



# City of Appleton

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

## Meeting Agenda - Final Safety and Licensing Committee

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Wednesday, July 12, 2023

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[23-0798](#) Safety & Licensing Committee Minutes from 06/28/2023

Attachments: [S&L Minutes 06-28-23.pdf](#)

5. **Public Hearing/Appealances**

6. **Action Items**

[23-0825](#) Request to Accept Absentee Ballot Envelope Subgrant from the WEC

Attachments: [C Appleton 45201 \\$7559.83 Envelope Subgrant Award Ltr.pdf](#)

[23-0824](#) Fire Department Service Agreement for Gold Cross Ambulance

Attachments: [Service Agreement for Gold Cross Ambulance.pdf](#)

[23-0818](#) Late 2023-2024 Class "B" Beer License Renewal application for Hmong Express LLC d/b/a Hmong Express, Ka Ying Thao, Agent, located at 1216 N Division St, contingent upon approval from the Finance and Inspections departments.

Attachments: [Hmong Express.pdf](#)

[23-0801](#) Class "B" Beer and "Class B" Liquor Transfer of Premise application for Taste of Thai Fox Valley LLC d/b/a Taste of Thai, Chisa Jitmaiwong, Agent, New location at 1222 S Oneida St, contingent upon approval from the Community Development, Health, Inspections and Police departments.

Attachments: [Taste of Thai Transfer of Premise.pdf](#)

- [23-0802](#) Class "B" Beer and "Class B" Liquor Permanent Premise Amendment application for Santino LLC d/b/a Houdini's Escape Gastropub, located at 1216 S Oneida St, contingent upon approval from the Community Development, Health, Inspections and Police departments.  
*Attachments:* [Houdini's Escape S&L.pdf](#)
- [23-0781](#) Class "B" Beer and "Class B" Liquor Permanent Premise Amendment application for WHW Gastropub LLC d/b/a Meade Street Bistro, Daniel J. Hoff Sr, Agent, located at 2729 N Meade St, contingent upon approval from the Health and Inspections departments.  
*Attachments:* [Meade Street Bistro.pdf](#)
- [23-0739](#) Temporary Class "B" Beer and "Class B" Liquor License Premise Amendment application for DDCT, Inc d/b/a Jim's Place, Stacy Hoffman, Agent, located at 223 E College Ave, on August 3-6, 2023, contingent upon approval from the Inspections department.  
*Attachments:* [Jim's Place S&L.pdf](#)
- [23-0740](#) Temporary Class "B" Beer and "Class B" Liquor License Premise Amendment for Wooden Nickel Restaurant & Lounge Inc d/b/a Wooden Nickel Sports Bar & Grill, Anthony Mueller, Agent, located at 217 E College Ave, on August 3-6, 2023, contingent upon approval from the Inspections department.  
*Attachments:* [Wooden Nickel S&L.pdf](#)
- [23-0790](#) Cigarette and Tobacco Products License application for James Holder d/b/a D8D Hemp, located at 2929 N Richmond St Ste 1.  
*Attachments:* [D8D Hemp S&L.pdf](#)
- [23-0789](#) Late Pet Store Renewal application for Wild Habitats, Brady Bartel, Applicant, located at 1350 W College Ave Ste B, contingent upon approval from the Inspections department.  
*Attachments:* [Wild Habitats S&L.pdf](#)
- [23-0738](#) Temporary Class "B" Beer and Temporary "Class B" Wine License application for Sacred Heart Parish, David Erickson, Person in Charge, located at 222 E Fremont St, contingent upon approval from the Inspections department.  
*Attachments:* [Sacred Heart Parish S&L.pdf](#)

## 7. Information Items

[23-0800](#)

## Special Events:

Aaron's Heart of Gold, Free Family Movie Series, Houdini Plaza, June 23rd, July 14th, August 11th  
Reach Counseling Services, Appleton Pride 2023, Jones Park, June 24th  
2023 Appleton Area Jaycees/Festival Food Fireworks, Memorial Park, July 3rd

[23-0799](#)

## Directors Report

1. City Clerk
  2. Fire Chief
  3. Police Chief
- Hiring Update

## 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

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Wednesday, June 28, 2023

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

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

2. Pledge of Allegiance

3. Roll call of membership

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

**Excused:** 1 - Van Zeeland

4. Approval of minutes from previous meeting

[23-0755](#)

Safety & Licensing Committee Minutes from 06/14/2023

**Attachments:** [S&L Minutes 06-14-23.pdf](#)

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

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

**Excused:** 1 - Van Zeeland

5. **Public Hearing/Appearances**

[23-0618](#)

Sushi Lover Demerit Point Violation appearance.

**Attachments:** [Demerit Point Notification Letter 2023 - Sushi Lover.pdf](#)

*The following appeared on behalf of Sushi Lover and addressed the committee:  
Jian Chen, 3500 N Morrison St, Appleton WI 54911*

6. **Action Items**

[23-0613](#)

Class "B" Beer License application for Core's Lounge LLC d/b/a Core's Lounge, Kor Xiong, Agent, located at 1350 W College Ave Suite D.

**Attachments:** [Core's Lounge.pdf](#)  
[CoresLounge 2023 Lic Denial Letter.pdf](#)

*The following spoke regarding this license application:  
Amy Annen, 1334 W Washington St, Appleton WI 54914  
Nate Jones, 1350 W Washington St, Appleton WI 54914*

**Schultz moved, seconded by Wolff, that the license be recommended for denial for the reasons outlined in the attached memo. Roll Call. Motion carried by the following vote:**

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

**Excused:** 1 - Van Zeeland

[23-0717](#)

Request to apply for WE Energies Grant for EMS Supplies and Training Items

**Attachments:** [Request to Apply for WE Energies Grant for EMS Supplies and Training Items.docx](#)

**Schultz moved, seconded by Wolff, that the grant application be recommended for approval. Roll Call. Motion carried by the following vote:**

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

**Excused:** 1 - Van Zeeland

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

**Schultz moved, Wolff seconded, to approve the balance of action items. The motion carried by the following vote:**

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

**Excused:** 1 - Van Zeeland

[23-0778](#)

Class "B" Beer and "Class B" Liquor License application for Taste of Thai Fox Valley LLC d/b/a Taste of Thai, Chisa Jitmaiwong, Agent, located at 321 E College Ave, contingent upon approval from all departments.

**Attachments:** [Taste of Thai.pdf](#)

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

[23-0747](#)

Class "A" Beer and "Class A" Liquor - Cider Only Change of Agent application for Kwik Trip Inc d/b/a Kwik Trip #639, Alexandra D Beck, New Agent, located at 2175 S Memorial Dr.

**Attachments:** [Alexandra D Beck S&L.pdf](#)

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

[23-0710](#)

Temporary Class "B" Beer and "Class B" Liquor Premise Amendment application for TNE Inc d/b/a Emmett's Bar & Grill, Sharon Reader, Agent, located at 139 N Richmond St, on August 3-7, 2023, for Mile of Music, contingent upon approval from the Health and Inspections departments.

**Attachments:** [Emmetts Bar & Grill S&L.pdf](#)

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

[23-0748](#)

Temporary Class "B" Beer and "Class B" Liquor Premise Amendment application for Stone Arch Brewpub Inc, Steven Lonsway, Agent, located at 1004 S Olde Oneida St, for Tuesday Night Summer Music Series, contingent upon approval from all departments.

**Attachments:** [Stone Arch Brewpub - Summer Tuesday Nights S&L.pdf](#)

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

[23-0749](#)

Temporary Class "B" Beer and "Class B" Liquor Premise Amendment application for Stone Arch Brewpub Inc, Steven Lonsway, Agent, located at 1004 S Olde Oneida St, on August 3-6, 2023, for Mile of Music, contingent upon approval from all departments.

**Attachments:** [Stone Arch Brewpub - Mile of Music S&L.pdf](#)

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

[23-0750](#)

Temporary Class "B" Beer and Reserve "Class B" Liquor Premise Amendment for Fox Cities Performing Arts Center, Maria Van Laanen, Agent, located at 400 W College Ave, on August 16, 2023, contingent upon approval from all departments.

**Attachments:** [Fox Cities PAC S&L.pdf](#)

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

[23-0729](#)

Temporary Class "B" Beer License application for Appleton Area Jaycees, Brittany Hovorka, Person in Charge, located at Appleton Memorial Park, 1620 E Witzke Blvd, on July 3, 2023, for the Festival Foods Fireworks Celebration.

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

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

[23-0708](#)

Temporary Class "B" Beer and "Class B" Wine License application for St. Pius X Catholic Church, Andrew Miles, Person in Charge, located at 500 W Marquette St, on August 25-27, 2023, contingent upon approval from the Inspections department.

**Attachments:** [St Pius X Catholic Church - Summer Festival S&L.pdf](#)

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

[23-0709](#)

Temporary Class "B" Beer and "Class B" Wine License application for Creative Downtown Appleton Inc., Jennifer Stephany, Person in Charge, located at Jones Park, on August 4-6, 2023, for Mile of Music, contingent upon approval from the Health and Inspections departments.

**Attachments:** [Creative Downtown Appleton - MoM Jones S&L.pdf](#)

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

## 7. Information Items

[23-0752](#)

Police Department Report on Alcohol Law Violation Convictions:  
-Sales of alcohol to minor at the following establishments (80 Point Violation):

Memorial Liquor - Total Points: 80  
Lindo Michoacan Supermarket - Total Points: 80  
Motomart (Calumet St.) - Total Points: 80  
Motomart (Kensington Dr.) - Total Points: 80  
TJ's Steakhouse - Total Points: 80

**The Report on Alcohol Law Violation Convictions was presented.**

[23-0756](#)

Police Department Support Services Memo

**Attachments:** [Support Services Memo 06-28-23.docx](#)

**The Support Services Memo was presented.**

[23-0742](#)

## Special Events:

Appleton Fox Cities Kiwanis Club, 13th Annual Fox Cities Butterfly Festival, City Park, June 17th

Appleton Parks, Recreation and Facilities Management Department, Movie on the Hill Series, Appleton Memorial Park - Amphitheater, June 22nd, July 6th, July 20th, August 3rd

Appleton Parks, Recreation and Facilities Management Department, Fun Runs, Appleton Memorial Park Soccer Field, June 22nd and July 23rd 2023

YMCA of the Fox Cities, YMCA Swim Team Summer Classic, ERB Pool, June 17th - 18th 2023

YMCA of the Fox Cities, YMCA Swim Team 24th Bird Bath Invitational, ERB Pool, July 7th - 9th 2023

Appleton Parks, Recreation and Facilities Management Department, Playground Fair, Pierce Park, July 27th - 28th 2023

[23-0741](#)

## Directors Report

1. City Clerk
2. Fire Chief
- Recruit Academy Update
3. Police Chief

## 8. Adjournment

**Schultz moved, seconded by Wolff, that the meeting be adjourned at 5:57 p.m.**

**Roll Call. Motion carried by the following vote:**

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

**Excused:** 1 - Van Zeeland





# Wisconsin Elections Commission

201 West Washington Avenue | Second Floor | P.O. Box 7984 | Madison, WI 53707-7984  
(608) 266-8005 | elections@wi.gov | elections.wi.gov

## 2023 Absentee Ballot Envelope Subgrant Program

### Notice of Absentee Ballot Envelope Subgrant Award

Wisconsin Elections Commission  
201 West Washington Avenue, 2<sup>nd</sup> Floor  
PO Box 7984; Madison, WI 53707-7984

**Subgrantee: City of Appleton, Outagamie, Calumet & Winnebago Counties**

**Subgrantee UEI/DUNS Number: N/A**

**Date: 07/05/2023**

**City of Appleton, Outagamie, Calumet & Winnebago Counties**, has been awarded **\$7,559.83** under 2023 Absentee Ballot Envelope Subgrant Program, issued by the Wisconsin Elections Commission (WEC). This amount is the WEC-approved amount allocated to the municipality, as listed in Appendix A of the subgrant materials, and for which the municipality has certified that all subgrant funds being awarded will be expended in accordance with the terms and conditions delineated and certified in the subgrant Request for Funds & Memorandum of Understanding (MOU) form. These funds are a subgrant of the HAVA Election Security Grant (Award number EAC-ELSEC22WI-01-04, Federal Award Identification Number (**FAIN**) **EACELSEC18WI, CFDA Number 90.404**), authorized by the U.S. Congress under Section 101 of the Help America Vote Act (HAVA) of 2002 (Public Law 107-252), provided for in the Consolidated Appropriations Act of Fiscal Year 2023 (Public Law 117-328), and issued by the U.S. Election Assistance Commission (Funding Source: EAC1651DB2020XX-2020-61000001-410001-EAC1908000000), for which the Wisconsin Elections Commission was awarded on March 14, 2023. The purpose of this federal grant is to “improve the administration of elections for Federal office, including to enhance election technology and make election security improvements to the systems, equipment and processes used in federal elections.”

As a sub-recipient, your jurisdiction must adhere to all applicable federal requirements including requirements under the Federal Financial Accountability and Transparency Act (FFATA) and Office of Management and Budget (OMB) guidance: Title 2 C.F.R. Subtitle A, Chapter II, Part 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 C.F.R. § 200).

*Wisconsin Elections Commissioners*

Don M. Millis, chair | Marge Bostelmann | Joseph J. Czarnecki | Ann S. Jacobs | Robert Spindell | Mark L. Thomsen

Administrator  
Meagan Wolfe

## I. PURPOSE AND USE OF FUNDS

The purpose of the subgrant is to help improve overall election security of federal elections statewide by providing cities, villages, and towns across the State of Wisconsin with federal election security funds to safeguard and secure the integrity of the absentee voting process in federal elections.

Funds must be expended to purchase the redesigned absentee ballot (new design available in August) during the subgrant project period of March 3, 2023 – December 31, 2024, or returned to the WEC by December 31, 2024.

## II. DOCUMENTATION AND AUDIT

**DOCUMENTATION:** The receiving jurisdiction must maintain all documentation of expenditures made using requested subgrant funds for a minimum of eight years from the date of the expenditure or until the WEC authorizes destruction of said records. Documentation includes receipts, invoices, payroll reports, etc. and notations to document that claimed expenditures relate to this subgrant. A standard inventory list of all items purchased using subgrant funds must be created and maintained by the jurisdiction for purposes of any state or federal audit. Such original purchasing documentation and inventory lists shall be retained by the receiving jurisdiction until the WEC authorizes the destruction of said records.

**AUDIT:** All subgrant funds are subject to audit by the Commission and/or the federal government to ensure funds have been spent appropriately and in accordance with all applicable state and federal laws. Pursuant to Wis. Stat. § 5.05(11), if the federal government objects to the use of any funds provided to a jurisdiction under the subgrant, the jurisdiction shall repay the amount of the subgrant to the Commission.

### **Julia Billingham, MAcc**

Senior Accountant

WI Elections Commission

201 West Washington Avenue, 2nd Floor

PO Box 7984; Madison, WI 53707-7984

Direct: 608.266.2094; General WEC: 608.266.8005

[julia.billingham@wisconsin.gov](mailto:julia.billingham@wisconsin.gov)

<http://elections.wi.gov>



## **SHARED SERVICES AND OPERATING AGREEMENT**

This AGREEMENT is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2023 (the “Effective Date”) by and between the City of Appleton (“CITY”), including its fire department (“AFD”), and Gold Cross Ambulance Service, Inc. (“GOLD CROSS”) (collectively hereinafter referred to as “PARTIES”). In agreeing to partner on the provision of emergency medical services in the CITY, the PARTIES have justifiably relied on the material representations made herein.

**NOW, THEREFORE**, in consideration of the foregoing and the mutual agreements and covenants hereinafter set forth, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the PARTIES agree as follows:

### **AGREEMENT**

#### **I. Term.**

This AGREEMENT is effective as of the Effective Date and shall remain in effect following the Effective Date of this AGREEMENT for a period of three (3) years, unless and until terminated earlier under the express provisions set forth herein. On or about each one-year anniversary of this AGREEMENT, parties shall evaluate their performance pursuant to this agreement, evaluate metrics established to evaluate performance and adjust those metrics upon mutual agreement.

#### **II. Agreement to Provide Exclusive Ambulance Services.**

GOLD CROSS agrees to assist AFD on its expansion of emergency response services on the condition that neither AFD nor the CITY will obtain an ambulance and begin providing patient transport services (i.e., ambulance services), or allow for an outside ambulance service, during the term of this AGREEMENT. As such, with the exception of services provided by the City, or as otherwise provided by mutual-aid agreements, automatic-aid agreements, Mutual-Aid Box Alarm System (MABAS) resources, or requests due to special circumstances, GOLD CROSS will be the primary provider of the services set forth herein provided it consistently meets minimum response time standards referenced within the National Fire Protection Association (NFPA).

The CITY shall owe GOLD CROSS no compensation for GOLD CROSS’S performance of services, provision of equipment or materials, or compliance under this Agreement. GOLD CROSS’S consideration for its performance under this Agreement shall be the right to be the primary provider of Advanced Life Support Ambulance services to all areas of the CITY subject to the terms and conditions stated herein. As billing and reimbursement is an independent GOLD CROSS business matter, GOLD CROSS may directly bill patients, guarantors, custodians and/or third-party payors of patients treated, seen, or transported as determined and as periodically modified by GOLD CROSS, without notice to or approval of the CITY.

The CITY recognizes that GOLD CROSS does provide similar services to other municipalities and as such, nothing in this AGREEMENT prohibits GOLD CROSS from entering into any other

agreement with any other entity.

The PARTIES understand that mutual aid and other agreements will exist and as such, shall provide copies of such agreements to the other party as requested.

**III. Furnishing of Ambulance Services by GOLD CROSS.**

- A. GOLD CROSS hereby agrees to continue furnishing all ambulance services for the CITY at staffing levels consistent with relevant statutes, including but not limited to DHS 110.50(1)(a) for Basic Life Support, DHS 110.50(d)(1 and 3) for Advanced Life Support.
- B. GOLD CROSS shall possess, maintain, and provide such vehicles, equipment, facilities and supplies; and shall hire, train and provide such personnel as are necessary to respond on a twenty-four (24) hours per day, seven (7) days per week basis.
- C. GOLD CROSS employees shall display identification that clearly displays an individual's certification/license medical care level, including those in a training/student role.

**IV. Furnishing of Non-Transport Services by AFD.**

- A. AFD hereby agrees to furnish non-transport EMT services for the CITY at staffing levels consistent with relevant statutes. AFD will ensure that each fire apparatus in service will be staffed by the minimum number of required EMTs.
- B. AFD shall possess, maintain, and provide such vehicles, equipment, facilities and supplies, and shall hire, train and provide such personnel as are necessary to respond on a twenty-four (24) hours per day, seven (7) days per week basis.
- C. The PARTIES anticipate that both AFD and GOLD CROSS will be dispatched to every EMS incident reported via 911 in the CITY. The first party on the scene will initiate patient care while the second party on the scene will provide assistance where appropriate in the best interest of the patient. Private calls for service directly to GOLD CROSS coded as a C, D, or E shall immediately be reported to Outagamie County Communications Center by GOLD CROSS and GOLD CROSS will request AFD to respond.
- D. AFD will assist GOLD CROSS in preparing the patient for transport and may travel with the patient in the ambulance when additional medical services are in the best interest of the patient. GOLD CROSS will ultimately decide whether it is necessary for an AFD staff member to travel in the ambulance to the hospital.

**V. Vehicles and Equipment.**

- A. During the term of this AGREEMENT, both PARTIES shall possess, maintain and

provide their own vehicles for provision of the services under this AGREEMENT.

1. The PARTIES shall equip, maintain, and operate all vehicles in accordance with the laws of the State of Wisconsin and the rules and regulations of the Wisconsin Department of Health Services and Wisconsin Department of Transportation.
- B. The PARTIES shall be responsible for their own vehicle maintenance and repair. This shall include all repairs, preventive maintenance, parts replacement, labor, and other actions necessary to keep the vehicles in safe and efficient operating condition.
- C. The PARTIES shall provide all emergency medical equipment and supplies necessary to perform the provisions of this AGREEMENT. The equipment and supplies shall be current in nature and maintained in accordance with standard medical practices and the laws of the State of Wisconsin and rules and regulations of the Wisconsin Department of Health Services, and the Wisconsin Department of Transportation.
- D. GOLD CROSS shall be responsible for the replenishment of the CITY'S consumable equipment and supplies with equivalent like-kind equipment and supplies at the completion of a call. Whenever practicable, GOLD CROSS shall replenish CITY equipment and supplies onsite. When equipment and supplies cannot be replenished onsite, GOLD CROSS will order like-kind equipment and supplies for replenishment on a regular basis and at no charge with the sole exception of cardiac monitor defibrillation pads should the AFD and GOLD CROSS field dissimilar cardiac monitors.

## **VI. Support Training and Education.**

- A. GOLD CROSS will provide training and education, including ride-along opportunities, to AFD:
  1. GOLD CROSS will collaborate with AFD on training topics and GOLD CROSS will deliver the training on a mutually agreed date and time.
  2. Training will include Basic Life Support (BLS) and Advanced Life Support (ALS).
  3. Training to occur on a quarterly basis or as deemed necessary by GOLD CROSS and the AFD.

## **VII. Dispatch And Response Time Goals.**

- A. GOLD CROSS shall maintain as a goal a response time for C, D and E coded emergency calls of eight (8) minutes and fifty-nine (59) seconds (8:59) with

response time defined as the elapsed time from the time the call is received by the CITY until the arrival of a transport ambulance and a minimum of one paramedic at the incident location.

AFD shall maintain as a goal a response time for C, D and E coded emergency calls of four (4) minutes and fifty-nine (59) seconds (4:59) with response time defined as the elapsed time from the time the call is received by the CITY until the arrival of the fire apparatus at the incident location.

- B. GOLD CROSS and AFD agree that A-Adam and B-Boy non-emergency calls shall be tracked and reported but will not be subject to the response time goals set forth in this section considering their non-emergent nature.
- C. GOLD CROSS will be responsible for planning the dispatch of ambulances through the provision of a deployment and system status management plan. GOLD CROSS shall provide to the CITY a written deployment and system status plan for the number of ambulances, their assigned locations, deployment strategies and shift schedule(s).
- D. GOLD CROSS will notify AFD on AFD Main if a transport unit's response time is expected to be greater than fifteen (15) minutes for emergency response calls (C, D and E).

#### **VIII. Communications.**

- A. The PARTIES shall possess, maintain, and provide at its sole cost such communications equipment, facilities and supplies as are deemed necessary for dispatch of their emergency response vehicles. In addition thereto, the PARTIES shall provide and maintain the following:
  - 1. Necessary communications equipment in each vehicle so as to be capable of transmitting and receiving communications on the designated police/fire talk groups. GOLD CROSS radios will be programmed to turn on upon ambulance ignition and will monitor AFD Main at all times while the ambulance is in operation within Appleton's city limits.
  - 2. GOLD CROSS will maintain multichannel radio communication capabilities enabling communications with hospitals on frequencies 155.340 and 155.400 using the appropriate private linetone codes for each hospital.
- B. All such equipment shall meet all applicable national and state standards.
- C. GOLD CROSS shall utilize a digital computer aided dispatch program to capture and record all data elements required for accurate response time performance measurement, analysis, and reporting. In addition, GOLD CROSS shall use

Automated Vehicle Location (AVL) and Global Positioning System (GPS) for real time tracking of all emergency ambulance responses.

**IX. Local Medical Directors.**

- A. The PARTIES each agree to select, and work under the direction of, their respective medical director.
  - 1. The medical directors' minimum involvement with the PARTIES' service under this AGREEMENT shall be a monthly medical quality control review.
  - 2. The medical directors shall collaborate with the PARTIES and each other on development and implementation of medical protocols, dispatch procedures, special event plans, public education opportunities and mass-casualty incidents (MCI) and all products will be National Incident Management (NIMS) compliant.

**X. Separate Employers.**

The PARTIES shall be solely responsible for maintaining adequate staffing levels to meet their obligations under the AGREEMENT. Nothing in this AGREEMENT shall be interpreted to create a joint employer relationship. The PARTIES retain exclusive control over their respective employees' terms and conditions of employment including, but not limited to, all hiring and termination decisions. The PARTIES assume exclusively the responsibility for the acts of their employees as they relate to the services to be provided during the course and scope of their employment. GOLD CROSS, its agents, officers, and employees shall not be entitled to any rights or privileges of AFD employees and shall not be considered in any manner to be AFD employees. No representations contrary to any of the above shall be made either directly or indirectly.

**XI. Licenses and Laws.**

The PARTIES under this AGREEMENT and throughout its term shall obtain and continue in force all licenses, permits, approvals, and authorizations necessary for the provision of emergency medical services hereunder and required by the laws and regulations of the United States, the State of Wisconsin, the County of Outagamie, the City of Appleton, and all other governmental agencies.

**XII. Operational Plan and Reports.**

- A. GOLD CROSS agrees and understands that an EMS Operational Plan must be prepared by the CITY and submitted by the CITY to the State of Wisconsin and thereafter approved by the Department of Health Services. GOLD CROSS and the CITY agree to cooperate in the creation of the EMS Operation Plan (and all components thereof) and the approval process. Likewise, GOLD CROSS and CITY shall cause the respective medical directors to work with each other and cooperate to provide necessary detail and input from a medical perspective.

B. GOLD CROSS and the CITY agree to provide a copy of the EMS Operational Plan, Special Event Plan, Waiver requests, and supporting documents, submitted to the State of Wisconsin for approval within ten (10) days of submission.

C. GOLD CROSS and the CITY will work together to prepare and provide a monthly joint quality improvement process to coincide with a monthly quality assurance process. Each party will provide raw data, in a format that is acceptable by the receiving party, that includes the following information shown on a per month basis:

1. Response Time Review

a. Total number of responses and transports broken down by EMD dispatching code:

- Data shall illustrate the A, B, C, D and E incidents.
- Data shall identify emergent and non-emergent response incidents.

b. 90% Fractile Response time performance:

- Data shall illustrate the A, B, C, D and E incidents.
- Data shall identify emergent and non-emergent response incidents.

c. GOLD Cross will provide AFD with additional response time data upon request. Response time data will be reviewed during a monthly continuous quality improvement meeting.

2. Patient Care Metrics

- Total number of stroke activation.
- Total number of over-triaged stroke evaluations.
- On scene time for stroke patients.
- Total number of STEMI activations.
- Total number of over-triaged STEMI evaluations.
- At patient to EKG time.
- On scene time for STEMI patients.
- Total number of trauma activation.
- On scene time for trauma patients.
- Total number of cardiac arrests.
- Total number of survivors.

3. On a quarterly basis senior leadership from GOLD CROSS AND AFD will meet to review all response times and patient care metrics and, on an annual basis, the PARTIES, including City Senior Leadership and hospital representatives, shall meet to review all response times and patient care



metrics.

**XIII. Insurance.**

A. Each Party shall maintain in force at all times during the performance of this AGREEMENT, insurance coverage as follows that includes:

1. Worker’s Compensation in accordance with Wisconsin Statutes.

EACH ACCIDENT	\$ 100,000
DISEASE – EA EMPLOYEE	\$ 100,000
DISEASE – POLICY LIMIT	\$ 500,000

2. Auto Liability coverage.

COMBINED SINGLE LIMIT (each accident)	\$2,000,000
BODILY INJURY (per person)	\$1,000,000
BODILY INJURY (per accident)	\$2,000,000
PROPERTY DAMAGE (per accident)	\$500,000

3. General Liability coverage.

EACH OCCURRENCE	\$2,000,000
DAMAGE TO RENTED PREMISES (each occurrence)	\$300,000
MED EXP (any one person)	\$5,000
PERSONAL & ADV INJURY	\$2,000,000
GENERAL AGGREGATE	\$4,000,000
PRODUCTS – COMP/OP AGG	\$4,000,000

4. Professional liability coverage.

EACH OCCURRENCE	\$4,000,000
AGGREGATE	\$4,000,000

**XIV. Default/Termination.**

A. Each Party may, without any advance notice, terminate this AGREEMENT if any of the following occur:

1. Either Party ceases to be in compliance with State of Wisconsin Laws and Administrative Codes relative to the provision of emergency medical services or other terms set forth in this AGREEMENT. Notice of such default must be provided to the defaulting party with the defaulting party having thirty (30) calendar days to cure any default.
2. Suspension, revocation, termination, surrender or lapse of required certification by the State of Wisconsin Department of Health Services as an ambulance service provider or a non-transporting paramedic service.

B. Each Party may, with advance written notice, terminate this Agreement for any reason:

1. By providing twelve (12) months notice to the other Party.

To evidence their AGREEMENT hereto, the parties have signed the herein AGREEMENT on the dates after their signatures to wit:

**Gold Cross Ambulance Service, Inc.**

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
President, Board of Directors

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**City of Appleton**

By: \_\_\_\_\_  
Jacob A. Woodford, Mayor

By: \_\_\_\_\_  
Kami Lynch, City Clerk

Approved as to form:

\_\_\_\_\_  
Christopher R. Behrens, City Attorney

By: \_\_\_\_\_  
Jeremy J. Hansen, Fire Chief

CL-A22-0802  
Revised: June 19, 2023

# Renewal Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	Appleton
License Period	7/1/23 - 6/30/24

**License(s) Requested**

- Class "A" Beer ..... \$ \_\_\_\_\_     "Class A" Liquor ..... \$ \_\_\_\_\_  
 Class "B" Beer ..... \$ 100     "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class C" Wine ..... \$ \_\_\_\_\_     "Class A" Liquor (Cider Only) \$ 0  
 Reserve "Class B" Liquor \$ \_\_\_\_\_     "Class B" (Wine Only) Winery \$ \_\_\_\_\_

License Fees	\$ <u>100</u>
Publication Fee	\$ <u>60</u>
Background Check	\$ <u>7</u>
<b>Total Fees</b>	<b>\$ <u>167</u></b>

**Part A: Premises/Business Information**

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)  
Among Express LLC

2. Trade Name or DBA  
Among Express

3. Premises Address  
1216 N. Division St Appleton, WI 54911

4. County Outagamie      5. Municipality \_\_\_\_\_      6. Aldermanic District \_\_\_\_\_

7. Mailing Address (if different from premises address)  
339 W. Wisconsin Ave Appleton WI 54911

8. FEIN REDACTED      9. Wisconsin Seller's Permit Number REDACTED

10. Premises Phone 920-903-8035      11. Premises Email Among Express 1216 @ gmail.com

12. Entity Type (check one)  
 Sole Proprietor     Partnership     Limited Liability Company     Corporation     Nonprofit Organization

13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body.  
Small dining area for sale and consumption.  
Beer will be store down stairs in storage room.

**Part B: Questions**

1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? .....  Yes     No

If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.

First Name <u>Soua</u>	Last Name <u>Xang</u>	Title <u>Member</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Phone <u>REDACTED</u>			
First Name	Last Name		
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
First Name	Last Name		
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

**Part B: Questions Cont.**

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information .....  Yes  No
3. Does the licensee or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary .....  Yes  No
4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? .....  Yes  No
5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)?  Yes  No
6. Is the business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  Yes  No
7. Does the applicant owe municipal property taxes, assessments, or other fees? .....  Yes  No

**Part C: For Corporate/LLC Applicants Only:**

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104 .....  Yes  No
- |                                   |                                    |                                |
|-----------------------------------|------------------------------------|--------------------------------|
| 2. Agent Last Name<br><i>Thao</i> | Agent First Name<br><i>Ka Ying</i> | Agent Phone Number<br>REDACTED |
|-----------------------------------|------------------------------------|--------------------------------|

**Part D: Attestation**

Who must sign this application?  
 • sole proprietor      • one general partner of a partnership      • one corporate officer      • one managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Ka Ying Thao</i>	Date <i>6/29/2023</i>
Name (Last, First, M.I.) <i>Thao Ka Ying</i>	
Title <i>owner</i>	Phone REDACTED

**Part E: For Clerk Use Only**

Date application was filed with clerk <i>6-29-23</i>	Date reported to governing body <i>7-19-23</i>	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Application for Transfer of Retail Licenses for Sale of Fermented Malt Beverages and/or Intoxicating Liquor From One Premises to Another

FEE \$ 10

Appleton, Wisconsin

June 23, 2023

To the governing body of the [X] City [ ] Village [ ] Town of Appleton

County of Outagamie, Wisconsin.

The undersigned hereby applies for a transfer of Class B license from 321 E college Ave. Appleton, WI 54911 to 1222 S. Oneida Street Appleton, WI 54915

on or about 07/01/2023

1. APPLICANT: (print name and address plainly)

(a) Full name of applicant CHISA JITMAIWONG

(b) Address N203 PINECREST Blvd, Appleton 54915

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: Describe building or buildings where alcohol beverages are to be sold, served, consumed, and stored.

(a) Street number 1222 S. oneida St. Appleton, WI 54915

(b) Trade name of establishment Taste of Thai

(c) Physical description of building, buildings and/or land area comprising licensed premises. 2704 sq. ft. bar and restaurant areas. 1500 sq. ft outdoor patio area.

(d) Legal description (omit if street address is given above.) NA

(e) Is any other business conducted on same premises? [ ] Yes [X] No If so, what?

(f) Was this location licensed for beer or liquor during the past year? [X] Yes [ ] No

(g) Give name and address of previous licensee. Santino LLC 1216 S. oneida St. Appleton, WI 54915

(h) Will the previous licensee surrender its license? [ ] Yes [X] No

**ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:**

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying

N/A None.

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

Fixtures are owned by building owner

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

CHISA J.

(Signature)

**CLASS OF BUSINESS**

Name Taste of Thai

Original Location 321 E College Ave

Ward \_\_\_\_\_

Proposed Location 1222 S Oneida St.

Ward \_\_\_\_\_

License No. \_\_\_\_\_

Treasurer's Receipt No. 5263-3

Filed \_\_\_\_\_

Submitted to Council or Board

7/12/23 - Safety Licensing ; 7/19/23 - Common Council

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_



# City of Appleton

## Alcohol License Questionnaire

1. Name of Applicant: CHISA JITMAINONG

2. Name of Business: TASTE OF THAI FOX VALLEY LLC.

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

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

3. Address of Business: 1222 S. oneida Street Appleton, WI 54915

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

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

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

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

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

<u>CHISA</u>		<u>JITMAINONG</u>	<u>/ /</u>
First name	M.I.	Last name	Date of Birth
_____	_____	_____	_____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	_____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	_____
First name	M.I.	Last name	Date of Birth
_____	_____	_____	_____

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

Name: Positive Ventures LLC

First name
Middle Initial
Last name

Address: 733 Midway Rd. Menasha WI 54952

City
State
ZIP

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

Name: HOUDINI'S ESCAPE GASTROPUB

(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?

0 months ago.

10. Seating capacity: Inside 80 Outside 70

11. Operating hours (Inside the building): TUES - THURSDAY 4.00 - 8.30 FRI - SUN - 4.00 - 10.00  
Operating hours (Outdoor seating areas): TUES - THURSDAY 4.00 - 8.00 FRI - SUN - 4.00 - 9.00

12. Employees/Staff

Number of floor personnel 8 Number of door checkers 0

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

a. Gross floor building area of the premises to be licensed: 2704 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 1500 square feet.

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

BAR and restaurant.

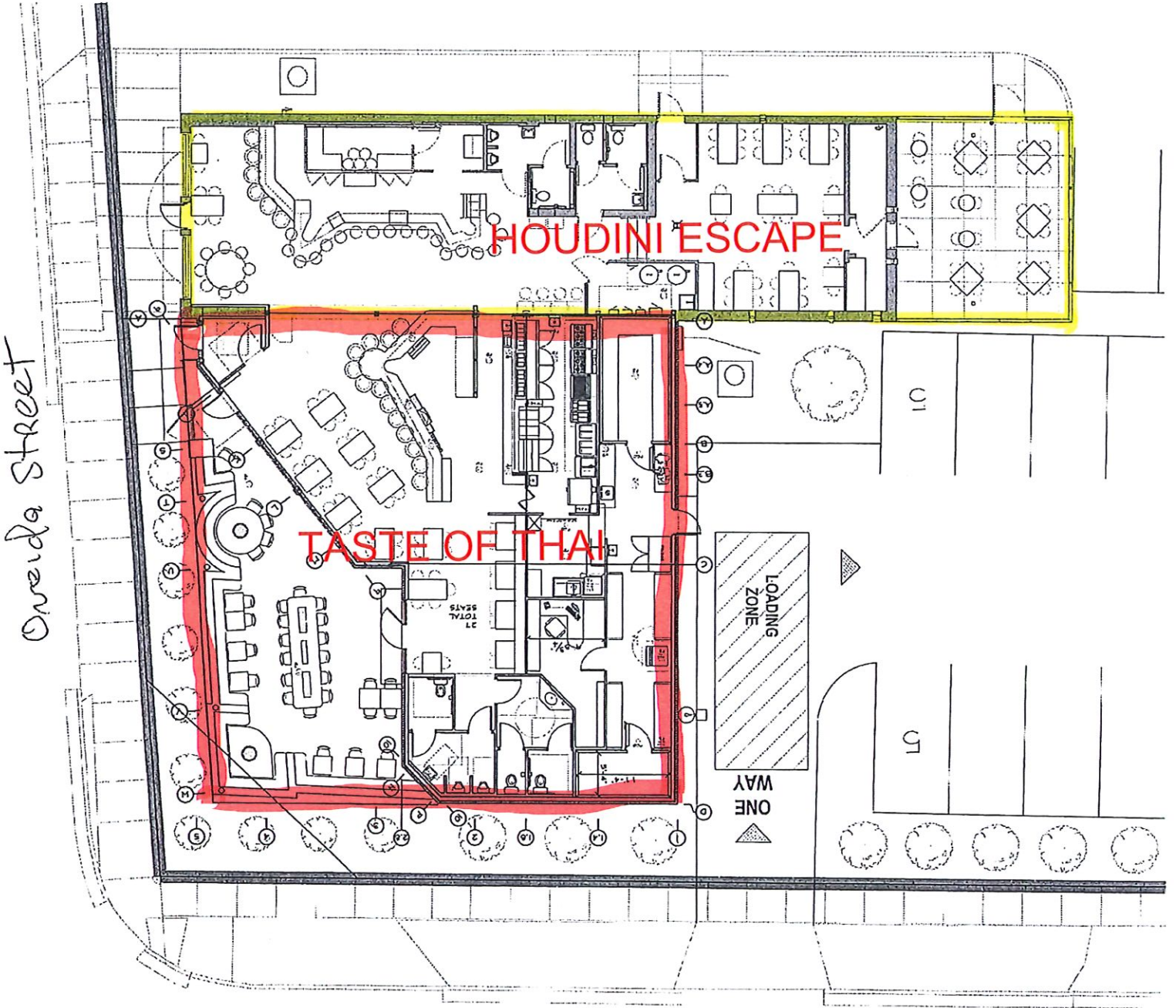
CHISA J.

Signature

06/23/23

Date







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

# REQUEST for Alcohol License Premise Amendment

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>6/30/23</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>5098-5</u>	

## SECTION 1 – LICENSE INFORMATION

Name of Establishment **SANTINO LLC DBA HOUDINI'S ESCAPE GASTROPUB**

Address of Establishment **1216 S ONEIDA ST APPLETON WI**

Name of Agent <b>KATELYN JAMES</b>	Phone Number
------------------------------------	--------------

## SECTION 2 – PREMISE AMENDMENT

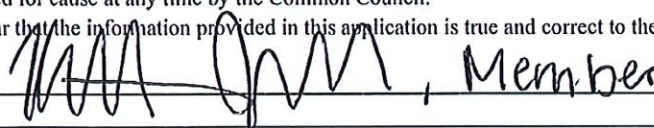
Please describe the change in premises:  
**\*A drawing/diagram of the proposed area must also be submitted with this application\***  
 A wall will be going up between the old bar and new bar. Drawing included

Is this change Permanent? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If this is temporary please specify the reason for the amendment:  <b>N/A</b>
--	---

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:  
 Sunday - Thursday 11:00 to 9:00  
 Friday - Saturday 11:00 to 10:00

## SECTION 3 – PENALTY NOTICE

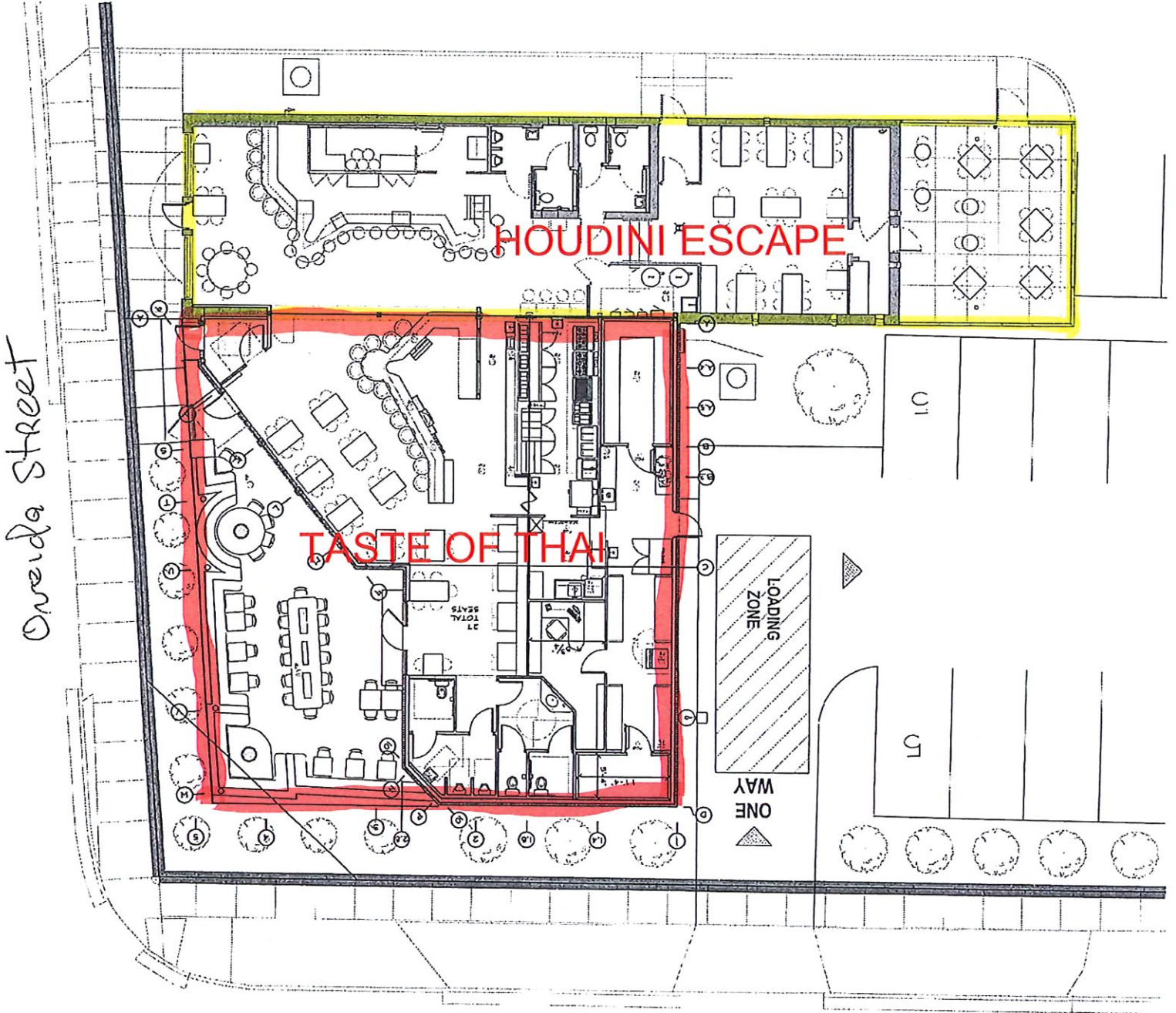
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.  
 Under penalty of law, I swear that the information provided in this application is true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

Signature of Applicant:  Member

## FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				

S&L <u>7-12-23</u>	Council <u>7-19-23</u>	Date Issued	Exp. Date	License Number
--------------------	------------------------	-------------	-----------	----------------



## Erica Ziegert

---

**From:** Eric Jacobson  
**Sent:** Friday, June 30, 2023 1:46 PM  
**To:** Erica Ziegert  
**Cc:** Katie Jacobson  
**Subject:** Houdini's Renewals

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

Erica,

Please add an additional 600 square feet for the back patio.  
Bar square feet is 2,343  
Total is 2,943.

Thanks  
Eric Jacobson  
Member

Positive Ventures, LLC  
733 Midway Road  
Menasha, WI 54952

---

**From:** Eric Jacobson  
**Sent:** Friday, June 30, 2023 1:43 PM  
**To:** 'Erica Ziegert'  
**Cc:** Katie Jacobson  
**Subject:** Houdini's Renewals

Erica,

The square footage of the original bar is 2,343.

Thanks  
Eric Jacobson  
Member

Positive Ventures, LLC  
733 Midway Road  
Menasha, WI 54952



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.....enhancing quality of life"

**REQUEST for  
Alcohol License  
Premise Amendment**

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>6/26/23</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>5369-4</u>	

**SECTION 1 – LICENSE INFORMATION**

Name of Establishment	<u>MEADE STREET BISTRO</u>		
Address of Establishment	<u>2729 N. MEADE STREET Appleton WI 54911</u>		
Name of Agent	<u>Daniel Hoff / Sony Meyer</u>	Phone Number	<u>920-731-8885</u>

**SECTION 2 – PREMISE AMENDMENT**

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

Is this change Permanent?	If this is temporary please specify the reason for the amendment:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:  
TUESDAYS - 4 - 8pm  
Wed + Thursdays 11am - 8pm  
FRIDAYS - 11am - 9pm  
SATURDAYS 11am - 9pm  
SUNDAYS - For Spec. Events ONLY

**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: Sony Meyer

**FOR OFFICE USE ONLY**

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L <u>7-12-23</u>	Council <u>7-19-23</u>	Date Issued	Exp. Date	License Number





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# REQUEST for Alcohol License Premise Amendment

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>6/15/23</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>5229-1</u>	

## SECTION 1 - LICENSE INFORMATION

Name of Establishment <u>Jims place</u>	
Address of Establishment <u>223 E College Ave</u>	
Name of Agent <u>Stacy Hoffman</u>	Phone Number

## SECTION 2 - PREMISE AMENDMENT

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

<u>Jims place</u>	Proposed patio for mile	Alley	YMCA
<u>Kush Kafe</u>			
<u>Wooden Nickel</u>			

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</u>
--	---

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:

August 3, 4, 5, 6 2023     Aug 3 - 11am - 12am     Aug 5 11am - 12am  
Aug 4 - 11am - 12am     Aug 6 11 - 5 pm

## SECTION 3 - PENALTY NOTICE

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

Signature of Applicant: Stacy Hoffman

## FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L <u>07/12/2023</u>	Council <u>7/19/2023</u>	Date Issued	Exp. Date	License Number

To whom it may concern,

I Theodore Cervelli am allowing Jim's Place ( Jay ) and wooden nickel ( Tony ) to use the parking lot in the back of the building of 219 E. College Ave. for the period of August 2 through August 7th 2023 thank you.

Theodore Cervelli

Paul L. L.  
6-12-23





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.....enhancing quality of life"

# REQUEST for Alcohol License Premise Amendment

<b>FEEES ARE NON-REFUNDABLE</b>	Date Recv'd <u>6/6/23</u>
License Fee \$10.00/event	Acct: CLCAGP
Receipt <u>5187-03</u>	

## SECTION 1 - LICENSE INFORMATION

Name of Establishment <u>Wooden Nickel Restaurant &amp; Lounge Inc</u>	
Address of Establishment <u>217. E. College Ave</u>	
Name of Agent <u>Anthony A. Mueller</u>	Phone Number

## SECTION 2 - PREMISE AMENDMENT

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

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 Aug 3rd thru Aug 6th</u>
--	---

Please list the date(s) and time(s) that this temporary premise amendment will be utilized:  
Aug 3 11-12AM Aug 5 11-12AM  
Aug 4 11-12AM Aug 6 11-5pm

## 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: Anthony A. Mueller

FOR OFFICE USE ONLY				
Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L 07/12/2023	Council 7/19/2023	Date Issued	Exp. Date	License Number

To whom it may concern,

I Theodore Cervelli am allowing Jim's Place ( Jay ) and wooden nickel ( Tony ) to use the parking lot in the back of the building of 219 E. College Ave. for the period of August 2 through August 7th 2023 thank you.

Theodore Cervelli

Jed L. L.  
6-12-23

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**REDACTED**

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <i>James Holder</i>			Federal Employer Identification No. (FEIN) <b>REDACTED</b>		
Trade or Business Name (if different than Legal Name) <i>D8D Hemp</i>			Telephone Number ( ) <b>REDACTED</b>		
Business Address (License Location) <i>2929 N. Richmond St</i>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone <i>920) 574-3984</i>	
Municipality <i>Appleton</i>	State <i>WI</i>	Zip Code <i>54911</i>	of: <i>Appleton</i>		County <i>Outagamie</i>
Mailing Address (if different than Business Address)		Municipality		State	Zip Code

Organization (check one)

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

- Yes  No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*James Holder*  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)



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.....enhancing quality of life"

# APPLICATION for the Operation of a PET STORE/KENNEL

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <b>JUN 2/6 2023</b>
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>82.00</u>	Receipt <u>5278-5</u>
License period July 1 to June 30		

**\*PLEASE ALLOW 4 WEEKS FOR PROCESSING\***

<b>SECTION 1 – BUSINESS LOCATION – Answer all questions completely. Please PRINT clearly</b>			
NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.			
Business Name <u>Wild Habitats</u>			
Business Street Address	City	State	Zip
<u>1350 W College Ave Ste B</u>	<u>Appleton</u>	<u>WI</u>	<u>54914</u>
Business Telephone Number <u>920-939-2089</u>			
<b>SECTION 2 – APPLICANT INFORMATION</b>			
Name <u>Brady Bartel</u>			
Home Street Address	City	State	Zip
<u>1026 W. Cecil St.</u>	<u>Neenah</u>	<u>WI</u>	<u>54956</u>
Date of Birth	<input checked="" type="radio"/> Male	Female	Telephone Number
<u>REDACTED</u>			<u>REDACTED</u>
<b>SECTION 3 – SERVICES TO BE PROVIDED</b>			
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 type="checkbox"/> Other	
<b>SECTION 4 – PENALTY NOTICE</b>			
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>Brady Bartel</u>			
<b>SECTION 5 – FEE SCHEDULE **all fees include the \$7 Investigation fee**</b>			
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	
<b>FOR OFFICE USE ONLY</b>			
Dept.	Approve	Deny	By
Police			
Fire			
City Sealer			
Inspection			
Community Development			
S&L <u>07/12/2023</u>	Council <u>07/19/2023</u>	Date Issued	Exp. Date
			License Number

04-23-21

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



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

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>6/19/23</u>
License Fee - \$10.00 per event <u>x8</u>	Investigation Fee + 7.00	Acct Code: CLCSPB
Total Amount Paid <u>87-</u>		Acct Code: CLCPIF
		Receipt <u>5237-3</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) Sacred Heart Parish Date Organized 1898

Address 222 E. Fremont St. City Appleton State WI Zip 54915

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

Address W6060 Dahlia Drive City Appleton State WI Zip 54915 Person in charge phone number: REDACTED

President	Last	First	Middle Initial	Date of Birth	Male	Female
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Address	City	State	Zip
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Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
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Address	City	State	Zip
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Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
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Address	City	State	Zip
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Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
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Address	City	State	Zip
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**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 8/19/23 Ending: 8/20/23 Hours 8:00 AM - 11:00 AM 1:00 PM - 3:00 PM

Please describe the type of event you are going to have: Parish Fest Parish Picnic

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: 222 E. Fremont St. Appleton, WI. Under tents in parking lot

Address Sacred Heart church City Appleton State WI Zip 54915

Describe actual location and dimensions of area to be licensed below: **BE PRECISE!** Beer/Food tents 180x100 and parking lot area

Will minors be present? No  Yes  If yes, how will you prevent minors from obtaining alcoholic beverages? check IDs

**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 David J. Erickson

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				

City 7/12/2023 Date Issued \_\_\_\_\_ Fee \_\_\_\_\_ License Number \_\_\_\_\_

Event # 1 Beer and Wine also served

3:00

Event # 2 Chili Dinner October 21<sup>st</sup> 5-7 pm

only  
Beer

Chili Dinner served in Cafeteria with Beer only Available. Cafeteria is 130x280 feet in basement of Sacred Heart School.

Minors will be present and we will check ID's.

Event # 3 Spaghetti Dinner Nov 18<sup>th</sup>, 2023 5-7pm

only  
Beer

Spaghetti served in Cafeteria with Beer only available. Cafeteria is 130x280 feet in Basement of Sacred Heart School.

Minors will be present and we will check for ID's.

Event # 4 Winterfest February 17, 2024~~4~~ from

Beer  
AND  
Wine

5-8 pm in gym with Beer AND Wine available. Gym is on 1<sup>st</sup> Floor in School and is 200 x 400 feet. Minors will be present and we will check for ID's.

Events # 5, 6, & 7 Fish Fry Feb 23, March 8,

ONLY  
Beer

March 22, 2024~~4~~. We will be serving Fish with Beer only in the Cafeteria from 5-7:30 pm. Cafeteria is 130x280 feet in Basement of Sacred Heart School. Minors will be present and we will check for ID's.

over →

ONLY  
Beer

Event # 8 Cinco de Mayo May 4, 2024  
5-7 pm in Cafeteria Mexican Meal served.  
Cafeteria is in basement of School and  
is 130 x 280 feet. Minors will be  
present and we will check ID's.