 03/10/23. No further information was provided to validate the legitimacy of the non-profit organization.
- The event organizer has not provided the critical information needed to assess police staffing needs. This information includes the performer line-up and expected attendance numbers for each performance. Combined with alcohol sales, the number of people present is critical information needed to assess police staffing needs.
- Information on the event application related to event hours conflicts with event hours posted on the event website. The website event hours are in violation of park rules related to park closing times.

Human Resources:

- The applicant has failed to provide a certificate of insurance showing adequate commercial general liability coverage for event.

Parks and Recreation:

- The applicant has failed to pay the required park reservation fees.

- Private, ticketed events require Council approval by way of Parks and Recreation Committee. Attempts by staff for clarification were not returned as this event is advertising ticket sales.
- Attempts by staff for further details related to applicant's responsibilities for set up in park (e.g., number and locations of vendors, rental of chemical toilets, stages, electricity/generator requirements, rental of garbage dumpsters, etc.) were not returned.

Clerk's Office:

- The applicant indicated that Alcoholic beverages would be sold at the event but has failed to apply for a Temporary Class B Alcohol License.

Fire Department:

- The applicant has indicated that pyrotechnics will be used at the event but has failed to submit the correct information to receive a pyrotechnics permit.

You have the right to appear before the Safety and Licensing Committee to appeal against this recommendation. To do so, please contact the City Clerk's Office to be placed on the Agenda of the Safety and Licensing Committee. **The next Safety and Licensing Committee meeting will take place on Wednesday May 24th, 2023.** Failure to contact the City Clerk's Office within a reasonable time frame to appeal the denial may result in the Safety & Licensing Committee meeting date occurring after your scheduled event date.

Regular meetings of the Safety and Licensing Committee take place on the second and fourth Wednesday of each month at 5:30 p.m. in the Council Chambers at City Hall, 100 North Appleton Street, Appleton, Wisconsin.

Again, should you choose not to appeal this recommendation, your application will be considered denied and your Special Event will not be permitted to occur.

If you have specific questions relating to this matter, please contact the City Clerk's office for further assistance.

Sincerely,



Kami Lynch,
City Clerk

90 by Today ~~212~~



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

License Fee (see chart)	\$ 607 (Acct. CLLSPE)	Date Rcvd:	4/3/23
		Receipt No.	4872-1
FEES ARE NON-REFUNDABLE			

SPECIAL EVENT APPLICATION FORM

Incomplete applications will not be accepted or will be returned to the applicant. Submitting an application does not guarantee the application will be approved – please speak to the City Clerk for more information. The application fee will be based on the date the City Clerk's Office receives the completed application. For more information please refer to the Special Event Policy or Manual.
PLEASE PRINT CLEARLY!

CO-
Sponsor

SECTION 1 – APPLICANT INFORMATION	
Information about the person applying to have a special event or applying on behalf of an organization	
Name: ^{First} William ^{Middle Initial} S ^{Last} Dorman Jeremy Scholz	Date of Birth: 10/23/1994
Address: 620 W. Prospect Ave Appleton, WI 54914	
Phone Number: 920-228-2167 920-228-2167	Email Address: nestproductions2021@gmail.com

SECTION 2 – ORGANIZATION INFORMATION	
Information about the organization having the special event, if applicable	
Organization's Name: Smash fest - Nest Productions LLC	NON-PROFIT MOLANS SAFE HOUSE
Organization's Address: 620 W. Prospect Ave Appleton, WI 54914	
Organization's Phone Number: 920-228-2167	Organization's Email/Website: nestproductions2021@gmail.com
Applicant's Relationship to Organization: Owner - CEO	

SECTION 3 – EVENT INFORMATION	
Name of Event: SMASH FEST	
Event Location: Jones Park Appleton, WI	
Event Date (list each date if it's a multi-day event): June 15, 16, 17, 18	
Event Set Up Time: TBD 3/4 hrs before	Event Start Time: 5:30 PM Event End Time: 11 PM 11:30 PM 6 PM
Head of Security's Name and Phone Number: William S. Dorman 920-228-2167	
Total Anticipated Attendance (Participants/Attendees): 1,000 per Day	
Event information (purpose, activity, who can participate, whether the event has occurred before, etc.): NON-PROFIT fundraiser festival to help families in hospital care, food, transportation, lodging, toys and clothing.	

SECTION 4 – APPLICANT CHECKLIST

The applicant is responsible for contacting all necessary City departments and for obtaining all necessary reservations, permits, licenses and variances

HEALTH DEPARTMENT-- (920) 832- 6429

- | | Yes | No | Action to be taken by applicant: |
|--|-------------------------------------|--------------------------|--|
| 1. Will food be prepared and/or served at the event? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If yes, contact the Health Department for permitting requirements and for safe food handling tips. |
| 2. Will there be a band or amplified music/noise? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If yes, contact the Health Department for a variance and more information. |
| 3. Will there be portable restrooms? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If yes, review guidelines on portable restrooms available in the Special Event Policy and Manual. |

FIRE DEPARTMENT-- (920) 832-5810

- | | Yes | No | Action to be taken by applicant: |
|---|-------------------------------------|-------------------------------------|--|
| 1. Will the event be held indoors? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | If yes, contact the Fire Department for more information. |
| 2. Will a tent or any other temporary structure be erected? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If yes, contact the Fire Department for information about submitting a structure plan. |
| 3. Will there be a tent larger than 200 square feet? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If yes, contact the Fire Department for a permit. |
| 4. Will fireworks/pyrotechnic be used during the event? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If yes, contact the Fire Department for a permit. |

DEPARTMENT OF PUBLIC WORKS – (920) 832-5580

- | | Yes | No | Action to be taken by applicant: |
|--|-------------------------------------|-------------------------------------|---|
| 1. Are you requesting street closure?
Name of barricade company _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | If yes, your barricading contract provider will be required to submit a Traffic Control Plan to the Department of Public Works. |
| 2. Did you include a detailed map/diagram of the event location and route (if applicable) with this application? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Be sure the event map/diagram is detailed, including showing all turns and the number of traffic lanes to be used. |
| 3. Are you requesting parking meters to be bagged? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If yes, a list of meters must be provided to the Department of Public Works. |

PARKS, RECREATION & FACILITIES MANAGEMENT-- (920) 832-5905

- | | Yes | No | Action to be taken by applicant: |
|---|-------------------------------------|--------------------------|---|
| 1. If the event will be in a park have you reserved the park? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If no, contact Parks, Recreation and Facilities Management for a reservation. |
| 2. Will there be rides, dunk tanks and/or inflatables at the event? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If yes, contact Parks, Recreation and Facilities Management for more information. |

POLICE DEPARTMENT – (920) 832-5500

- | | Yes | No | Action to be taken by applicant: |
|---|-------------------------------------|--------------------------|--|
| 1. Do you have a plan for medical emergencies that may occur during your event? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If no, contact the Police Department for assistance. |
| 2. Is security needed for the event? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If yes, contact the Police Department for assistance defining your safety/security plan. |
| 3. Are you requesting any special parking restrictions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If yes, contact the Appleton Police Department for more information. |

CITY CLERK'S OFFICE – (920) 832-6443

- | | Yes | No | Action to be taken by applicant: |
|--|-------------------------------------|-------------------------------------|---|
| 1. Will alcoholic beverages be served/sold at the event? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If yes, contact the City Clerk to obtain a Temporary Class "B" license. |
| 2. Do you owe money for past events? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | If yes, contact the City Clerk – your application may not be accepted. |

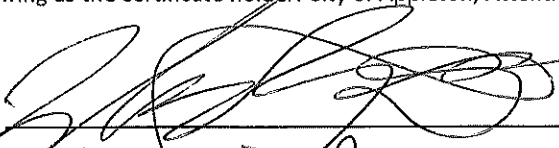
RISK MANAGEMENT – (920) 832-6300

- | | Yes | No | Action to be taken by applicant: |
|---|-------------------------------------|--------------------------|---|
| 1. Do you have the proper insurance for your event and have you provided your certificate of insurance to the City? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If no, contact the City's Risk Manager. |

SECTION 5 – ADDITIONAL INSURED REQUIREMENT

For events that involve more than 250 people, if a street closure is requested or if structures are brought onto public premises; the event holder agrees to list the City of Appleton, and its officers, council members, agents, employees, and authorized volunteers as an additional insured on the event holder's general liability insurance policy. Certificates of insurance displaying this additional insured status must list the following as the certificate holder: City of Appleton, Attention: Risk Manager, 100 North Appleton Street, Appleton, WI 54911.

Signature of Applicant:



Date:

4-3-2023

Print Name:

William S. Bernauer

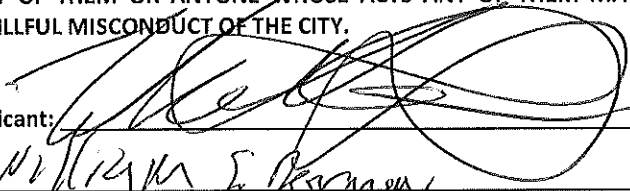
SECTION 6 – INDEMNIFICATION AND DISCLAIMER

Please read carefully before signing!

By signing below, I certify that I am at least 18 years of age, that I have read and understand the Special Event Policy, and that I agree to the terms and conditions contained in the Special Event Policy. My signature further confirms (i) that I understand the filing of this application does not ensure the issuance of a Special Event License, (ii) that the Special Event License Fee is non-refundable pursuant to the terms of the Special Event Policy, (iii) I will be responsible for ensuring the event and event participants comply with all applicable city ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations and any other applicable laws, rules and regulations including the Special Event Policy, (iv) that fees for park facilities, food sales permits, tent and fireworks permits, etc., are in addition to the Special Event License Fee, (v) that I am authorized to apply for this Special Event Licensed on behalf of the organization holding the event (if applicable), and (vi) that the information contained in this Application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

INDEMNIFICATION: BY SIGNING BELOW I ACKNOWLEDGE THAT FOR GOOD AND VALUABLE CONSIDERATION, I, THE APPLICANT, ON BEHALF OF MYSELF AND THE ORGANIZATION, IF APPLICABLE, AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF APPLETON AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGE, EXPENSES AND COSTS, INCLUDING ATTORNEY 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/ORGANIZATION, ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM OR ANYONE WHOSE ACTS ANY OF THEM MAY BE LIABLE, EXCEPT WHERE CAUSED BY THE SOLE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY.

Signature of Applicant:



Date:

4-3-2023

Print Name:

William S. Bernauer

Submit completed application along with the total fee to:
Office of the City Clerk
100 N. Appleton Street
Appleton, WI 54911-4799

SECTION 5 – INDEMNIFICATION AND DISCLAIMER

Please read carefully before signing!

By signing below, I certify that I am at least 18 years of age, that I have read and understand the Special Event Policy, and that I agree to the terms and conditions contained in the Special Event Policy. My signature further confirms (i) that I understand the filing of this application does not ensure the issuance of a Special Event License, (ii) that the Special Event License Fee is non-refundable pursuant to the terms of the Special Event Policy, (iii) I will be responsible for ensuring the event and event participants comply with all applicable city ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations and any other applicable laws, rules and regulations including the Special Event Policy, (iv) that fees for park facilities, food sales permits, tent and fireworks permits, etc., are in addition to the Special Event License Fee, (v) that I am authorized to apply for this Special Event Licensed on behalf of the organization holding the event (if applicable), and (vi) that the information contained in this Application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

INDEMNIFICATION: BY SIGNING BELOW I ACKNOWLEDGE THAT FOR GOOD AND VALUABLE CONSIDERATION, I, THE APPLICANT, ON BEHALF OF MYSELF AND THE ORGANIZATION, IF APPLICABLE, AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF APPLETON AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGE, EXPENSES AND COSTS, INCLUDING ATTORNEY 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/ORGANIZATION, ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM OR ANYONE WHOSE ACTS ANY OF THEM MAY BE LIABLE, EXCEPT WHERE CAUSED BY THE SOLE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY.

Signature of Applicant: _____

Date: 4-3-2023

Print Name: _____

William S. Dorman

Submit completed application along with the total fee to:

Office of the City Clerk
100 N. Appleton Street
Appleton, WI 54911-4799

- Ceo -
and
~~*Joseph Schuler*~~
~~*Joseph Schuler*~~

FOR OFFICE USE ONLY				
DEPARTMENT	APPROVE	DENY	BY	REASON (if denied)
Community & Economic Development				
Fire				
Health				
Human Resources (Risk Management)				
Legal (Clerk)				
Parks, Recreation and Facility Management				
Police				
Public Works				
Valley Transit				
License Issue Date:		License Number:		
If License Is Denied, Date Applicant was Informed and Provided Appeal Information:				

SINGLE DAY EVENT LICENSE FEE -- **Includes \$7 for a Police investigation fee**

NUMBER OF DAYS BEFORE THE EVENT	SMALL EVENTS ² Without Street Closure	SMALL EVENTS ² With Street Closure	LARGE EVENTS ³ Without Street Closure	LARGE EVENTS ³ With Street Closure	SIGNIFICANT EVENTS ⁴ Without Street Closure	SIGNIFICANT EVENTS ⁴ With Street Closure
90+ days	\$57	\$107	\$507	\$707	\$1,007	\$1,507
60-89 days	\$67	\$157	\$607	\$757	\$1,207	\$1,707
45-59 days	\$82	\$207	\$807	\$1,007	\$1,657	\$2,507
30-44 days	\$107	\$307	\$907	\$1,007 + Late Fee ¹	\$1,657 + Late Fee ¹	\$2,507 + Late Fee ¹
11-29 days	\$207	\$407	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted
10 days	Application Not Accepted	Application Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted
Late Fee ¹	N/A	N/A	N/A	\$800	\$800	\$1,500

¹ LATE FEE will be charged for late applications for Large and Significant Events that have been held for the last two consecutive years where nothing has changed, subject to the late fee and the application approval process. If the event has not been held the last two consecutive years or if there is a change to the event from the previous year the application will not be accepted.

² SMALL EVENT = Anticipated attendance of less than 1,000 people.

³ LARGE EVENT = Anticipated attendance of between 1,000 and 4,999 people.

⁴ SIGNIFICANT EVENT = Anticipated attendance of 5,000 people and over.

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

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 2019 of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No

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>Knuth, Marissa J</i>	Title/Member <i>Owner</i>	Date <i>4/6/23</i>
Signature <i>Marissa Knuth</i>	Phone Number <i>[REDACTED]</i>	Email Address <i>[REDACTED]</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>4-20-23</i>	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: N/A

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

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

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

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

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

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

_____ months ago.

10. Seating capacity: Inside 40 Outside —

11. Operating hours (Inside the building): W-F 12-6pm; Sat 10a-4p; Sun 10a-2p
Operating hours (Outdoor seating areas): _____

12. Employees/Staff
Number of floor personnel 3 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: 1,500 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: — square feet.
- c. Below, identify the operational details of the proposed establishment:

Alcohol will be held in the back. When bride says yes complimentary sample served from an employee. Sealed bottles available to purchase on sales floor to be consumed off-site.

Maura Keth
Signature

4/6/2023
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 Ivory Rose Bridal Boutique Inc
(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 Ivory Rose Bridal Boutique
(Trade Name)

located at 103 E. College Ave. Suite 103 Appleton, WI 54911

appoints Manissa Knuth
(Name of Appointed Agent)

602 E. Eldorado St. Appleton, WI 54911
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? since 1991

Place of residence last year 602 E. Eldorado St Appleton, WI 54911

For: Ivory Rose Bridal Boutique Inc
(Name of Corporation / Organization / Limited Liability Company)

By: Manissa Knuth
(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, Manissa Knuth, 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.

Manissa Knuth 4/7/23
(Signature of Agent) (Date)
602 E. Eldorado St Appleton, WI 54911
(Home Address of Agent)

Agent's age
 Date of birth

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

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

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

2023-2024 RENEWALS

CLASS “A” FERMENTED MALT BEVERAGE & “CLASS A” LIQUOR LICENSE

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Target Corporation Sara Matusz, Agent, 521 Martin St DePere Wi 54115	Target Store T-1248	1800 S Kensington Dr
Tee Tees Nachos LLC Timasha Thornton, Agent, 500 S Pierce Ave Appleton WI 54914	Tee Tees Nachos	550 N Morrison St Ste C
Tiffani’s Bridal & Consignment LLC Tiffani Ebben, Agent, W7234 School Rd Greenville WI 54942	Tiffani’s Bridal	210 W College Ave 2 nd Fl

CLASS “B” FERMENTED MALT BEVERAGE LICENSE

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Fox Valley Athletics LLC L. Eric Schaefer, Agent, 1139 Honey Creek Cir Oshkosh WI 54904		1620 E Witzke Blvd-Jones Bldg
Tee Tees Nachos LLC Timasha Thornton, Agent, 500 S Pierce Ave Appleton WI 54914	Tee Tees Nachos	550 N Morrison St Ste C

**CLASS “B” FERMENTED MALT BEVERAGE LICENSE
AND “CLASS C” WINE LICENSE**

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

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

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Driftwood Special Servicing LLC Linda M. Garvey, Agent, 105 Alexander Dr Neenah WI 54956	Appleton Hilton-Banquet Services	333 W College Ave
Driftwood Special Servicing LLC Linda M. Garvey, Agent, 105 Alexander Dr Neenah WI 54956	Appleton Hilton-Blaze	333 W College Ave
Driftwood Special Servicing LLC Linda M. Garvey, Agent, 105 Alexander Dr Neenah WI 54956	Appleton Hilton- Clubhouse	333 W College Ave
Driftwood Special Servicing LLC Linda M. Garvey, Agent, 105 Alexander Dr Neenah WI 54956	Appleton Hilton- Lombardi Bar	333 W College Ave

Calaveras Fine Fusions LLC Calaveras Fine Fusions 511 W College Ave
Rebekkah Garcia, Agent, 1033 Madison St, Little Chute WI 54140

Cold Shot LLC Cold Shot 633B W Wisconsin Ave
Sherry Galow, Agent, 525 N Division St Appleton WI 54911

Driftwood Special Servicing LLC Fox Cities Exhibition Center 355 W Lawrence St
Linda M. Garvey, Agent, 105 Alexander Dr Neenah WI 54956

WHW Gastropub LLC Meade Street Bistro 2729 N Meade St
Daniel J. Hoff Sr., Agent, 225 E Wayfarer Ln Appleton WI 54913

RH Events LLC Poplar Hall 141 S Riverheath Way
Nicole Burleson, Agent, 161 S Riverheath Way #212 Appleton WI 54915

**CLASS "B" FERMENTED MALT BEVERAGE & RESERVE "CLASS B" LIQUOR
LICENSE**

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Wise Restaurant Group Paul J Wise, Agent, 561 S Waupaca St Wautoma WI 54982	Christianos Pizza	2400 S Kensington Dr #500



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.....enhancing quality of life"

**REQUEST for
Alcohol License
Premise Amendment**

FEES ARE NON-REFUNDABLE		Date Recv'd <u>4/11/23</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>4895-5</u>	

SECTION 1 - LICENSE INFORMATION

Name of Establishment <u>Rookies Sports Bar & Grill</u>	
Address of Establishment <u>325 N. APPLETON ST</u>	
Name of Agent <u>Steve Carrow</u>	Phone Number REDACTED

SECTION 2 - PREMISE AMENDMENT

Please describe the change in premises:
A drawing/diagram of the proposed area must also be submitted with this application

city lot will be fenced off with 2 entries with 2 stage member on duty. Permit for rookias parking lot + city lot.

Is this change Permanent? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If this is temporary please specify the reason for the amendment: <u>mile of music on city lot (lot pre approved)</u>
--	--

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:
August 3, 4, 5 2023 11:00am - 11:00pm All 3 days

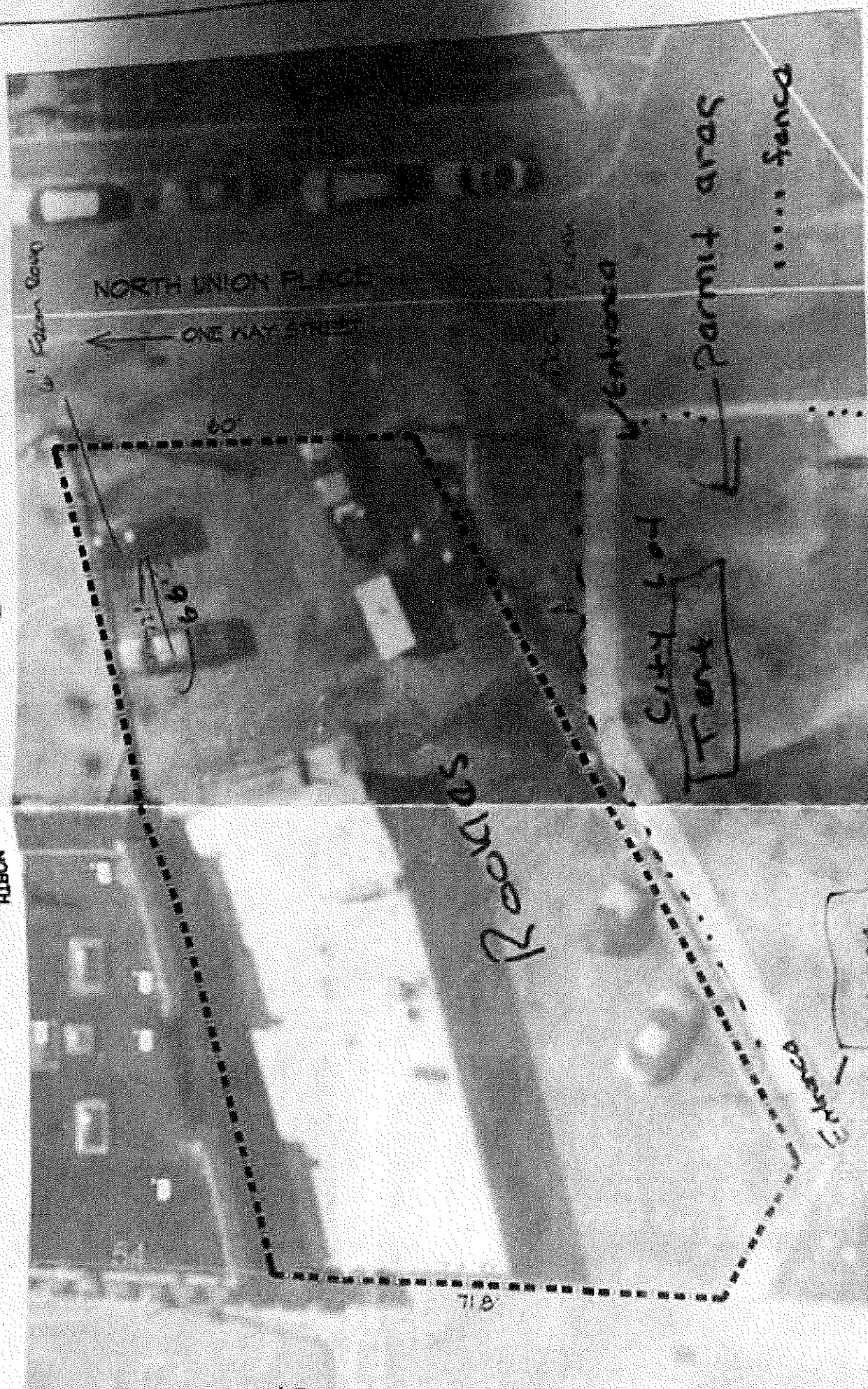
SECTION 3 - PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: [Signature]

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L 05/24/2023	Council 06/07/2023	Date Issued	Exp. Date	License Number



NORTH UNION PLACE

ONE WAY STREET

6' Cedar Green

60'

66'

2 ROOMS

City Food Tent

Stage

Doubt fence

718

APPLETON

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 RH EVENTS 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 POPLAR HALL
(Trade Name)

located at 141 S RIVERHEAD WAY, APPLETON

appoints NICOLE BURLESON
(Name of Appointed Agent)

161 S. RIVERHEAD WAY #212, 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? 17 YRS

Place of residence last year 744 1ST STREET, MENASHA, WI. 54952

For: POPLAR HALL, RH EVENTS LLC
(Name of Corporation / Organization / Limited Liability Company)

By: MJGEM
(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, NICOLE BURLESON, 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] 4/11/2023 Agent's age (Redacted)
(Signature of Agent) (Date)

161 S RIVERHEAD WAY #212, APPLETON, WI 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)	
BURLERSON		NICOLE		A	
Home Address (street/route)		Post Office	City	State	Zip Code
161 S. RIVERHOATH WAY #212			APPLETON	WI	54915
Home Phone Number		Age	Date of Birth	Place of Birth	
(Redacted)		(Redacted)	(Redacted)	(Redacted)	

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 POPLAR HALL, RH EVENTS LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

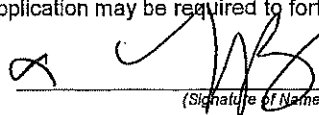
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 17 YRS
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 employee 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
BUNE DES MOIS C.C.	3600 W. PROSPECT AVE, APPLETON	2007	2022
GREEN BAY COUNTY CUBS	2400 KLONDIKE RD. GREEN BAY	2019	2020

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


(Signature of Named Individual)



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.....enhancing quality of life"

FEEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event
Investigation Fee + 7.00
Total Amount Paid 17.00

Date Rec'd 4/27/23

Acct Code: CLCSPB

Acct Code: CLCPIF

Receipt: 4988.02

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) **Fox Cities Chamber of Commerce** Date Organized **September 29, 1976**

Address **125 N. Superior Street** City **Appleton** State **WI** Zip **54911**

Person in Charge of Event: Name: Last **Lehr** First **Thomas** M. I. **S** Date of Birth

Address **125 N. Superior Street** City **Appleton** State **WI** Zip **54911** Person in charge phone number: **REDACTED**

President Last **Bartoszek** First **Rebecca** Middle Initial **L** Date of Birth **REDACTED** Male Female

Address **125 N. Superior Street** City **Appleton** State **WI** Zip **54911**

Vice President Last **Lehr** First **Thomas** Middle Initial **S** Date of Birth **REDACTED** Male Female

Address **125 N. Superior Street** City **Appleton** State **WI** Zip **54911**

Secretary Last First Middle Initial Date of Birth Male Female

Address City State Zip

Treasurer Last First Middle Initial Date of Birth Male Female

Address City State Zip

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning **9 / 30 / 2023** Ending: **9 / 30 / 2023** Hours **9:00** AM PM **6:00** AM PM

Please describe the type of event you are going to have: **Appleton's Octoberfest**

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: **See bar locations on attached map**

Address City State Zip

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

see map attached of details
College Ave - Richmond to Lawe St
If yes, how will you prevent minors from obtaining alcoholic beverages?

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 **EUPICFO**

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L 05/24/2023	Date Issued		Exp. Date	License Number



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.....enhancing quality of life"

FEES ARE NON-REFUNDABLE	Date Rec'd <u>5/4/23</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17</u>	Receipt <u>SD25-5</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) Fox Valley Vietnam Veterans Assoc. Date Organized 7-1983

Address 120 N. Morrison St City Appleton State WI Zip 54912

Person in Charge of Event: Name: Last Williams First David M. I. G Date of Birth

Address 29 S. Meadow Dr. City WI State WI Zip 54915 Person in charge phone number: REDACTED

President Last Boettcher First Bob Middle Initial A Date of Birth REDACTED Male Female

Address 1409 Harrison City Appleton State WI Zip 54911

Vice President Last Falk First Don Middle Initial F Date of Birth REDACTED Male Female

Address 528 Claire Dr City Appleton State WI Zip 54915

Secretary Last Wilhams First Joe Middle Initial E. Date of Birth REDACTED Male Female

Address 11014 Verne Rd City Menasha State WI Zip 54952

Treasurer Last Wilhams First Joe Middle Initial A Date of Birth

Address City State Zip

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 08/03/23 Ending: 08/06/23 Hours 11:00 AM / PM 11:00 AM / PM

Please describe the type of event you are going to have: Free Music Festival open to the general public

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: Lawrence University main stage

Address 701 E College Ave City Appleton State WI Zip 54911

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

Lawrence Lawn main stage If yes, how will you prevent minors from obtaining alcoholic beverages? Wristbands w/ I.D. check. Drink tickets and licensed bar tender

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	Date Issued		Exp. Date	License Number



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FEES ARE NON-REFUNDABLE	Date Rec'd <u>5/4/23</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>7.00</u>	Acct Code: CLCPIF
Total Amount Paid <u>10</u>	Receipt <u>5005-5</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) Fox Valley Vietnam Veterans Assoc. Date Organized 7-1983

Address 120 N. Morrison St City Appleton State WI Zip 54914

Person in Charge of Event: Name: Last Willems First David M. I. G Date of Birth REDACTED

Address 59 S. Meadow Dr. City WI State WI Zip 54915 Person in charge phone number: REDACTED

President Last Boetcher First Bob Middle Initial A Date of Birth REDACTED Male Female

Address 1409 Harrison City Appleton State WI Zip 54911

Vice President Last Falk First Don Middle Initial F Date of Birth REDACTED Male Female

Address 528 Claire Dr. City Appleton State WI Zip 54915

Secretary Last Wilharm First JOE Middle Initial E Date of Birth REDACTED Male Female

Address W7004 Verne Rd City Menasha State WI Zip 54952

Treasurer Last Wilharm First Joe Middle Initial Date of Birth REDACTED Male Female

Address City State Zip

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 08/03/23 Ending: 08/06/23 Hours 11:00 AM / PM 11:00 AM / PM

Please describe the type of event you are going to have: Free Music Festival open to the general public

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: Houdini Plaza

Address Downtown College Ave City Appleton State WI Zip 54911

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

At Houdini Plaza main stage If yes, how will you prevent minors from obtaining alcoholic beverages? wristbands w/ I.D. check Drink tickets/ licensed bar tenders

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

FOR OFFICE USE ONLY

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



"meeting community needs
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FEES ARE NON-REFUNDABLE	Date Rec'd <u>5/3/23</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>7.00</u>	Acct Code: CLCPIF
Total Amount Paid <u>10</u>	Receipt <u>5030-4</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) Heart of the Valley Lions Club Date Organized 2018

Address 207 Hidden Ridges Way City Combined Locks State WI Zip 54113

Person in Charge of Event: Name: Last Sewall First Beth M. I. M Date of Birth REDACTED

Address 207 Hidden Ridges Way City Combined Locks State WI Zip 54113 Person in charge phone number: REDACTED

President Last Jansen First Ashley Middle Initial _____ Date of Birth _____ Male Female

Address 106 Brookview Place City Combined Locks State WI Zip 54113

Vice President Last Sewall First Beth Middle Initial M Date of Birth _____ Male Female

Address 207 Hidden Ridges Way City Combined Locks State WI Zip 54113

Secretary Last Laird First Kelly Middle Initial _____ Date of Birth _____ Male Female

Address 510 Richard St. City Combined Locks State WI Zip 54113

Treasurer Last VanderBrich First Michelle Middle Initial _____ Date of Birth _____ Male Female

Address N9603 Harriet Dr. City Appleton State WI Zip 54915

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 6/3/23 Ending: 6/3/23 Hours 4:30 AM PM 10:00 AM PM

Please describe the type of event you are going to have: 501 Dance 2023

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: Adjacent to pavillion - Jones Park

Address 301 W. Lawrence St. City Appleton State WI Zip 54911

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

Amphitheater to pavillion If yes, how will you prevent minors from obtaining alcoholic beverages? ID check + wristbands required

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 05/24/2023	Date Issued		Exp. Date	License Number



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.....enhancing quality of life"

FEES ARE NON-REFUNDABLE	Date Rec'd <u>5/3/23</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17</u>	Receipt <u>5030-4</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)				Date Organized	
<u>Heart of the Valley Lions Club</u>				<u>2018</u>	
Address		City	State	Zip	
<u>207 Hidden Ridges Way</u>		<u>Combined Locks</u>	<u>WI</u>	<u>54113</u>	
Person in Charge of Event:		Name: Last	First	M.I.	Date of Birth
		<u>Sewall</u>	<u>Beth</u>	<u>M</u>	<u>REDACTED</u>
Address		City	State	Zip	Person in charge phone number:
<u>207 Hidden Ridges Way</u>		<u>Combined Locks</u>	<u>WI</u>	<u>54113</u>	<u>REDACTED</u>
President	Last	First	Middle Initial	Date of Birth	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
	<u>Jansen</u>	<u>Ashley</u>			
Address		City	State	Zip	
<u>106 Brookwood Place</u>		<u>Combined Locks</u>	<u>WI</u>	<u>54113</u>	
Vice President	Last	First	Middle Initial	Date of Birth	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
	<u>Sewall</u>	<u>Beth</u>	<u>M</u>		
Address		City	State	Zip	
<u>207 Hidden Ridges Way</u>		<u>Combined Locks</u>	<u>WI</u>	<u>54113</u>	
Secretary	Last	First	Middle Initial	Date of Birth	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
	<u>Laird</u>	<u>Kelly</u>			
Address		City	State	Zip	
<u>510 Richard St</u>		<u>Combined Locks</u>	<u>WI</u>	<u>54113</u>	
Treasurer	Last	First	Middle Initial	Date of Birth	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
	<u>Vanden Bosch</u>	<u>Michelle</u>			
Address		City	State	Zip	
<u>N9603 Handel Dr</u>		<u>Appleton</u>	<u>WI</u>	<u>54915</u>	

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning	<u>7/8/23</u>	Ending:	<u>7/8/23</u>	Hours	<u>4:30</u>	AM/PM	<u>(P)</u>	<u>10:00</u>	AM/PM	<u>(M)</u>
Please describe the type of event you are going to have:										
<u>Sky Dance 2023</u>										
Do you plan to serve food at this event? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact the Appleton Health Department. (920.832.6429)										
Location where beer or wine will be sold or served:										
<u>Adjacent to pavilion - Jones Park</u>										
Address		City	State	Zip						
<u>301 W. Lawrence St</u>		<u>Appleton</u>	<u>WI</u>	<u>54911</u>						
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!				Will minors be present?			No	<input checked="" type="checkbox"/> Yes		
<u>Amphitheater to Pavilion</u>				If yes, how will you prevent minors from obtaining alcoholic beverages?			<u>ID check + wristbands required</u>			

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 Beth Sewall

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L 05/24/2023	Date Issued		Exp. Date	License Number



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APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDABLE		Date Rec'd <u>5/5/23</u>
See SECTION 5 for Fee Schedule		
License Fee - Initial	\$ _____	Acct. Code: CLPETK
License Fee - Renewal	\$ <u>75</u>	Acct. Code: CLPETK
Investigation Fee	+ \$ 7.00	Acct. Code: CLCPIF
Total Amount Paid	\$ <u>82-</u>	Receipt <u>5D355-1</u>
License period July 1 to June 30		

PLEASE ALLOW 4 WEEKS FOR PROCESSING

SECTION 1 – BUSINESS LOCATION – Answer all questions completely. Please PRINT clearly					
NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.					
Business Name <u>FISH CAVE LLC</u>					
Business Street Address <u>2110 S MEMORIAL DR</u>			City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54915</u>
Business Telephone Number <u>414-234-3526</u>					
SECTION 2 – APPLICANT INFORMATION					
Name <u>TON VIANU</u>					
Home Street Address <u>1503 E COULDRÉ AVE</u>			City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54915</u>
Date of Birth <u>REDACTED</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	Telephone Number <u>REDACTED</u>		
SECTION 3 – SERVICES TO BE PROVIDED					
Please check the type(s) of services your establishment will offer:		<input checked="" type="checkbox"/> Live animals		<input checked="" type="checkbox"/> Pet Food	
<input checked="" type="checkbox"/> Pet Accessories	<input checked="" type="checkbox"/> Fish	Other _____			
SECTION 4 – PENALTY NOTICE					
Having knowledge of all governmental laws, rules or regulations governing the keeping or protection of animals, I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.					
Signature of Applicant: <u>[Signature]</u>					
SECTION 5 – FEE SCHEDULE **all fees include the \$7 investigation fee**					
Pet Store License	Initial Fee - \$97.00	Renewal Fee - \$82.00			
Kennel License	1-10 animals - \$62.00	11-25 animals - \$137.00			
	26-50 animals - \$262.00	More than 50 animals - \$5.00 per animal with a minimum of \$287.00			
FOR OFFICE USE ONLY					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
City Sealer					
Inspection					
Community Development					
S&L <u>5/24/2023</u>	Council <u>06/07/2023</u>	Date Issued		Exp. Date	
				License Number	

04-23-21

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



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APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDABLE		Date Rec'd <u>5/8/23</u>
See SECTION 5 for Fee Schedule		
License Fee - Initial	\$ _____	Acct. Code: CLPETK
License Fee - Renewal	\$ <u>75</u>	Acct. Code: CLPETK
Investigation Fee	+ \$7.00	Acct. Code: CLCPIF
Total Amount Paid	\$ <u>82</u>	Receipt <u>5044-3</u>
License period July 1 to June 30		

PLEASE ALLOW 4 WEEKS FOR PROCESSING

SECTION 1 – BUSINESS LOCATION – Answer all questions completely. Please PRINT clearly

NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.

Business Name <u>HSA Corporation dba Pet Supplies Plus #97</u>			
Business Street Address <u>702 W. Northland Ave.</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54914</u>
Business Telephone Number <u>920-832-3858</u>			

SECTION 2 – APPLICANT INFORMATION

Name <u>Angela DeHaan</u>			
Home Street Address <u>8985 Buchanan St.</u>	City <u>Allendale</u>	State <u>MI</u>	Zip <u>49401</u>
Date of Birth <u>REDACTED</u>	Male	Female <u>X</u>	Telephone Number <u>REDACTED</u>

SECTION 3 – SERVICES TO BE PROVIDED

Please check the type(s) of services your establishment will offer:		<input checked="" type="checkbox"/> Live animals	<input checked="" type="checkbox"/> Pet Food
<input checked="" type="checkbox"/> Pet Accessories	<input checked="" type="checkbox"/> Fish	<input checked="" type="checkbox"/> Other	

SECTION 4 – PENALTY NOTICE

Having knowledge of all governmental laws, rules or regulations governing the keeping or protection of animals, I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Angela DeHaan

SECTION 5 – FEE SCHEDULE **all fees include the \$7 investigation fee**

Pet Store License	Initial Fee - \$97.00	<u>Renewal Fee - \$82.00</u>
Kennel License	1-10 animals - \$62.00	11-25 animals - \$137.00
	26-50 animals - \$262.00	More than 50 animals - \$5.00 per animal with a minimum of \$287.00

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
City Sealer				
Inspection				
Community Development				
S&L <u>05/24/2023</u>	Council		Date Issued	Exp. Date
				License Number

04-23-21

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



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.....enhancing quality of life"

APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDABLE		Date Rec'd <u>5/12/23</u>
See SECTION 5 for Fee Schedule		
License Fee - Initial	\$ _____	Acct. Code: CLPETK
License Fee - Renewal	\$ <u>75</u>	Acct. Code: CLPETK
Investigation Fee	+ \$ 7.00	Acct. Code: CLCPIF
Total Amount Paid	\$ <u>82</u>	Receipt <u>5068-6</u>
License period July 1 to June 30		

PLEASE ALLOW 4 WEEKS FOR PROCESSING

SECTION 1 - BUSINESS LOCATION - Answer all questions completely. Please PRINT clearly

NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.

Business Name Just Pets

Business Street Address 2009 N. Richmond St. City Appleton State WI Zip 54911

Business Telephone Number 920-733-6788

SECTION 2 - APPLICANT INFORMATION

Name Craig Weborg

Home Street Address N8803 Kernan Ave. City Menasha State WI Zip 54952

Date of Birth REDACTED Male Female Telephone Number REDACTED

SECTION 3 - SERVICES TO BE PROVIDED

Please check the type(s) of services your establishment will offer: Live animals Pet Food

Pet Accessories Fish Other

SECTION 4 - PENALTY NOTICE

Having knowledge of all governmental laws, rules or regulations governing the keeping or protection of animals, I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Craig Weborg

SECTION 5 - FEE SCHEDULE **all fees include the \$7 Investigation fee**

Pet Store License	Initial Fee - \$97.00	Renewal Fee - \$82.00
Kennel License	1-10 animals - \$62.00	11-25 animals - \$137.00
	26-50 animals - \$262.00	More than 50 animals - \$5.00 per animal with a minimum of \$287.00

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
City Sealer				
Inspection				
Community Development				
S&L <u>5-24-23</u>	Council	<u>06/07/2023</u>	Date Issued	Exp. Date
				License Number

Mechanical Amusement Devices

TRADE NAME	COMPANY	ADDRESS
ANGELS RESTAURANT	FIRSTUSKANA LLC	1401 EAST JOHN STREET
APPLETON AXE THROWING	APPLETON AXE LLC	1400 WEST COLLEGE AVENUE
APPLETON CLARK	KEDAAR LLC	1200 WEST WISCONSIN AVE
APPLETON EXXON	BANEE CORPORATION	1717 WEST COLLEGE AVENUE
BADGER GAS INC	BADGER GAS INC	911 WEST COLLEGE AVENUE
BADGER MOBIL	KAVYA GAS INC	1201 NORTH BADGER AVENUE
BADGER SPORTS PARK	BADGER BOYS 2 LLC	3600 EAST EVERGREEN DRIVE
BAZILS PUB	BEHNKE ENTERPRISES, INC.	109 WEST COLLEGE AVENUE
CALUMET PANTRY	AADYA, LLC	319 EAST CALUMET STREET
CAMELOT BAR & GRILL	CAMELOT OF APPLETON LLC	1700 EAST WISCONSIN AVENUE
CAPITOL CENTRE	PLAMANN BROS., INC.	725 WEST CAPITOL DRIVE
CARTER'S CABOOSE	DEBRA L TERRY	1428 WEST SECOND STREET
CINDER'S CHARCOAL GRILL	ANK RESTAURANT INC	221 SOUTH KENSINGTON DRIVE
COLD SHOT	COLD SHOT LLC	633 B WEST WISCONSIN AVE
CORNER PUB	KIM WILLIAMS	1123 NORTH MASON STREET
D.K. PETROLEUM	DK PETROLEUM INC.	2619 NORTH RICHMOND STREET
D2 OF APPLETON	D2 OF APPLETON INC	403 WEST COLLEGE AVENUE
DAIRYLAND BREW PUB	DAIRYLAND BREWING CO LLC	1216 EAST WISCONSIN AVENUE
DÉJÀ VU MARTINI LOUNGE	DÉJÀ VU ENTERPRISES LLC	519 WEST COLLEGE AVENUE
DR. JEKYLL'S	STRANGE CASE LLC	314 EAST COLLEGE AVE
EAGER BEAVER	EAGER BEAVER LLC	1400 WEST SECOND STREET
EMMETT'S BAR & GRILL	TNE, INC.	139 NORTH RICHMOND ST
FAT SAMMY'S	FAT SAMMY'S INC	2500 SOUTH ONEIDA STREET
FOX RIVER HOUSE	FOX RIVER HOUSE LLC	211 SOUTH WALNUT ST
FRIENDS & NEIGHBORS	FRIENDS & NEIGHBORS, INC.	148 SOUTH WALTER AVENUE
FRONTERAS	FRONTERAS, LLC	2311 WEST COLLEGE AVENUE
GENESIS CLUB	GENESIS CLUB, INC	1213 NORTH APPLETON STREET
GRUMPY'S PUB	K CORPORATION	1501 NORTH RICHMOND STREET
HANK & KAREN'S	HENRY J. GRISHABER LLC	1937 EAST JOHN STREET
HOLIDAYS PUB & GRILL	HOLIDAYS PUB & GRILL LLC	3950 N RICHMOND ST
HOUDINI'S ESCAPE GASTROPUB	SANTINO LLC	1216 SOUTH ONEIDA ST
JACK'S APPLE PUB	JACKS APPLE PUB LLC	535 WEST COLLEGE AVENUE
JIM'S PLACE	DDCT, INC.	223 EAST COLLEGE AVENUE
LINDO MICHOCAN	LINDO MICHOCAN MEXICAN RESTAURANT LLC	207 NORTH RICHMOND STREET
M.T. POCKETS	FOX VALLEY RENTALS & INVESTMENTS LLC	2906 EAST NEWBERRY STREET
MAPLE TREE RESTAURANT	MAPLE TREE RESTAURANT & PANCAKE HOUSE	2106 S ONEIDA ST
MARITIME BAR	TWO BUCKS ONLY II LLC	336 WEST WISCONSIN AVE
MCGUINNESS IRISH PUB	MIP LLC	201 S WALNUT ST
MEMORIAL LIQUOR	NEPAL LLC	415 SOUTH MEMORIAL DRIVE
MISSFITS TAVERN	UNCLE JIMS LLC	317 NORTH APPLETON ST
MR. FROGS	JACKSON INVESTMENT GROUP LLC	409 WEST COLLEGE AVENUE
NEWBERRY MOBIL	SG PETROLEUMS LLC	2811 EAST NEWBERRY STREET
NO IDEA	BEHNKE ENTERPRISES, INC.	109 WEST COLLEGE AVENUE
NORTHLAND AMOCO	SWAMI LLC	800 EAST NORTHLAND AVE
NORTHLAND MOBIL	DEPU LLC	105 WEST NORTHLAND AVE
OB'S BRAU HAUS	NAC LLC	523 WEST COLLEGE AVE
OLDE TOWN TAVERN	BEHNKE ENTERPRISES, INC.	109 WEST COLLEGE AVENUE
ONEIDA BP	ONEIDA STREET MIN MART LLC	1306 SOUTH ONEIDA STREET
PARKER JOHNS	VIAND HOSPITALITY LLC	2331 EAST EVERGREEN DRIVE
PILLOW TALK -N- WINE	PILLOW TALK -N- WINE LLC	2310 WEST COLLEGE AVENUE UNIT C
PLAYER 2 ARCADE BAR	PLAYER 2 LLC	215 EAST COLLEGE AVE
RASCALS BAR & GRILL	GT LIMITED	702 EAST WISCONSIN AVENUE
RED OX	SIMPSON'S RED OX, INC.	2318 SOUTH ONEIDA ST
RICHMOND CITGO	SAI KRUPA, LLC	1601 N RICHMOND ST
RICHMOND MOBIL	BSS CORPORATION	3401 N RICHMOND ST
RICHMOND ST PUB	RICHMOND ST. PUB, INC.	1631 NORTH RICHMOND ST
RIVERSIDE BAR & GRILL	GREGG VANDINTER	906 SOUTH OLDE ONEIDA STREET
ROOKIES SPORTS BAR & GRILL	S C CARROW CORP	325 N APPLETON ST

SCUBAS POURHOUSE	SCUBAS POURHOUSE LLC	1309 EAST WISCONSIN AVE
STONE ARCH BREW PUB	STONE ARCH BREW PUB INC	1004 SOUTH OLDE ONEIDA STREET
STUDY HALL GRILLE & PUB	KIM WILLIAMS	313A EAST CALUMET STREET
SUPER BOWL FAMILY ENTERTAINMENT CENTER	BOWLERO WISCONSIN LLC	2222 EAST NORTHLAND AVE
THE 10TH FRAME	10TH FRAME LLC	618 WEST WISCONSIN AVE
THE BAR ON THE AVENUE	MILKO, INC.	427 WEST COLLEGE AVENUE
THE BENT KEG	THBJ INVESTMENTS, LLC	417 WEST COLLEGE AVE
THE DAILY PINT	GENERATION PAULSON, INC	830 E NORTHLAND AVE
THE DURTY LEPRECHAUN	MC GREGORS LLC	343 WEST COLLEGE AVENUE
THE HIDE-A-WAY	GRIN & BARRETT, INC.	1400 WEST WISCONSIN AVENUE
THE PUB & GRILL	RICHMOND BAR AND GRILL LLC	2611 NORTH RICHMOND STREET
THE WISHING WELL	HARVATH, LLC	2709 EAST NEWBERRY STREET
TIPSY TACO & TEQUILA BAR	TIPSY TACO & TEQUILA BAR LLC	127/129 SOUTH MEMORIAL DR
UNION JACK	GREGG VANDINTER	812 SOUTH OLDE ONEIDA STREET
VALLEY MOBIL	VAN ZEELAND OIL CO. INC	2661 S ONEIDA ST
WILDER'S BISTRO	TUDY WILDER LLC	2639 SOUTH ONEIDA ST STE 1
WISCONSIN AVE MARATHON	SAYASH LLC	1920 EAST WISCONSIN AVE
WISCONSIN AVE PANTRY	JALIYAN GAS, LLC	111 WEST WISCONSIN AVENUE
WOODEN NICKEL SPORTS BAR & GRILL	WOODEN NICKEL RESTAURANT & LOUNGE, INC.	217 EAST COLLEGE AVE
	NATIONAL ENTERTAINMENT NETWORK	3701 E CALUMET ST

2023-2024 Cigarette License Renewals

TRADENAME	BUSINESS NAME	ADDRESS
APPLETON HILTON	DRIFTWOOD SPECIAL SERVICING LLC	333 WEST COLLEGE AVENUE
TEE TEE'S NACHOS	TEE TEE'S NACHOS LLC, TIMASHA THORNTON	550 N MORRISON STREET

CITY OF APPLETON PERSONNEL POLICIES	TITLE: SALARY ADMINISTRATION	
ISSUE DATE:	LAST UPDATE: October 2022	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All regular full and part-time employees covered by the Non-represented compensation plan. Excludes represented employees.	TOTAL PAGES: 6
Reviewed by Legal Services Date:	Committee Approval Date:	Council Approval Date: 11/2/22

I. PURPOSE

To outline the guidelines utilized for administration of the compensation plan.

II. POLICY

It is the policy of the City of Appleton to provide competitive compensation to attract and retain competent staff and to encourage and reward performance within the financial resources available.

III. DISCUSSION

The City of Appleton is committed to rewarding team members in a fair and consistent manner, we offer compensation and rewards that support equity and align with our diversity, equity, and inclusion values. We aim to attract and retain employees to contribute to the success of the organization. This policy is subject to change with approval of the Common Council. The Human Resources Director shall be responsible for the administration of the compensation policy.

DEFINITIONS

- A. Fair Labor Standards Act (FLSA): A federal act that sets minimum wage, overtime pay, equal pay, record keeping and child labor standards for employees who are covered by the act and who are not exempt from specific provisions. An employee classified in the compensation plan as “Exempt” is not eligible for the overtime compensation provisions of FLSA.
- B. Base Pay: An employee's initial rate of compensation, excluding extra lump sum compensation, shift differential etc. An employee's base pay can be expressed as a base hourly rate of pay or as an annual salary.
- C. Position Analysis Questionnaire (PAQ): A job analysis that outlines the responsibilities and the requirements necessary to perform the functions of the position. The PAQ is utilized to evaluate the position responsibilities for allocation to the appropriate pay grade.
- D. Compensation Plan: A schedule of pay ranges listing the job classifications and minimum/maximum rates. All regular positions shall be placed in one of these ranges based on a PAQ and point factor job evaluation.
- E. Emergency: For purposes of this policy, an emergency shall be defined as an unplanned, significant

event that affects the operation, or service level of the department (as determined by the Department Director and/or the Mayor)

- F. Interim Assignment: When an employee is assigned to a different position on a temporary basis, because of a vacancy.
- G. Non-base pay adjustment: Pay adjustments generally in the form of a lump sum or other forms that do not increase the employee's base pay.
- H. Red-circled: The maintenance of an employee's pay rate above the established range maximum. An employee whose pay rate is at or above the range maximum may be eligible for a non-base performance adjustment.
- I. Midpoint: The center of an open pay range. The midpoint provides a reference point to measure progression within the pay range.

IV. PROCEDURES

A. DETERMINATION OF PAY RANGES

The compensation plan shall be based on the principle of equal pay for equal work. Pay ranges within the compensation plan shall be determined with regard to factors including, but not limited to: training and ability; level of work; physical demands; independence of actions; supervision exercised; experience required; human relations skills; working conditions or hazards and impact of errors; and prevailing rates of pay for similar jobs in public and private employment as determined by the City.

B. ENTRANCE PAY RATE

The entrance pay rate shall be within 60% of the minimum of the pay range. All appointments (including department heads) above the 60% must be authorized, in advance, by a majority of the Mayor, Human Resources Committee Chair and Human Resources Director.

C. RECLASSIFICATION

The Position Classification Review Process is the method for determining pay range assignment of new positions or reclassification actions involving substantial changes in the duties and responsibilities of an existing position or external market changes.

(a) Classification or Reclassification Consideration

A request for reclassification of a current position or the classification of a new position may be initiated by a department director, or by the Human Resource Director. Requests for reclassifications may occur throughout the year as positions are created or become vacant.

Reclassification consideration for existing positions requires that the employee and the department director document substantial changes in existing duties since the most recent review. Duty changes may be from substantial, immediate reassignment of duties due to reorganization, or may be the result of a logical and gradual change of responsibilities over a period of time.

To be considered for reclassification, changes should be stable and typically should have been in effect for at least six months preceding the reclassification request so that it is clear that the changes that exist are likely to remain for some period of time. Reclassification will not be considered for temporary changes in duties.

A request for classification or reclassification consideration must be in writing to the Human Resources Generalist. The Human Resources Generalist will guide the appropriate process for a review.

(b) Review of Requests

Following internal review by the Human Resource Director, the Human Resource Generalist will submit the PAQ and any supporting documentation to the consultant for evaluation if the criteria for reclassification is met. If the reclassification is appropriate, the consultant will recommend a grade assignment for the position. The consultant may request further information.

(c) The Employer's Response to the Consultant's Recommendations

The employee and the department director will be informed of the final decision in writing. The effective date of any compensation changes will be based on the specific circumstance of the reclassification.

D. COMPENSATION PLAN COMPONENTS

(a) Pay Plan Adjustment

Pay Plan adjustments are typically made on an annual basis. The Human Resources Director shall recommend such adjustments to the Mayor and Finance Director based on the general level of pay adjustments in the relevant job markets where the City competes. These adjustments are also made in consideration of general changes in cost-of-living indices.

The adjustment takes the form of an adjustment to pay plan with the goal of maintaining market competitiveness of the pay plan.

No increase will be made to an employee's pay as a result of a pay plan adjustment.

(b) Merit increase

The amount allocated for merit increase shall be established each year by the Mayor and included in the annual budget, subject to approval by the Common Council. Merit increases will be awarded to all employees that meet or exceed their goals and departmental expectations.

E. PAY RATE ADJUSTMENTS

The Human Resources Director and the applicable Department Director shall determine the pay status of an employee based on the following:

- (a) Transfers - When an employee is transferred from one class to another with a common pay range, the employee shall continue to receive the same pay rate unless a different rate is deemed appropriate.
- (b) Promotion - When an employee is promoted from one class to another having a higher pay range, the employee shall receive an increase as deemed appropriate. For consideration of placement into the new pay range, such factors as the average value of overtime lost, average

value of extra hours worked in a non-exempt capacity as well as other internal and external factors shall be considered.

- (c) Demotion - When an employee accepts a position in a lower pay grade for any reason, a rate of pay shall be determined. For consideration of placement into the new salary range, such factors as experience, qualification, length of service, average value of overtime lost and the level of pay similar to employees in the pay range shall be considered.
- (d) Upward Re-Classification - When an employee's position is reclassified into a higher pay grade, the reclassification shall be treated the same as a promotion under (b) above.
- (e) Downward Re-Classification - When an employee's position is reclassified into a lower pay grade, the reclassification shall be treated the same as (c.) above.

(f) Equity Adjustments

Equity adjustments are salary changes outside of the normal salary programs (as listed above) to remedy salary issues such as external pressure in high demand areas, internal salary compression, and/or retention considerations. Equity adjustments may also be used when additional duties are added.

F. MINIMUM AND MAXIMUM RATES

Generally, an employee shall be paid within the pay range of their position. Library substitute positions may only advance to the midpoint of the pay scale.

An employee may be paid below the minimum of their pay range as the result of not receiving a pay adjustment due to their performance.

An employee who receives a base pay adjustment cannot exceed the maximum of their pay range. An employee who is at the maximum of their pay range may be eligible for a lump sum payment as a method to recognize performance.

In the event of a reclassification, or re-evaluation of a pay range that results in an employee's pay falling outside the maximum of the newly assigned pay range, such employee's pay rate may be red-circled.

G. OVERTIME

- (a) Employees in the Compensation Plan who meet the exemption under the Fair Labor Standards Act shall be exempt from all premium pay provisions except as otherwise outlined in this policy.
- (b) Employees who are required to work Sunday, not part of their regular schedule, shall receive double time pay. Utility Department employees who work Sunday, as part of their regular schedule, shall receive double time pay.
- (c.) All non-represented non-exempt employees in the Compensation Plan shall be paid no less than the minimum compensation required pursuant to the FLSA, including overtime compensation on a time and one half basis, for all hours worked in excess of 40 hours per week subject to the following:
 - 1. Compensatory Time, Sick leave, PTO Sick, approved non-paid leave and FMLA non-paid leave hours shall not be counted as hours worked for purposes of computing overtime compensation; and,
 - 2. Scheduled City holiday hours, vacation, PTO , funeral leave, jury duty and approved paid FMLA leave (except PTO Sick, see #1 above) may be counted as

hours worked for purposes of computing overtime compensation (except when employee is called to work, then see #3 below); and,

3. Hours worked and paid at a Sunday or Holiday double time rate*, where the employee is also paid an additional call pay premium, shall not be counted as hours worked for purposes of computing overtime compensation.

*Holiday double time rate refer to Fringe Benefit Policy.

- (c) Battalion Chiefs and Deputy Fire Chiefs who fill in for other Chief Officers, when overtime would otherwise be required, shall receive straight time pay for all such hours worked in addition to their regular bi-weekly rate. Operations Battalion Chiefs who are required by the Chief to attend extended (generally more than four (4) hours) training on their off-duty time may be eligible for straight time pay for attendance at such training at the discretion of the Fire Chief.
- (d) Police Lieutenants and Captains will receive compensation at time and one half of the employee's base hourly rate when working beyond their normal schedule for Grants, Off-Duty Police Services, Avenue Detail, SWAT related incidents, major case investigations, transports, time in court, prisoner guard duty, and special events.
- (e) Overtime shall be approved in advance by the Department Director or supervisor and reviewed periodically by the Department Director. Overtime shall be kept to a minimum and shall be utilized to relieve specific occasional peak workloads or emergencies.

H. SHIFT PREMIUM

Non-exempt employees shall be eligible for a \$.50 shift premium added to their base pay if the employee is regularly scheduled (through shift selection or designated assignment) to work a 2nd or 3rd shift schedule (3rd or 4th shift schedule for Police).

I. TELEPHONE CALL

Non-exempt employees who are called by a supervisor on the telephone, outside of their regularly scheduled hours, to provide information related to the operation of the department shall be paid for the time actually spent on the telephone, but not less than one hour's straight time. This does not apply to employees receiving the Stand-by Duty pay.

J. EMERGENCY CALL-IN

Non-exempt employees who have left the worksite or are in a paid leave status, and who are called to return to work outside of their regularly scheduled hours to handle emergency situations that could not be anticipated, will be eligible for a lump sum of \$100 as call-in pay.

K. ASSIGNED SHIFT CHANGE

- (a) This applies to Utilities employees who operate on shifts.

When a non-exempt employee is required to work outside their assigned shift the employee will be paid as follows:

Employees notified for a change of assigned shift for a duration of more than one week and are given 48 hours or more notice shall be paid \$1.00 per hour, added to their base pay, for all hours worked for the duration of the scheduled shift.

Employees notified for a change of assigned shift for a duration of one week or less and are given 48 hours or more notice shall be paid \$2.00 per hour, added to their base pay, for all hours worked for the duration of the scheduled shift.

Employees notified for a change of assigned shift and are given less than a 48 hour notice shall be paid \$50 per day for the first 48 hours and then the employee shall be paid pursuant to the above.

The \$1.00 and \$2.00 premium pay shall be added to the employee's regular base rate for purposes of calculating the overtime rate.

(b) This applies to Department of Public Works employees who operate on shifts.

When a non-exempt employee is required to work outside their assigned shift the employee will be paid as follows:

Employees notified for a change of assigned shift shall be paid \$50 per day.

L. STAND-BY DUTY

Employees who are required by their department director to be on stand-by duty (required to remain within a one (1) hour response area, accessible by phone or pager, etc.) shall receive one hour's pay for each day of stand-by and (2) two hours if on the actual holiday (does not include the observed holiday).

All employees required to be on stand-by must remain physically fit and ready for duty and must continue to abide by City policies (i.e., Drug-Free Workplace).

M. CALL DUTY - EMERGENCY RESPONSE (Excludes Directors, Deputy Directors, Assistant Police Chief, Police Captains, and Police Lieutenants)

Any exempt employee, not on Stand By Duty, who is required to report to duty for emergency operations (e.g. snowplowing, water main breaks, facilities and grounds and technology issues, storms & other disasters) may be eligible for additional compensation in the form of a bonus as outlined below:

- ◆ If the employee reports for work and works less than three (3) hours, the employee shall be entitled to \$75.00 for each report.
- ◆ If the employee reports for work and works between 3-5 hours, the employee shall be entitled to \$200.00 for each report.
- ◆ If the employee reports for work and works between 5-8 hours, the employee shall be entitled to \$400.00 for each report
- ◆ If the employee reports for work and works more than 8 hours, the employee shall be entitled to \$500.00 for each report