



# City of Appleton

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

## Meeting Agenda - Final-revised Safety and Licensing Committee

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Wednesday, May 22, 2024

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  
[24-0621](#) Safety & Licensing Committee minutes from 05/08/2024  
  
**Attachments:** [S&L Minutes 05-08-2024.pdf](#)
5. **Public Hearing/Appealances**  
  
[24-0568](#) Demerit Point Violation Appearance - Walmart  
**Attachments:** [2024 Demerit Point Walmart.pdf](#)  
  
[24-0647](#) Demerit Point Violation Appearance - Oneida BP  
**Attachments:** [2024 Oneida BP Demerit Pt Letter.pdf](#)  
  
[24-0648](#) Demerit Point Violation Appearance - Quinto Sol  
**Attachments:** [2024 Quinto Sol Demerit Letter.pdf](#)  
  
[24-0649](#) Demerit Point Violation Appearance - SG Petroleums  
**Attachments:** [2024 SG Petroleums Demerit Pt Letter.pdf](#)  
  
[24-0646](#) Demerit Point Violation Appearance - Courtyard Marriott  
**Attachments:** [2024 Demerit Point Courtyard Marriott.pdf](#)
6. **Action Items**

- [24-0645](#) 2024-2025 Alcohol License Renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 28, 2024
- Attachments:** [2024-25 Alcohol License Renewals.pdf](#)
- [24-0615](#) "Class A" Liquor License application for FKG Oil Company d/b/a Kensington MotoMart, Anne Marie Stichman, Agent, located at 320 S. Kensington Dr., contingent upon approval from the Inspections Department.
- Attachments:** [Kensington Motomart Application Redacted.pdf](#)
- [24-0616](#) "Class A" Liquor License application for FKG Oil Company d/b/a Ballard MotoMart, Jason Mazanec, Agent, located at 2838 N. Ballard Rd., contingent upon approval from the Inspections Department.
- Attachments:** [Ballard Motomart Application Redacted.pdf](#)
- [24-0617](#) "Class A" Liquor License application for FKG Oil Company d/b/a Badger MotoMart, Lynda Jean Nabbefeld, Agent, located at 1850 W. Wisconsin Ave., contingent upon approval from the Finance and Inspections Departments.
- Attachments:** [Badger Motomart Application Redacted.pdf](#)
- [24-0618](#) "Class A" Liquor License application for FKG Oil Company d/b/a Appleton MotoMart, Lori Endries, Agent, located at 3400 E. Calumet St., contingent upon approval from the Inspections Department.
- Attachments:** [Appleton Motomart Application Redacted.pdf](#)
- [24-0613](#) "Class C" Wine License application for Ivory Rose Bridal Boutique Inc., Marissa Knuth, Agent, located at 103 E. College Ave, Suite 103, contingent upon approval from the Health, Inspections, and Police Departments.
- Attachments:** [Ivory Rose Bridal Boutique Application Redacted.pdf](#)
- [24-0643](#) Class "A" Beer & "Class A" Liquor License Change of Agent for Target Corporation d/b/a Target Store T-1248, New Agent, Nicolas Bedolla, located at 1800 S Kensington Dr.
- Attachments:** [Target 1248 Change of Agent Redacted.pdf](#)

- [24-0612](#) Class "B" Beer & "Class B" Liquor License Change of Agent for First Uskana LLC d/b/a Angels Restaurant, New Agent, Arben Hajdini, located at 1401 E John St.  
**Attachments:** [Angels Restaurant Change of Agent Redacted.pdf](#)
- [24-0619](#) Class "B" Beer & "Class B" Liquor License Change of Agent for Apollon II LLC d/b/a Apollon, New Agent, Kelly-Jo St. Aubin, located at 207 N. Appleton St.  
**Attachments:** [Apollon Change of Agent Redacted.pdf](#)
- [24-0644](#) Class "B" Beer & "Class B" Liquor License Change of Agent for Lawrence University of Wisconsin d/b/a Viking Room, New Agent, Dakota McKee, located at 615 E. College Ave.  
**Attachments:** [Lawrence University Change of Agent Redacted.pdf](#)
- [24-0620](#) Class "B" Beer & Reserve "Class B" Liquor License Change of Agent for Das Ventures Inc. d/b/a Appleton Beer Factory, New Agent, Benjamin Fogle, located at 603 W. College Ave.  
**Attachments:** [Appleton Beer Factory Change of Agent Redacted.pdf](#)
- [24-0652](#) Class "B" Beer and "Class B" Liquor Temporary Premises Amendment application for Mill City Public House LLC d/b/a Mill City Public House, Russell Leary, Agent, located at 1103 W College Ave, on July 4th 2024 for Ribfest Event, contingent upon approval from the Inspections and Health Departments.  
**Attachments:** [Mill City Public House Temp Premise Amendment 5.6.24.pdf](#)
- [24-0654](#) 2024-2025 Cigarette, Tobacco, and Vapor Product License Renewals  
**Attachments:** [2024 Cigarette-Tobacco-Vapor Licenses S&L File.pdf](#)
- [24-0653](#) Pet Store renewal application for HSA Corporation d/b/a Pet Supplies Plus, Angela Detlaan, Applicant, located at 702 W Northland Ave., contingent upon approval from the Inspections department.  
**Attachments:** [Pet Supplies Plus 2024 Renewal Redacted.pdf](#)
- [24-0633](#) Taxicab Company License Renewal Application for LIR Transportation LLC, d/b/a Fox Valley Cab, Owner, Igor Leykin, 719 W Frances St., contingent upon approval from the Inspections department.  
**Attachments:** [LIR Transportation LLC - Taxicab Co Renewal.pdf](#)

## 7. Information Items

[24-0614](#)

## Special Events

- Appleton Downtown Inc, Light the Night Market, College Avenue and Houdini Plaza, May 17, 2024
- Edison Family Fun Run, Edison Elementary and Approved Route, May 18, 2024
- Appleton City Celebration, Pierce Park, May 23, 2024
- Appleton Downtown Inc, Heid Music Summer Concert Series, Jones Park, Thursdays June 6, 2024 - August 29, 2024
- The Mission Church, Picnic in the Park, Pierce Park, June 7, 2024
- Lawrence University, Commencement 2024, Main Hall Green, June 9, 2024
- Creative Downtown Appleton, Street Music Week, College Avenue, June 10, 2024 - June 14, 2024
- Appleton Fox Cities Kiwanis Club, 14th Annual Fox Cities Butterfly Festival, City Park, June 15, 2024

[24-0672](#)

## Directors Report

1. City Clerk
2. Fire Chief
  - OT Update
3. Police Chief
  - OT 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.*



# 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, May 8, 2024

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

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

2. Pledge of Allegiance

3. Roll call of membership

*Chair Croatt appeared virtually.*

**Present:** 5 - Croatt, Siebers, Doran, Fenton and Schultz

4. Approval of minutes from previous meeting

[24-0537](#)

Safety and Licensing Committee Minutes from 05/01/2024.

**Attachments:** [S&L Minutes 05-01-24.pdf](#)

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

**Aye:** 5 - Croatt, Siebers, Doran, Fenton and Schultz

5. **Public Hearing/Appearances**

[24-0568](#)

Demerit Point Violation Appearance - Walmart

**Attachments:** [2024 Demerit Point Walmart.pdf](#)

**The Demerit Point Violation Appearance - Walmart was held until the next  
scheduled Safety and Licensing Committee Meeting.**

[24-0569](#)

Demerit Point Violation Appearance - Valley Mobil

**Attachments:** [2024 Demerit Point Valley Mobil.pdf](#)

**Todd Van Zeeland addressed the Committee.**

[24-0570](#)

Demerit Point Violation Appearance - Northland Ave Citgo

**Attachments:** [2024 Demerit Point Northland Ave Citgo.pdf](#)

The Manager of Northland Ave Citgo addressed the Committee.

[24-0572](#)

Demerit Point Violation Appearance - Aldi Kensington

**Attachments:** [2024 Demerit Point Aldi Kensington.pdf](#)

No one representing Aldi - Kensington appeared.

## 6. Action Items

[24-0588](#)

Fire Department Approval of Automatic Aid Agreement Between the City of Appleton and Village of Little Chute for Structure Fire Response.

**Attachments:** [AFD LCFD Auto-Aid Agreement 2024.pdf](#)**Siebers moved, seconded by Fenton, that the Fire Department Automatic Aid Agreement be recommended for approval. Roll Call. Motion carried by the following vote:****Aye:** 5 - Croatt, Siebers, Doran, Fenton and Schultz

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

**Fenton moved, Siebers seconded, to approve the balance of the agenda. The motion carried by the following vote:****Aye:** 5 - Croatt, Siebers, Doran, Fenton and Schultz[24-0552](#)

"Class B" Liquor license application for Alpine Swift d/b/a Ellinor, Adam Marty, Agent, located at 1016 E Pacific St., contingent upon approval from the Inspections and Police Departments.

**Attachments:** [Ellinor Class B App 4.30.24.pdf](#)**This Report Action Item was recommended for approval.**

[24-0514](#) Class "B" Beer and "Class B" Liquor Temporary Premises Amendment application for Henry J. Grishaber LLC d/b/a Hank & Karen's, Henry J. Grishaber, Agent, located at 1937 E John St., on May 19th 2024 for Memorial Stock Car Event, contingent upon approval from the Inspections and Public Works Departments.

**Attachments:** [Hank & Karen's - Temporary Premises Amendment.pdf](#)

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

[24-0530](#) Electronic Vaping Device Retail License application for D8D By H4H LLC d/b/a The Dispensary, William Nething, Agent, located at 3020 E. College Ave Suite F.

**Attachments:** [The Dispensary CTV-100.pdf](#)

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

[24-0511](#) Temporary Class "B" Beer and "Class B" Wine License application for St. Joseph Parish, Michael Pusnik, Person in Charge, located at 404 W. Lawrence St., from June 1st - June 2nd 2024, for A Flight of Beer event.

**Attachments:** [A Flight of Beer -Temp B Application.pdf](#)

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

[24-0512](#) Temporary Class "B" Beer and "Class B" Wine License application for St. Joseph Parish, Michael Pusnik, Person in Charge, located at 404 W. Lawrence St., from July 27th - July 28th 2024, for Non-Surprise-Surprise Birthday Party event.

**Attachments:** [Non Surprise-Surprise Birthday Party -Temp B Application.pdf](#)

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

## 7. Information Items

[24-0589](#) Fire Department Shared Service Agreement - Gold Cross Ambulance

**Attachments:** [Shared Services Agreement 6 Month Review April 2024.pdf](#)

**Nick Romenesko from Gold Cross addressed the committee.**

[24-0523](#)

## Special Events

- Sangria's Mexican Grill, Cinco de Mayo Celebration, 715-721 W Lawrence St, May 5th 2024
- Outagamie County Veterans Service Office, Mission Possible Veteran and Family Symposium, Fox Cities Expo Center and Jones Park, May 10th - 11th 2024
- American Cancer Society, Sole Burner 5K Walk/Run, City Park, May 11th 2024
- Appleton Downtown Inc, Craft Beer Walk, Participating Downtown Establishments, May 11th 2024
- Appleton Parade Committee, City of Appleton Memorial Day Parade, Approved Route, May 27th 2024
- Appleton Parade Committee, City of Appleton Flag Day Parade, Approved Route, June 8th 2024
- Miracle League of the Fox Valley Food Truck Night, Memorial Park, June 10th, June 24th, July 8th, and July 22nd 2024

[24-0538](#)

## Directors Report

1. City Clerk
  - Alcohol License Updates- Availability, Law Changes & Recent Developments
2. Fire Chief
  - Hiring Update
3. Police Chief
  - Hiring Update

## 8. Adjournment

**Siebers moved, seconded by Fenton, that the meeting be adjourned at 6:35 p.m. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Croatt, Siebers, Doran, Fenton and Schultz





# CITY OF APPLETON

## OFFICE OF THE CITY CLERK

100 N Appleton Street  
Appleton, WI 54911  
p: 920.832.6443  
f: 920.832.5823  
[www.appleton.org](http://www.appleton.org)

**April 30, 2024**

**Walmart  
3701 E Calumet St.  
Appleton, WI 54915**

**Attention: Jason Klunck**

Dear Alcohol License Holder,

The purpose of this letter is to inform you of the status of the demerit points against your alcohol license for the premises known as Walmart, located at 3701 E Calumet Street, in the City of Appleton. Furthermore, you are hereby required to attend the Safety and Licensing Committee on Wednesday, May 8th at 5:30 p.m. to inform the Committee about your efforts to rectify the issues that caused the imposition of any demerit points.

Your establishment recently had a violation for being Dispense/Sell Alcohol to Minor on March 14, 2024 which resulted in convictions on April 3, 2024. This violation carries an assessment of 80 demerit points. At this time, the license for this establishment has a total of 80 demerit points assessed against it within the last 24 months.

Please be advised that if any establishment holding an alcohol license accumulates 150-199 demerit points within a 24-month period, the license is subject to suspension for not less than 10 days nor more than 90 days. If any alcohol licensee accumulates 200 or more demerit points within a 36-month period, the license is subject to revocation. A copy of the ordinance was provided to you at the time you received your license.

*The City of Appleton Police Department offers free training to help ensure your establishment is operating in a manner that is safe and legal. If you are interested in taking advantage of this free training, please contact Lt. Benjamin Goodin at the Appleton Police Department.*

**If you have any questions related to this matter, please contact me at 920-832-6443.**

Respectfully,

Kami Lynch, City Clerk



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**May 8, 2024**

**Oneida BP  
1306 S Oneida St.  
Appleton, WI 54915**

**Attention: Prabhu Dhungana**

Dear Alcohol License Holder,

The purpose of this letter is to inform you of the status of the demerit points against your alcohol license for the premises known as Oneida BP, located at 1306 S Oneida Street, in the City of Appleton. Furthermore, you are hereby required to attend the Safety and Licensing Committee on Wednesday, May 22nd at 5:30 p.m. to inform the Committee about your efforts to rectify the issues that caused the imposition of any demerit points.

Your establishment recently had a violation for No Licensed Operator on February 11<sup>th</sup> which resulted in convictions on April 17, 2024. No Licensed Operator carries an assessment of 40 demerit points. At this time, the license for this establishment has a total of 40 demerit points assessed against it within the last 24 months.

Please be advised that if any establishment holding an alcohol license accumulates 150-199 demerit points within a 24-month period, the license is subject to suspension for not less than 10 days nor more than 90 days. If any alcohol licensee accumulates 200 or more demerit points within a 36-month period, the license is subject to revocation. A copy of the ordinance was provided to you at the time you received your license.

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**May 8, 2024**

**Quinto Sol Supermarket  
2311 W College Ave  
Appleton, WI 54911**

**Attention: Hector Mosqueda**

Dear Alcohol License Holder,

The purpose of this letter is to inform you of the status of the demerit points against your alcohol license for the premises known as Quinto Sol Supermarket, located at 2311 W College Avenue, in the City of Appleton. Furthermore, you are hereby required to attend the Safety and Licensing Committee on Wednesday, May 22nd at 5:30 p.m. to inform the Committee about your efforts to rectify the issues that caused the imposition of any demerit points.

Your establishment recently had a violation for No Licensed Operator & Failure to Display License on February 10<sup>th</sup> which resulted in convictions on April 10, 2024. No Licensed Operator carries an assessment of 40 demerit points and Failure to Display License carries an assessment of 25 demerit points. At this time, the license for this establishment has a total of 65 demerit points assessed against it within the last 24 months.

Please be advised that if any establishment holding an alcohol license accumulates 150-199 demerit points within a 24-month period, the license is subject to suspension for not less than 10 days nor more than 90 days. If any alcohol licensee accumulates 200 or more demerit points within a 36-month period, the license is subject to revocation. A copy of the ordinance was provided to you at the time you received your license.

*The City of Appleton Police Department offers free training to help ensure your establishment is operating in a manner that is safe and legal. If you are interested in taking advantage of this free training, please contact Lt. Benjamin Goodin at the Appleton Police Department.*

**If you have any questions related to this matter, please contact me at 920-832-6443.**

Respectfully,

Kami Lynch, City Clerk



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**May 8, 2024**

**SG Petroleums – Newberry Mobil  
2811 E Newberry St  
Appleton, WI 54915**

**Attention: Sudhansh Goel**

Dear Alcohol License Holder,

The purpose of this letter is to inform you of the status of the demerit points against your alcohol license for the premises known as Newberry Mobil, located at 2811 E Newberry Street, in the City of Appleton. Furthermore, you are hereby required to attend the Safety and Licensing Committee on Wednesday, May 22nd at 5:30 p.m. to inform the Committee about your efforts to rectify the issues that caused the imposition of any demerit points.

Your establishment recently had a violation for No Licensed Operator on February 14<sup>th</sup> which resulted in convictions on April 17, 2024. No Licensed Operator carries an assessment of 40 demerit points. At this time, the license for this establishment has a total of 40 demerit points assessed against it within the last 24 months.

Please be advised that if any establishment holding an alcohol license accumulates 150-199 demerit points within a 24-month period, the license is subject to suspension for not less than 10 days nor more than 90 days. If any alcohol licensee accumulates 200 or more demerit points within a 36-month period, the license is subject to revocation. A copy of the ordinance was provided to you at the time you received your license.

*The City of Appleton Police Department offers free training to help ensure your establishment is operating in a manner that is safe and legal. If you are interested in taking advantage of this free training, please contact Lt. Benjamin Goodin at the Appleton Police Department.*

**If you have any questions related to this matter, please contact me at 920-832-6443.**

Respectfully,

Kami Lynch, City Clerk



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**April 30, 2024**

**Courtyard Marriott  
101 S Riverheath Way  
Appleton, WI 54915**

**Attention: Cindy Evers**

Dear Alcohol License Holder,

The purpose of this letter is to inform you of the status of the demerit points against your alcohol license for the premises known as Courtyard Marriott, located at 101 S Riverheath Way, in the City of Appleton. Furthermore, you are hereby required to attend the Safety and Licensing Committee on Wednesday, May 8th at 5:30 p.m. to inform the Committee about your efforts to rectify the issues that caused the imposition of any demerit points.

Your establishment recently had a violation for being Dispense/Sell Alcohol to Minor on March 18, 2024 which resulted in convictions on April 3, 2024. This violation carries an assessment of 80 demerit points. At this time, the license for this establishment has a total of 80 demerit points assessed against it within the last 24 months.

Please be advised that if any establishment holding an alcohol license accumulates 150-199 demerit points within a 24-month period, the license is subject to suspension for not less than 10 days nor more than 90 days. If any alcohol licensee accumulates 200 or more demerit points within a 36-month period, the license is subject to revocation. A copy of the ordinance was provided to you at the time you received your license.

*The City of Appleton Police Department offers free training to help ensure your establishment is operating in a manner that is safe and legal. If you are interested in taking advantage of this free training, please contact Lt. Benjamin Goodin at the Appleton Police Department.*

**If you have any questions related to this matter, please contact me at 920-832-6443.**

Respectfully,

Kami Lynch, City Clerk

**2024-2025 RENEWALS**

**CLASS "A" FERMENTED MALT BEVERAGE & "CLASS A" LIQUOR (CIDER ONLY) LICENSE**

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
FKG Oil Company Lori A. Endries, Agent, 227 Wisconsin Ave, Brillion WI 54110	Appleton MotoMart	3400 E Calumet St
FKG Oil Company Lynda Nabbefeld, Agent, 2810 N Park Drive Lane #9, Appleton, WI 54911	Badger MotoMart	1850 W Wisconsin Ave
FKG Oil Company Jason G. Mazanec, Agent, 912 E Frances St, Appleton WI 54911	Ballard MotoMart	2838 N Ballard Rd
DK Petroleum Inc. Davinder Singh, Agent, 3709 S Boyd Ct Appleton WI 54915	DK Petroleum	2619 N Richmond St
FKG Oil Company Anne M. Stichman, Agent, N11037 State Rd 22 Clintonville WI 54929	Kensington MotoMart	320 S Kensington Dr
Kwik Trip Inc. Jennifer Lundt, Agent, 5310 Long Ct Appleton WI 54914	Kwik Trip #181	730 E Wisconsin Ave
Kwik Trip Inc. Isaac A Peterson, Agent, 732 E Harrison St Appleton WI 54915	Kwik Trip #182	306 N Richmond St
Kwik Trip, Inc. Matthew A. Oetzel, Agent, 317 Sarah St Kaukauna WI 54130	Kwik Trip #200	2120 E Edgewood Dr
Kwik Trip, Inc. Alexandra D. Beck, Agent, 1345 Lucerne Dr #2, Menasha WI 54952	Kwik Trip #639	2175 S Memorial Dr
Kwik Trip, Inc. Jacqueline D. Dahlke, Agent, 717 Appleton Rd Menasha WI 54952	Kwik Trip #678	3232 S Oneida St
Kwik Trip, Inc. Cheri L. Werner, Agent, 331 Division St, Neenah WI 54956	Kwik Trip #685	4085 E Calumet St
Quinto Sol LLC Hector Mosqueda, Agent, 1009 E Kramer Ln Appleton WI 54915	Quinto Sol Supermarket	2311 W College Ave
Kwik Trip, Inc. Jennifer J. Ross, Agent, 2115 S 9 <sup>th</sup> St Manitowoc WI 54220	Stop-N-Go #556	1342 W Prospect Ave

**CLASS "A" FERMENTED MALT BEVERAGE & "CLASS A" LIQUOR LICENSE**

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
Aldi Inc Wisconsin Brittney A Wagner, Agent, 2114 N Morrison St Appleton WI 54911	Aldi #68	116 N Linwood Ave
Aldi Inc Wisconsin Jamison Pierce, Agent, 431 2 <sup>nd</sup> St Neenah WI 54956	Aldi #69	2310 S Kensington Dr
Aldi Inc Wisconsin Chris R Subert, Agent, W8426 County Rd F Shiocton WI 54170	Aldi #86	2702 N Richmond St
Badger Gas Inc Kalwinder Kaur, Agent, 4052 Cattail Ct Grand Chute WI 54913	Badger Gas	911 W College Ave
SK Gas Mart LLC Satbir Singh, Agent, W6028 Blazing Star Dr, Appleton WI 54915	Badger Mobil	1201 N Badger Ave
AADYA, LLC Mahendra Patel, Agent, N231 Eastowne Ln Appleton WI 54915	Calumet Pantry	319 E Calumet St
Wisconsin CVS Pharmacy LLC Nicholas Fahrner, Agent, 1019 E Rustic Rd Appleton WI 54911	CVS Pharmacy #8525	700 W Wisconsin Ave
Skogen's Foodliner, Inc. Paul Klinkhammer, Agent, 945 Tayco St #10 Menasha WI 54952	Festival Foods	1200 W Northland Ave
Flanagan's Stop & Shop, Inc Patrick Flanagan, Agent, N1820 North Rd Greenville WI 54942	Flanagan's Stop & Shop	522 W College Ave
Nepal LLC Puspa Subedi, Agent, 3045 Winnipeg St Menasha WI 54952	Memorial Liquor	415 S Memorial Dr
SG Petroleums LLC Sudhansh Goel, Agent, 4842 N Stargaze Dr Appleton WI 54913	Newberry Mobil	2811 E Newberry St
Depu LLC Chiranjibi Lamichhane, Agent, W6323 Arborvitae Ln Menasha WI 54952	Northland Mobil	105 W Northland Ave
Oneida St Mini Mart LLC Prabhu Dhungana, Agent, 4716 W Grand Meadows Dr Appleton WI 54914	Oneida BP	1306 S Oneida St
Ultimate Mart LLC Timothy Smith, Agent, N4459 Nelson Rd, Princeton, WI 54968	Pick 'N Save #8123	2700 N Ballard Rd

Ultimate Mart LLC Lyndsey Lawrence, Agent, 2814 Villa Way Menasha WI 54952	Pick 'N Save #8187	511 W Calumet St
Sai Krupa, LLC Nilesh M. Patel, Agent, 4705 W Prairie Song Ln Appleton WI 54913	Richmond Citgo	1601 N Richmond St
Target Corporation Nicolas Bedolla, Agent, 8455 Marlo Ave Unit 7 Neenah WI 54956	Target Store T-1248	1800 S Kensington Dr
The Free Market, Inc. Lucinda M. Weinfurter, Agent, E2723 Cty Rd B, Scandinavia, WI 54977	The Free Market	734 W Wisconsin Ave
Olive Cellar LLC Gordon J. Cole, Agent, 1418 N Union St Appleton WI 54911	The Olive Cellar	277 W Northland Ave
Tiffani's Bridal & Consignment LLC Tiffani Ebben, Agent, W7234 School Rd Greenville WI 54942	Tiffani's Bridal	210 W College Ave 2 <sup>nd</sup> Floor
True North Energy LLC Michelle A Knox, Agent, W1224 Harvestore Rd Brillion WI 54110	True North #822	3411 N Ballard Rd
Wal-Mart Stores East LP Jason R Klunck, Agent, 1801 White Wolf Ln Kaukauna WI 54130	Wal-Mart Super Center	3701 E Calumet St
Samyam LLC Sadhana Lamichhane, Agent, 1000 Kernan Ave, Menasha, WI 54952	Wisconsin Avenue Marathon	1920 E Wisconsin Ave
Jaliyan Gas, LLC Nilesh M. Patel, Agent, 4705 W Prairie Song Ln Appleton WI 54913	Wisconsin Avenue Pantry	111 W Wisconsin Ave

**CLASS "B" FERMENTED MALT BEVERAGE LICENSE**

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
Appleton Axe LLC Patrick Van Abel, Agent, W2823 Oakridge Dr Appleton WI 54915	Appleton Axe	1400 W College Ave
The Breaking Point LLC Courtney Hayden, Agent, 2009 N Linwood Ave Appleton WI 54914	Breaking Point	2011 N Richmond St
Bennett Manor 2 LLC Heidi Bennet, Agent, 309 E Wentworth Ln Appleton WI 54913	Cozy Corner	111 N Walnut St
Fronteras LLC	Fronteras Restaurant	2311 W College Ave



Eric Mosqueda Lopez, Agent, 733 N Waldoch Dr Appleton WI 54913

Newell Company Inc. Lumberjack Johnny's 2701 N Oneida St Ste E  
David P. Oshefsky, Agent, 2053 Shady Ln, Green Bay, WI 54313

Guang Hai Chen Min Du Buffet 1000 W Wisconsin Ave  
1500 W Cloverdale Dr Appleton WI 54914

**CLASS "B" FERMENTED MALT BEVERAGE LICENSE  
AND "CLASS C" WINE LICENSE**

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
Apple Valley Pancake House Inc. Memedali Useini, Agent, 1307 Buttonbush Way, Neenah, WI 54956	Apple Valley Pancake House	1216 W Wisconsin Ave
Area 509 LLC Reginald Desamour, Agent, 1629 S Nicolet Rd #1 Appleton WI 54914	Area 509	1025 N Badger Ave
A & V Custom Creations LLC. Vanessa Schoen, Agent, 520 N New Franken Rd, New Franken WI 54229	Board and Brush Creative Studio Appleton	109 N Durkee St
Off the Vine Woodfire Pizza Co LLC Keith Schreiner, Agent, 629 Hansen St, Neenah WI 54956	Broken Tree Pizza	201 S Riverheath Way Ste 1100
Garden View Family Restaurant LLC Rose Salinas Villanueva, Agent, 315 Tyler Ct #1 Menasha WI 54952	Garden View Family Restaurant	216 E College Ave
Cinisi, LLC Giuseppa Sollena, Agent, 5024 N Waterford Dr Appleton WI 54913	Luigi's Pizza	1835 E Edgewood Dr
MK2 Investments LLC Mari P Kessenich, Agent, 4509 N Knollwood Ln Appleton WI 54913	Pinot's Palette	226 E College Ave

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

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
Zuesinator LLC Corbin Schiedermayer, Agent, 506 W Park Ridge Ave Appleton WI 54914	Ambassador	117 S Appleton St
FirstUskana LLC Ramazan Hajdini, Agent, W6996 Rockdale Ln Greenville WI 54942	Angels Restaurant	1401 E John St
Apollon II LLC	Apollon	207 N Appleton St

Tara Ziebell, Agent 606 N Appleton St Appleton WI 54911		
Driftwood Special Servicing LLC Linda M. Garvey, Agent, 105 Alexander Dr Neenah WI 54956	Appleton Hilton	333 W College Ave
Driftwood Special Servicing LLC Linda M. Garvey, Agent, 105 Alexander Dr Neenah WI 54956	Appleton Hilton	333 W College Ave
Driftwood Special Servicing LLC Linda M. Garvey, Agent, 105 Alexander Dr Neenah WI 54956	Appleton Hilton	333 W College Ave
Driftwood Special Servicing LLC Linda M. Garvey, Agent, 105 Alexander Dr Neenah WI 54956	Appleton Hilton	333 W College Ave
Appleton Souvenir & Cigar Inc Norman J Kopesky III, Agent, 741 Woodfield Rd Neenah WI 54956	Appleton Souvenir & Cigar Co	415 W College Ave
Asian Thai 2 Inc Rong Zhang, Agent, 3709 S Hampton Ct Appleton WI 54915	Asian Thai	201 W Northland Ave Ste GH
MJ Author's Kitchen Joshua D. Sickler, Agent, 1506 W Harris St Appleton WI 54914	Author's Kitchen	125 E College Ave
Badger Boys 2 LLC Tim G. Bruecker, Agent, 1713 Fieldcrest Dr Kaukauna WI 54130	Badger Sports Park	3600 E Evergreen Dr
Bowl Ninety-One LLC Thong Vue, Agent, 2511 N Alexander St Appleton WI 54911	Bowl Ninety-One	100 E College Ave
Chandelier LLC Kyle E Jones, Agent, 739 Grove St Oshkosh WI 54901	Broken Chandelier	215 W College Ave
Calaveras Fine Fusions LLC Rebekka Garcia, Agent, 720 Wind Flower Way Kimberly WI 54136	Calaveras Fine Fusions	511 W College Ave
KMG Capitol Centre LLC Michael Gonnering, Agent, 3900 N Casaloma Dr Appleton WI 54913	Capitol Centre	725 W Capitol Dr
Debra L Terry W6150 Cty Rd BB Lot #71 Appleton WI 54914	Carter's Caboose	1428 W Second St
PJW LLC Jennifer A. Thomas, Agent, 3000 S Lance Ave Appleton WI 54915	Chadwick's	413 W College Ave
Thao Enterprises Inc Maiyoua Thao, Agent, 5310 N Rosemary Dr Appleton WI 54913	Chung's Sandwich Bar	1804 S Lawe St

ANK Restaurant Adam DeFosse, Agent, N207 Country Ayres Ct Appleton WI 54915	Cinders Charcoal Grill	221 S Kensington Dr
Cleo's Brown Beam LLC Dean T. Sosnoski, Agent, N2549 Sommers Dr Appleton WI 54913	Cleo's	203 W College Ave
Cold Shot LLC Sherry Galow, Agent, 525 N Division St Appleton WI 54911	Cold Shot	633B W Wisconsin Ave
Dongpo Restaurant in Appleton, Inc. DongPo Restaurant Jian Chen, Agent, 3500 N Morrison St Appleton WI 54911		719 W College Ave
Strange Case Thomas M. Ales III, Agent, 1120 Grassy Plains Dr Neenah WI 54956	Dr. Jekyll's	314 E College Ave
Eager Beaver LLC Mark R. Joosten, Agent, 2948 W 1 <sup>st</sup> Ave Appleton WI 54913	Eager Beaver Bar & Grill	1400 W Second St
El Azteca Restaurants, Inc. Fe Montalvo, Agent, 1808 Vandenberg Ln Kaukauna WI 54130	El Azteca Restaurant	201D W Northland Ave
Alpine Swift LLC Adam Marty, Agent, 429 E Roosevelt St Appleton WI 54911	Ellinor	1016 E Pacific St
TNE, Inc. Sharon L. Reader, Agent, N1522 Sandview Dr Fremont WI 54940	Emmett's Bar & Grill	139 N Richmond St
Yong Larson W7062 Hillview Rd Greenville WI 54942	Far East	1330 S Oneida St
Fat Sammy's Inc Angela C. Gaines, Agent, 1722 S Peabody St Appleton WI 54915	Fat Sammy's	2500 S Oneida St
Driftwood Special Servicing LLC Linda Garvey, Agent, 105 Alexander Dr Neenah WI 54956	Fox Cities Exhibition Center	355 W Lawrence St
Fox River House LLC Cassidy M Evers, Agent, 742 W Prospect Ave Appleton WI 54914	Fox River House	211 S Walnut St
Galvan's LLC Spresium Useini, Agent, 843 Sundial Ln Neenah WI 54956	Galvan's	2220 E Northland Ave
Appleton Nickel Inc Stacy L Knaack, Agent, 927 Caroline St Neenah WI 54956	Glass Nickel Pizza Co.	2120 W College Ave

Good Company, Ltd. Trevor J. Reader, Agent, W3841 Highview Dr Appleton WI 54915	Good Company	110 N Richmond St
K Corporation Robert J. Kunstman, Agent, 1602 N Richmond St Appleton WI 54911	Grumpy's Pub	1501 N Richmond St
Henry J Grishaber LLC Henry J. Grishaber, Agent, 1937 E John St Appleton WI 54915	Hank & Karen's	1937 E John St
Grin & Barrett, Inc. Sheli S. Paez, Agent, 19 W Pleasantview Ct Appleton WI 54914	Hide-A-Way Bar	1400 W Wisconsin Ave
Ferg5 James E. Ferg, Agent, 1238 Appleton St Menasha WI 54952	Home Burger Bar	205 W College Ave
John C Greiner W4381 Cty Rd KK Kaukauna WI 54130	Jack's Apple Pub	535 W College Ave
DDCT, Inc. Stacy Hoffman, Agent, 516 E Circle St Appleton WI 54911	Jim's Place	223 E College Ave
Nakashima Sushi, Inc. Lisa S. Lindberg, Agent, 5211 W Spencer St Appleton WI 54914	Katsu-Ya of Japan	338 W College Ave
Taste of Thai Fox Valley LLC Chisa Jitmaiwong, Agent, N203 Pinecrest Blvd Appleton WI 54915	Mad Elephant	1222 S Oneida St
Two Bucks Only II LLC Daniel M. Burton, Agent, 1001 S Oneida St Unit F Appleton WI 54911	Maritime Bar	336 W Wisconsin Ave
Marks East Side, Inc. Alex Shea, Agent, 2408 S Harmon St, Appleton WI 54915	Mark's East Side	1405 E Wisconsin Ave
Mill City Public House LLC Russell T Leary, Agent, 904 Winona Way Appleton WI 54911	Mill City Public House	1103 W College Ave
Uncle Jim's, LLC Hollyann Strunc, Agent, 221 N State St Appleton WI 54911	Missfits	317 N Appleton St
NAC LLC Christopher A Nelis, Agent, 1315 1/2 S Jefferson St Appleton WI 54915	OB's Brau Haus	523 W College Ave
Pierri Pizza LLC Riley W Brice, Agent, 819 1/2 W College Ave Appleton WI 54914	Pierri Pizza	815 W College Ave
RH Events LLC	Poplar Hall	141 S Riverheath Way

Nicole A Burleson, Agent, 161 S Riverheath Way #212 Appleton WI 54915

GT Limited Rascal's Bar & Grill 702 E Wisconsin Ave  
Karen Blodgett, Agent, 715 E Hancock St Appleton WI 54911

Simpson's Red Ox, Inc. Red Ox Supper Club 2318 S Oneida St  
John A. Hayes, Agent, 124 E Wilson Ave Appleton WI 54915

Richmond St. Pub, Inc. Richmond Street Pub 1631 N Richmond St  
Linda M. Guckenberger, Agent, 4910 N Meade St Appleton WI 54913

Gregg Van Dinter Riverside Bar & Grill 906 S Olde Oneida St  
W6227 Wisconsin Ave Greenville WI 54942

Riverview Gardens Inc. Riverview Gardens 1101 S Oneida St  
Cynthia L. Sahotsky, Agent, W6122 Cty Rd P Black Creek WI 54106

S C Carrow Corp Rookies Sport Bar & Grill 325 N Appleton St  
Steven C. Carrow, Agent, W6492 Rickey Ln Greenville WI 54942

OM Investments, LLC Sai Ram Indian Cuisine 253 W Northland Ave  
Sivakumar Rajarathinam, Agent, 1237 Symphony Blvd Neenah WI 54956

Sangrias Mexican Grill 2 LLC Sangria's Mexican Grill 215 S Memorial Dr  
Sarah J. Gregory, Agent, 3641 Tulip Trail Appleton WI 54913

Scubas Pourhouse LLC Scuba's Pourhouse 1309 E Wisconsin Ave  
Steve R. Van Fossen, Agent, 2278 Fraser Fir Dr Appleton WI 54913

Bark Entertainment LLC Skyline Comedy Club 1004 S Olde Oneida St  
Zachary Wroblewski, Agent, 621 E Brewster St Appleton WI 54911

Spats Food and Spirits LLC Spats Food and Spirits 733 W College Ave  
Nicholas Kapheim, Agent, 5740 W Packard St Appleton WI 54913

Aaron Investments LLC Stuc's Pizza 110 N Douglas St  
Erik J. Anderson, Agent, 1414 W 2<sup>nd</sup> St Appleton WI 54914

Kim Williams Study Hall Grille & Pub 313A E Calumet St  
200 E Harding Dr Appleton WI 54915

Bowlero Wisconsin LLC Super Bowl Family Entertainment 2222 E Northland Ave  
Scott Radtke, Agent, 2451 S 92<sup>nd</sup> St West Allis WI 59214

C&K Catering Corporation Sushi Lover 527-529 W College Ave  
Zhen Zhen Sun, Agent, 3336 Star Creek Ct Green Bay WI 54311

Tandem Wine & Beer LLC George H. Koenig, Agent, 419 S Church St Neenah WI 54956	Tandem Wine & Beer	101 W Edison Ave #100
The 513 Appleton LLC Kolby Knuth, Agent, 805 S State St Appleton WI 54911	The 513	513 W College Ave
THBJ Investments, LLC Bruce A. Hawley, Agent, 349 White Cedar Parkway Apt H Kimberly WI 54136	The Bent Keg	417 W College Ave
Generation Paulson Chris D. Paulson, Agent, W5793 Royal Troon Dr Menasha WI 54952	The Daily Pint	830 E Northland Ave
Mc Gregors LLC Sara Hoks, Agent, 911 Caroline St Neenah WI 54956	The Durty Leprechaun	343 W College Ave
Richmond Bar & Grill LLC Tiffani Daul, Agent, N3929 Washington Ave #7, Freedom WI 54130	The Pub & Grill	2611 N Richmond St
Tipsy Taco & Tequila Bar LLC Sarah Gregory, Agent, 3641 Tulip Trail Appleton WI 54913	Tipsy Taco & Tequila Bar	127 S Memorial Dr
Zhou Japanese Steakhouse LLC Yao Ming Zhou, Agent, 9606 N Noe Rd Appleton WI 54915	TJ's Japanese Steakhouse	4025 E Lorna Ln
Urban Modern Kitchen LLC Regina Hueckman, Agent, 2825 South Wheatfield Dr Appleton WI 54915	Urban Modern Kitchen	800 E Wisconsin Ave
Victorias of Appleton Inc Cresencio V. Victoria, Agent, 503 W College Ave Appleton WI 54911	Victoria's Restaurant	503 W College Ave
Lawrence University of Wisconsin Dakota McKee, Agent, 212 S Durkee St Rm 142 Appleton WI 54911	Viking Room	615 E College Ave
Tudy Wilder LLC Terrance Wilder, Agent, 705 Arthur St Little Chute WI 54140	Wilder's Bistro	2639 S Oneida St Ste 1
Wooden Nickel Restaurant & Lounge Inc. Anthony A. Mueller, Agent, 217 E College Ave Appleton WI 54911	Wooden Nickel Sports Bar & Grill	217 E College Ave

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

**NAME**

**TRADE NAME**

**ADDRESS**

Good Company, Ltd. Pullman's at Trolley Square 619 S Olde Oneida St  
Trevor J. Reader, Agent, W3841 Highview Dr Appleton WI 54913

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

<b><u>NAME</u></b>	<b><u>TRADE NAME</u></b>	<b><u>ADDRESS</u></b>
Das Ventures Inc Jeffery E. Fogle, Agent, 774 Elm St Neenah WI 54956	Appleton Beer Factory	603 & 607 W College Ave
Appleton Yacht Club Andrew T. Potter, Agent, 3146 N Lawe St Appleton WI 54911	Appleton Yacht Club	1200 S Lutz Dr
Sou Chomsisengphet 451 Forestview Dr Oshkosh WI 54904	Basil Café	1513 N Richmond St
Appleton Hotel Ventures LLC Troy R Graverson, Agent, 606 Marcella Ave Combined Locks WI 54113	Cambria Suites	3940 N Gateway Dr
Wise Restaurant Group Paul J. Wise, Agent, 561 S Waupaca St Wautoma WI 54982	Christianos Pizza	2400 S Kensington Dr #500
Fox Cities Hotel Investors LLC Richard Batley, Agent, 2426 Forest Manor Ct Neenah WI 54956	Copper Leaf Boutique Hotel & Spa	300 W College Ave
Riverheath Hospitality LLC Cindy L. Evers, Agent, 532 Hammen Ct Kaukauna WI 54130	Courtyard Appleton Riverfront	101 S Riverheath Way
D2 of Appleton, Inc. Howard J Johnston, Agent, 3460 Peppergrass Dr Green Bay WI 54311	D2 Appleton	403 W College Ave
Déjà Vu Enterprises LLC Kelly Koroll, Agent, 1111 W North Ave Appleton WI 54911	Déjà Vu Martini Lounge	519 W College Ave
Fox Cities Performing Arts Center, Inc. Maria S. Van Laanen, Agent, 4726 N Tony Ct Appleton WI 54913	Fox Cities Performing Arts Center	400 W College Ave
Holidays Pub LLC Corey Bringman, Agent, 712 N Hawthorne Dr, Appleton WI 54915	Holidays Pub & Grill	3950 N Richmond St
El Jaripeo Appleton LLC Oscar A. Sandoval Rosales, Agent, 4925 N Waterford Dr Appleton WI 54913	Jaripeo Mexican Grill	3401 E Evergreen Dr
Mondo Wine LLC	Mondo Wine Bar and Retail	220 W College Ave

David J. Oliver, Agent, 833 E Franklin St Appleton WI 54911

Viand Hospitality LLC                      Parker John's BBQ and Pizza                      2331 E Evergreen Dr #2  
Aaron M Sloma, Agent, W2547 County Line Rd Cleveland WI 53015

Player 2 LLC                                      Player 2 Arcade Bar                                      215 E College Ave  
Marissa R. Emerson, Agent, 515 Melrose Ave Green Bay WI 54303

Good Company, Ltd.                              Pullmans Waterfront Banquets                              619 S Olde Oneida St  
Trevor J. Reader, Agent, W3841 Highview Dr Appleton WI 54913

Rye Inc    Rye Restaurant    308 W College Ave  
Nicolas Morse, Agent, 5633 N Summerland Dr Appleton WI 54913

BT & Dave, LLC                                      Speakeasy Ultra Lounge                                      425 W College Ave  
Theodore V. Suess, Agent, 1414 W Spencer St Appleton WI 54914

Thai Ginger Bistro LLC                              Thai Ginger Bistro                                      1619 W Wisconsin Ave Ste F  
Bounpheng Luangpraseuth, Agent, 364 Forest View Rd Oshkosh WI 54904

10<sup>th</sup> Frame LLC                                      The 10<sup>th</sup> Frame    618 W Wisconsin Ave  
Chad M. Van Daalwyk, Agent, 224 Wolf River Dr Fremont WI 54940

Milko, Inc.    The Bar on the Avenue    427 W College Ave  
Mark R. Miller, Agent, 3410 Cherryvale Ave #51 Appleton WI 54913

The Trout Museum of Art Inc                              Trout Museum of Art    111 W College Ave  
Christina Turner, Agent, 275 Lake Rd Menasha WI 54952

May 15, 2024

KAMI LYNCH  
CITY CLERK



Form  
AT-106

## Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	City of Appleton
License Period	2024-2025

**License(s) Requested**

- |  |  |
|--|--|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____     | <input checked="" type="checkbox"/> "Class A" Liquor ..... \$ 450.00 |
| <input type="checkbox"/> Class "B" Beer ..... \$ _____     | <input type="checkbox"/> "Class B" Liquor ..... \$ _____             |
| <input type="checkbox"/> "Class C" Wine ..... \$ _____     | <input type="checkbox"/> "Class A" Liquor (Cider Only) \$ _____      |
| <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____       |

License Fees	\$450.00
Publication Fee	\$60.00
Background Check	\$7.00
<b>Total Fees</b>	<b>\$517.00</b>

**Part A: Premises/Business Information**

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) FKG Oil Company		
2. Trade Name or DBA Kensington MotoMart		
3. Premises Address 320 South Kensington Drive		
4. County Outagamie	5. Municipality Appleton	6. Aldermanic District 3
7. Mailing Address (if different from premises address) FKG Oil Company, 721 West Main Street, Belleville, IL. 62220		
8. FEIN [REDACTED]	9. Wisconsin Seller's Permit Number 456000058597903	
10. Premises Phone (920) 830-4160	11. Premises Email KensingtonMotoMart@fkgoil.com	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary. 30x50 Sq.Ft.Convenience Store, Coolers and Backroom Storage.		

**Part B: Questions**

- |  |   |
|--|---|
| 1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate .....                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? . . . . | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If yes, please explain using the space below. Attach additional sheets if necessary.   |   |

<b>Part C: For Corporate/LLC Applicants Only</b>		
1. State of Registration Missouri		2. Date of Registration 08/01/73
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company		FEIN of Parent Company
4. Does the parent company 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name Stichman	Agent's First Name Anne	Phone [REDACTED]

**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

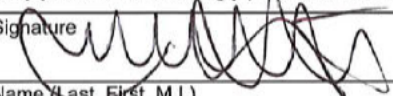
List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
			—
			—
			—
			—

**Part E: 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 	Date 03/07/2024
Name (Last, First, M.I.) Forsyth, Robert J	
Title VP for FKG Oil Company	Email [REDACTED]
	Phone [REDACTED]

**Part F: For Clerk Use Only**

Date application was filed with clerk 3-18-2024	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of FKE Oil Company  
(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

Kensington Motor Mart  
(Trade Name)  
located at 320 S. Kensington, Appleton, WI. 54915

appoints ANNE MARIE STICHMAN  
(Name of Appointed Agent)  
N11037 STATE ROAD 22 CLINTONVILLE WI 54929  
(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? 45 YEARS

Place of residence last year N11037 STATE ROAD 22 CLINTONVILLE WI 54929

For: FKE Oil Company  
(Name of Corporation / Organization / Limited Liability Company)  
By: [Signature]  
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

I, ANNE M STICHMAN, 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] 3/8/24 Agent's age [Redacted]  
(Signature of Agent) (Date)  
N11037 STATE ROAD 22 CLINTONVILLE WI 54929 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)

Form  
AT-106

## Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	Appleton
License Period	12-25

**License(s) Requested**

- |  |  |
|--|--|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____     | <input checked="" type="checkbox"/> "Class A" Liquor ..... \$ 450.00 |
| <input type="checkbox"/> Class "B" Beer ..... \$ _____     | <input type="checkbox"/> "Class B" Liquor ..... \$ _____             |
| <input type="checkbox"/> "Class C" Wine ..... \$ _____     | <input type="checkbox"/> "Class A" Liquor (Cider Only) \$ _____      |
| <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____       |

License Fees	\$450.00
Publication Fee	\$60.00
Background Check	\$7.00
<b>Total Fees</b>	<b>\$517.00</b>

**Part A: Premises/Business Information**

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) FKG Oil Company		
2. Trade Name or DBA Ballard MotoMart		
3. Premises Address 2838 N Ballard Road		
4. County Outagamie	5. Municipality Appleton	6. Aldermanic District 13
7. Mailing Address (if different from premises address) FKG Oil Company, 721 West Main Street, Belleville, IL. 62220		
8. FEIN [REDACTED]	9. Wisconsin Seller's Permit Number 456000058597903	
10. Premises Phone (920) 738-7270	11. Premises Email BallardMotoMart@fkgoil.com	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary. 50x80 Sq.Ft.Convenience Store, Coolers and Backroom Storage.		

**Part B: Questions**

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.

<b>Part C: For Corporate/LLC Applicants Only</b>		
1. State of Registration Missouri		2. Date of Registration 08/01/73
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company		FEIN of Parent Company
4. Does the parent company 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name Mazanec	Agent's First Name Jason	Phone [REDACTED]

**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

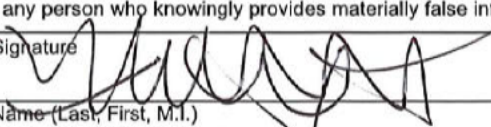
List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
			---
			---
			---
			---

**Part E: 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:  Date: 03/07/2024

Name (Last, First, M.I.): Forsyth, Robert J

Title: VP for FKG Oil Company    Email: [REDACTED]    Phone: [REDACTED]

**Part F: For Clerk Use Only**

Date application was filed with clerk 3-18-2024	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

# 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 FKG OIL COMPANY  
(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  
BALLARD MOTOMART  
(Trade Name)

located at 2838 N. BALLARD RD. APPLETON, WI 54911

appoints JASON MAZANEC  
(Name of Appointed Agent)

912 E FRANCES 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?

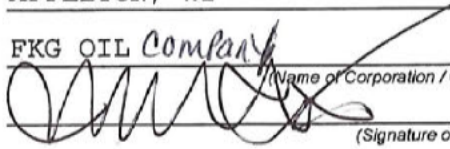
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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? 34 YEARS

Place of residence last year APPLETON, WI

For: FKG OIL COMPANY  
(Name of Corporation / Organization / Limited Liability Company)

By:   
(Signature of Officer / Member / Manager)

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

## ACCEPTANCE BY AGENT

I, JASON MAZANEC, 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.

 3-8-24 Agent's age             
(Signature of Agent) (Date)

912 E FRANCES ST. APPLETON, WI 54911 Date of birth             
(Home Address of Agent)

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

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

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

Form  
**AT-106**

**Original Alcohol Beverage  
License Application**

FOR CLERKS ONLY	
Municipality	Appleton
License Period	24-25

**License(s) Requested**

- Class "A" Beer ..... \$ \_\_\_\_\_      "Class A" Liquor ..... \$ 450.00  
 Class "B" Beer ..... \$ \_\_\_\_\_      "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class C" Wine ..... \$ \_\_\_\_\_      "Class A" Liquor (Cider Only) \$ \_\_\_\_\_  
 Reserve "Class B" Liquor \$ \_\_\_\_\_      "Class B" (Wine Only) Winery \$ \_\_\_\_\_

License Fees	\$450.00
Publication Fee	\$60.00
Background Check	\$56.00
<b>Total Fees</b>	<b>\$566.00</b>

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) FKG Oil Company		
2. Trade Name or DBA Badger MotoMart		
3. Premises Address 1850 W Wisconsin Avenue		
4. County Outagamie	5. Municipality Appleton	6. Aldermanic District 12
7. Mailing Address (if different from premises address) FKG Oil Company, 721 West Main Street, Belleville, IL. 62220		
8. FEIN [REDACTED]	9. Wisconsin Seller's Permit Number 456000058597903	
10. Premises Phone (920) 831-0837	11. Premises Email BadgerMotoMart@fkgoil.com	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary. 4118 Sq. Ft. Convenience Store- 2200 Sq. Ft. Sales Floor, 730 Sq. Ft. Cooler, 200 Sq. Ft. Alcohol Storage and 800 Sq. Ft. for Alcol Sales.		

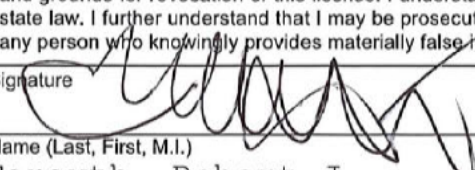
Part B: Questions
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.

<b>Part C: For Corporate/LLC Applicants Only</b>		
1. State of Registration Missouri	2. Date of Registration 08/01/73	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company	FEIN of Parent Company	
4. Does the parent company 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name Nabbefeld	Agent's First Name Lynda Jean	Phone [REDACTED]

<b>Part D: Individual Information</b>
A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
			—
			—
			—
			—

<b>Part E: Attestation</b>		
Who must sign this application? • sole proprietor      • one general partner of a partnership      • one corporate officer      • one managing member of an LLC		
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 	Date 03/07/2024	
Name (Last, First, M.I.) Forsyth, Robert J		
Title VP for FKG Oil Company	Email [REDACTED]	Phone [REDACTED]

<b>Part F: For Clerk Use Only</b>		
Date application was filed with clerk 3-18-24	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		



# 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 EKG Oil  
(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 Badger MotoMart  
(Trade Name)

located at 1850 W. Wisconsin Ave. Appleton, WI 54914

appoints Lynda Jean Nabbefeld  
(Name of Appointed Agent)

2810 N. Park Drive LN #9 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? 61 years

Place of residence last year 2810 N. Park Drive LN #9 Appleton, WI. 54911

For: EKG Oil  
(Name of Corporation / Organization / Limited Liability Company)

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

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

## ACCEPTANCE BY AGENT

I, Lynda Jean Nabbefeld, 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.

Lynda Jean Nabbefeld 3-8-24  
(Signature of Agent) (Date)

Agent's age [Redacted]

2810 N. Park Drive LN #9 Appleton, WI 54911  
(Home Address of Agent)

Date of birth [Redacted]

## 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)

Form  
AT-106

Original Alcohol Beverage  
License Application

FOR CLERKS ONLY	
Municipality	Appleton
License Period	2024-2025

License(s) Requested

- Class "A" Beer ..... \$\_\_       "Class A" Liquor ..... \$450.00  
 Class "B" Beer ..... \$\_\_       "Class B" Liquor ..... \$\_\_  
 "Class C" Wine ..... \$\_\_       "Class A" Liquor (Cider Only) \$\_\_\_\_\_  
 Reserve "Class B" Liquor \$\_\_       "Class B" (Wine Only) Winery \$\_\_\_\_\_

License Fees	\$450.00
Publication Fee	\$60.00
Background Check	\$7.00
<b>Total Fees</b>	<b>\$517.00</b>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) FKG Oil Company		
2. Trade Name or DBA Appleton MotoMart		
3. Premises Address 3400 East Calumet Street		
4. County Outagamie	5. Municipality Appleton	6. Aldermanic District 3
7. Mailing Address (if different from premises address) FKG Oil Company, 721 West Main Street, Belleville, IL. 62220		
8. FEIN [REDACTED]	9. Wisconsin Seller's Permit Number 456000058597903	
10. Premises Phone (920) 738-4218	11. Premises Email AppletonMotoMart@fkgoil.com	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary. 3850 Sq.Ft. Sales Floor, 140 Sq.Ft. for Storage and 700 Sq.Ft. for Alcohol Sales.		

Part B: Questions


1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, please explain using the space below. Attach additional sheets if necessary.		

<b>Part C: For Corporate/LLC Applicants Only</b>		
1. State of Registration Missouri		2. Date of Registration 08/01/73
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company	FEIN of Parent Company	
4. Does the parent company 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name Endries	Agent's First Name Lori	Phone [REDACTED]

<b>Part D: Individual Information</b>
A Supplemental Questionnaire, Form AT 103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
			—
			—
			—
			—

<b>Part E: Attestation</b>		
Who must sign this application? <ul style="list-style-type: none"> <li>• sole proprietor</li> <li>• one general partner of a partnership</li> <li>• one corporate officer</li> <li>• one managing member of an LLC</li> </ul>		
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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.</p>		
Signature 	Date 03/07/2024	
Name (Last, First, M.I.) Forsyth, Robert J		
Title VP for FKG Oil Company	Email [REDACTED]	Phone [REDACTED]

<b>Part F: For Clerk Use Only</b>		
Date application was filed with clerk 3-18-2024	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

# 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 FKG OIL  
(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 APPLETON MOTOMART  
(Trade Name)

located at 3400 E. CALUMET ST APPLETON WI 54915

appoints LORI ENDRIES  
(Name of Appointed Agent)  
227 WISCONSIN AVE BRILLION WI 54110  
(Home Address of Appointed Agent)

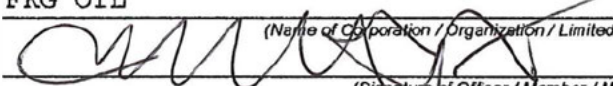
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability 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? 63

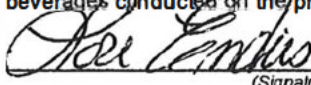
Place of residence last year 227 WISCONSIN AVE BRILLION WI 54110

For: FKG OIL  
(Name of Corporation / Organization / Limited Liability Company)  
By:   
(Signature of Officer / Member / Manager)

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

## ACCEPTANCE BY AGENT

I, LORI ENDRIES, 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.

 3-8-24 Agent's age             
(Signature of Agent) (Date)  
227 WISCONSIN AVE BRILLION WI 54110 Date of birth             
(Home Address of Agent)

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

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

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

Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF APPLETON
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- |   |  |
|---|--|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____                    | <input type="checkbox"/> Class "B" Beer ..... \$ _____     |
| <input type="checkbox"/> "Class A" Liquor ..... \$ _____                  | <input type="checkbox"/> "Class B" Liquor ..... \$ _____   |
| <input type="checkbox"/> "Class A" Liquor (clder only) \$ _____           | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ _____ |  |

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

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship) <b>Ivory Rose Bridal Boutique Inc.</b>			
2. Business Trade Name or DBA <b>Ivory Rose Bridal Boutique</b>			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number 456-1030480376-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization Dec 2019	8. Wisconsin DFI Registration Number I034486
9. Premises Address 103 E. College Ave. Suite 103			
10. City Appleton		11. State WI	12. Zip Code 54911
13. County Outagamie		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>	15. Aldermanic District
16. Premises Phone 920-939-2008		17. Premises Email marissa@ivoryrosebridalbouti	18. Website ivoryrosebridalboutique.
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  1,500 sq feet commercial property with a sales floor & backroom storage. Select bottles will be displayed on retail shelves while backstock is kept in employee only backroom area.			
20. Mailing Address (if different from premises address) 602 E. Eldorado St			
21. City Appleton		22. State WI	23. Zip Code 54911

**Part B: Questions**

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . .  Yes  No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . .  Yes  No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


Last Name	First Name	Title	Phone
Knuth	Marissa	Owner	[REDACTED]

**Part D: Attestation**

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one 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.

Last Name	First Name	M.I.
Knuth	Marissa	J
Title	Email	Phone
Owner	[REDACTED]	[REDACTED]
Signature	Date	
	4/19/24	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/19/2024			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

<b>Agent Type</b> (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

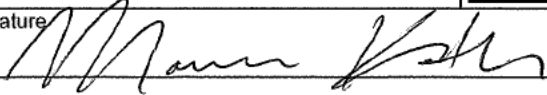
<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) Ivory Rose Bridal Boutique Inc	
2. Business Trade Name or DBA Ivory Rose Bridal Boutique	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

<b>Part B: Agent Information</b>			
1. Last Name Knuth	2. First Name Marissa	3. M.I. J	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 602 E. Eldorado St			
7. City Appleton	8. State WI	9. Zip Code 54911	10. Age [REDACTED]
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? ..... Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? ..... Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

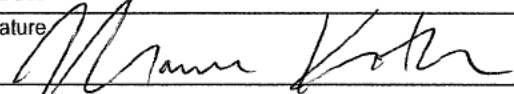
**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name Knuth	First Name Marissa	M.I. J
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 4/19/24

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name Knuth	First Name Marissa	M.I. J
Signature 		Date 4/19/24



## Alcohol Beverage Appointment of Agent

Date  
5/10/24

<b>Agent Type</b> <i>(check one)</i>	
<input type="checkbox"/> Original (no fee)	<input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only)

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <b>Target Corporation</b>	
2. Business Trade Name or DBA <b>Target Store T-1248</b>	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.  <b>Previous agent is working at a different Target location.</b>	

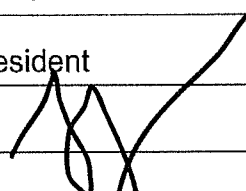
<b>Part B: Agent Information</b>			
1. Last Name <b>Bedolla</b>	2. First Name <b>Nicolas</b>	3. M.I. <b>-</b>	
4. Email		5. Phone	
6. Home Address <b>8455 Marlo Ave Unit 7</b>			
7. City <b>Neenah</b>	8. State <b>WI</b>	9. Zip Code <b>54956</b>	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? ..... Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? ..... Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

*Continued* →

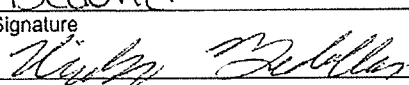
**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name	Guiney	First Name	Aileen	M.I.	
Title	Vice President	Email		Phone	
Signature				Date	5/13/2024

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name	Bedolla	First Name	Nicolas	M.I.	-
Signature				Date	5/10/24

# 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 FIRST USKANA 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 ANGELS RESTAURANT  
(Trade Name)

located at 1401 E JOHN ST

appoints ARBEN HAJDINI  
(Name of Appointed Agent)

W 6996 ROCKDALE LN GREENVILLE WI. 54942  
(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? 19 YEARS

Place of residence last year W 6996 ROCKDALE LN GREENVILLE WI 54942

For: FIRST USKANA LLC  
(Name of Corporation / Organization / Limited Liability Company)

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

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

### ACCEPTANCE BY AGENT

I, ARBEN HAJDINI, 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] 4.17.24 Agent's age [Redacted]  
(Signature of Agent) (Date)  
 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)

# 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 APOLLON 11 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 APOLLON RESTAURANT

located at 207 N Appleton St. Appleton, WI 54911  
(Trade Name)

appoints Kelly-jo St. Aubin  
(Name of Appointed Agent)  
924 Oviatt Street Kaukauna WI 54130  
(Home Address of Appointed Agent)

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

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

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? 41 years

Place of residence last year 924 Oviatt Street Kaukauna

For: Modesto Sautander  
(Name of Corporation / Organization / Limited Liability Company)

By: Apollon 11 LLC.  
(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, Kelly-jo St. Aubin, 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.

Kelly-jo St. Aubin 3-14-24 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

\_\_\_\_\_  
(Home Address of Agent) 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)

# Alcohol Beverage Appointment of Agent

<b>Agent Type</b> <i>(check one)</i>	
<input type="checkbox"/> Original (no fee)	<input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only)

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) Lawrence University of Wisconsin	
2. Business Trade Name or DBA Lawrence University	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number <b>456-1020122472-03</b>
6. Describe the reason for appointing a successor agent, if successor is checked above. New Director of the department that oversees the campus bar (Viking Room)	

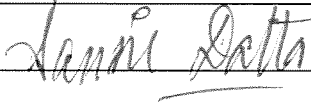
<b>Part B: Agent Information</b>			
1. Last Name McKee	2. First Name Dakota	3. M.I.	
4. Email			5. Phone
6. Home Address 212 S. Durkee Street - Room 142			
7. City Appleton	8. State WI	9. Zip Code 54911	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? ..... Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? ..... Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

*Continued* →

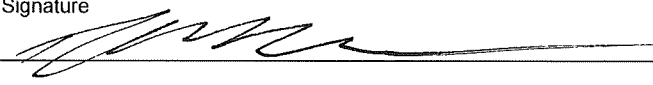
**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name Datta		First Name Samir		M.I.
Title VP Finance & Administration	Email		Phone	
Signature 			Date 5/3/24	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name McKee		First Name Dakota		M.I. S
Signature 			Date 04/25/2024	

# 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 Das Ventures, 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 Appleton Beer Factory  
(Trade Name)

located at 603 W. College Ave, Appleton, WI 54911

appoints Benjamin Fogle  
(Name of Appointed Agent)

Wk Garden Ct 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? 15 yrs

Place of residence last year Wk Garden Ct Appleton, WI 54915

For: Das Ventures Inc  
(Name of Corporation / Organization / Limited Liability Company)


By:   
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

I, Benjamin Fogle, 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.

 3/18/2024 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

Wk Garden Ct Appleton, WI 54915 Date of birth \_\_\_\_\_  
(Home Address of Agent)

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

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

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



# Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!

\*Please allow 4 weeks for application processing\*

### FEES ARE NON-REFUNDABLE

License Fee - \$10.00/event  
 (CLCAGP)

Date Recv'd 5/6/24  
 Total \$ 10.00  
 Receipt #: 6776-1

## SECTION 1 - ESTABLISHMENT INFORMATION

Name of Establishment <u>Mill City Public House</u>	Establishment Phone Number <u>920-815-3220</u>
Address of Establishment <u>1103 W College Avenue</u>	
Agent Name <u>Russell Leary</u>	Agent Phone Number (Required) <u>920-240-5573</u>

## SECTION 2 - PREMISES AMENDMENT - *A drawing/diagram of the proposed area must be submitted with this application*

Is this Premises Amendment Permanent?  YES  NO

Please describe the change in premises: One Day Event, serving beer and wine in a portion of our parking lot.

If temporary, please specify the reason for the amendment: Special Event - Rib Fest

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: 7/4/24 12-4pm

## 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] Date: 3/29/24

### FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				
Safety and Licensing Date:	Recommendation:		Common Council Date:	Recommendation:
Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
___/___/___	___/___/___	___/___/___	___/___/___	



**RibFest - July 4, 2024 12-4pm**  
**Proposed Temporary Premise Amendment**  
**Mill City Public House**  
**1103 W College Avenue**



- Food Service Tent**
- Beer Service Area**

## 2024-2025 Cigarette/Tobacco/Electronic Vaping Device Renewals

TRADENAME	BUSINESS NAME	ADDRESS
APPLETON LIQUOR	APPLETON LIQUOR LLC, HEIDI GUTA	2727 N MEADE STREET
APPLETON MOTOMART	FKG OIL COMPANY, LORI A. ENDRIES	3400 EAST CALUMET STREET
APPLETON SOUVENIR & CIGAR	APPLETON SOUVENIR & CIGAR INC, NORMAN J KOPEKY III	415 WEST COLLEGE AVENUE
BADGER GAS	BADGER GAS INC, KALWINDER KAUR	911 WEST COLLEGE AVENUE
BADGER MOBIL	SK GAS MART LLC, SATBIR SINGH	1201 NORTH BADGER AVENUE
BADGER MOTOMART	FKG OIL COMPANY, LYNDA NABBefeld	1850 WEST WISCONSIN AVENUE
BALLARD MOTOMART	FKG OIL COMPANY, JASON G. MAZANEC	2838 NORTH BALLARD ROAD
CALUMET PANTRY	AADYA LLC, MAHENDRA PATEL	319 EAST CALUMET STREET
DK PETROLEUM	DK PETROLEUM INC., DAVINDER SINGH	2619 NORTH RICHMOND STREET
DR. JEKYLL'S	STRANGE CASE LLC, THOMAS M ALES III	314 EAST COLLEGE AVENUE
FESTIVAL FOODS	SKOGEN'S FOODLINER, INC., PAUL KLINKHAMMER	1200 WEST NORTHLAND AVENUE
JIM'S PLACE	DDCT, INC., STACY HOFFMAN	223 EAST COLLEGE AVENUE
KENSINGTON MOTOMART	FKG OIL COMPANY, ANNE M. STICHMAN	320 SOUTH KENSINGTON DRIVE
KWIK TRIP #181	KWIK TRIP, INC., JENNIFER L LUNDT	730 EAST WISCONSIN AVENUE
KWIK TRIP #182	KWIK TRIP, INC., ISAAC A PETERSON	306 NORTH RICHMOND STREET
KWIK TRIP #200	KWIK TRIP, INC., MATTHEW A. OETZEL	2120 EAST EDGEWOOD DRIVE
KWIK TRIP #639	KWIK TRIP, INC., ALEXANDRA BECK	2175 SOUTH MEMORIAL DRIVE
KWIK TRIP #678	KWIK TRIP, INC., JACQUELINE D. DAHLKE	3232 SOUTH ONEIDA STREET
KWIK TRIP #685	KWIK TRIP, INC., CHERI WERNER	4085 EAST CALUMET STREET
MARLEY'S SMOKE SHOP	ANDREW THORNELL	530 WEST COLLEGE AVENUE
MEMORIAL LIQUOR	NEPAL LLC, PUSPA SUBEDI	415 SOUTH MEMORIAL DRIVE
MISSFITS TAVERN	UNCLE JIMS LLC, HOLLYANN STRUNC	317 NORTH APPLETON STREET
NEWBERRY MOBIL	SG PETROLEUMS LLC, SUYASH GOEL	2811 EAST NEWBERRY STREET
NORTHLAND MOBIL	DEPU LLC, CHIRANJIBI LAMICHHANE	105 WEST NORTHLAND AVENUE
PICK 'N SAVE #8123	ULTIMATE MART LLC, TIMOTHY SMITH	2700 NORTH BALLARD ROAD
PICK 'N SAVE #8187	ULTIMATE MART LLC, LYNDSEY LAWRENCE	511 WEST CALUMET STREET
RICHMOND MOBIL	BSS CORPORATION, BUDDI SUBEDI	3401 N RICHMOND STREET
STOP N GO #556	KWIK TRIP, INC., JENNIFER J ROSS	1342 WEST PROSPECT AVENUE
THE PUB & GRILL	RICHMOND BAR AND GRILL LLC, MANDEEP KAUR	2611 NORTH RICHMOND ST
TRUE NORTH #822	TRUE NORTH ENERGY LLC, MICHELLE KNOX	3411 NORTH BALLARD ROAD
VALLEY MOBIL	VAN ZEELAND OIL INC	2661 S ONEIDA ST
WISCONSIN AVENUE MARATHON	SAMYAM LLC, SADHANA LAMICHHANE	1920 EAST WISCONSIN AVENUE



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

## APPLICATION for the Operation of a PET STORE/KENNEL

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>5/14/24</u>
<b>See SECTION 5 for Fee Schedule</b>		
License Fee - Initial	\$ _____	Acct. Code: <b>CLPETK</b>
License Fee - Renewal	\$ <u>75</u>	Acct. Code: <b>CLPETK</b>
Investigation Fee	+ \$7.00	Acct. Code: <b>CLCPIF</b>
Total Amount Paid	\$ <u>82</u>	Receipt <u>6828-1</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>			
<b>NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.</b>			
Business Name <u>HSA Corporation dba Pet Supplies Plus</u>			
Business Street Address <u>702 W. Northland Ave.</u>		City <u>Appleton</u>	State <u>WI</u>
Business Telephone Number <u>920-832-3858</u>		Zip <u>54914</u>	
<b>SECTION 2 – APPLICANT INFORMATION</b>			
Name <u>Angela DeHaan</u>			
Home Street Address <u>8985 Buchanan St.</u>		City <u>Attended</u>	State <u>WI</u>
Date of Birth		Male	Female
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Telephone Number <u>6</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 checked="" type="checkbox"/> Other <u>Grooming / Pet Wash</u>	
<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>Angela DeHaan</u>			
<b>SECTION 5 – FEE SCHEDULE **all fees include the \$7 Investigation fee**</b>			
Pet Store License	Initial Fee - \$97.00	Renewal Fee – <u>\$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	
<b>FOR OFFICE USE ONLY</b>			
Dept.	Approve	Deny	By
Police			
Fire			
City Sealer			
Inspection			
Community Development			
S&L	Council	Date Issued	Exp. Date
			License Number

04-23-21

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

24-0633

# Application for Taxicab/Limousine Company License CASH OR CHECK ONLY!



Original Application  
 Renewal License  
 # 1-24

**FEES ARE NON-REFUNDABLE**

Fee Per Each Individual      Date Recv'd 5 / 9 / 24  
 Vehicle (CLLTSE) \$30.00      Total \$ 487.00  
 Investigation Fee  
 (CLLPF) \$7.00      Receipt #: 6803-2

LICENSE PERIOD IS FROM  
July 1st - June 30th

*Note: please allow 3 weeks for application processing*

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

Company Name  
**LIR TRANSPORTATION LLC dba FOX VALLEY CAB**

Business Address <b>719 W FRANCES ST</b>	City <b>APPLETON</b>	State <b>WI</b>	Zip Code <b>54914</b>
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Company Email Address [REQUIRED]  
**ACCOUNTING@FOXVALLEYCAB.COM**

Company Phone Number [REQUIRED]  
**920-734-4545**

Business Owners Name  
**IGOR LEYKIN**

Date of Birth  
\_\_\_\_\_

Gender  
**MALE**

Business Owner Phone Number  
\_\_\_\_\_

Business Owner Email Address  
\_\_\_\_\_

Driver's License Number  
\_\_\_\_\_

State Licensed  
**WISCONSIN**

**SECTION 2 - COMPANY HISTORY**

Is the company currently licensed in any other municipality?     YES     NO

If Yes, what municipality? \_\_\_\_\_

Has the company ever been denied a license by any municipality?     YES     NO

If Yes, please explain: \_\_\_\_\_

Have any of the owners ever been convicted of a crime?     YES     NO

If Yes, please explain: \_\_\_\_\_

Describe the basic operations of the company:  
**TAXICAB OPERATION**

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

**SECTION 3 - VEHICLES TO BE OPERATED - Attach additional sheets if necessary**

Vehicle Number	Capacity	Make/Model	DOT License Plate #
SEE ATTACHED SHEET			

**SECTION 4 - INSURANCE NOTICE**

Insurance Carrier <b>FIRST CHICAGO INSURANCE</b>	Insurance Agent Name <b>MCCLURE &amp; ASSOCIATES</b>
Insurance Agent Phone Number _____	Insurance Agent Email Address _____
Policy Number _____	Policy Period <b>4/21/24 - 4/21/25</b>

**SECTION 5- PENALTY NOTICE**

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and 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, costs, including attorney's fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right-of-way or property under this permit or license.

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

Applicant's Signature *[Signature]* Date: 5/13/2024

**FOR OFFICE USE ONLY**

Department	Approve	Deny	Date of Recommendation	Staff Member	
Risk Management	X		5-14-24	B. Morgan	
Police	X		5-14-24	B. Goodin	
Fire	X		MAY 13 2024	D. Henson	
Inspection					
Safety and Licensing			5-22-24		
Common Council			6-5-2024		
COI on File?	Denial Reasoning		Date Issued	Expiration Date	License Number
<input checked="" type="radio"/> YES <input type="radio"/> NO					

Return to Office of the City Clerk: 100 N. Appleton St, Appleton WI 54911

**TAXICAB/LIMOUSINE/COMMERCIAL QUADRICYCLE  
COMPANY LICENSE INFORMATION**

- Taxicab/Limousine Service Company Licenses are required within the City of Appleton when individuals are intending to operate a taxicab or limousine company. See City of Appleton Municipal code Sec. 9-721 for more information and definitions.
  - Commercial Quadricycles as defined in §340.01(8m) of the Wisconsin Statutes are to be licensed as limousines.
- The process to obtain a Taxicab/Limousine Service License takes approximately 3 weeks from the date of application until the date of issuance and requires approval from several City departments, the Safety and Licensing Committee and the Common Council.
  - When applying for a Commercial Quadricycle license, proposed route maps are required to be submitted attached to the application. These maps are then reviewed for approval by the Appleton Police Department. See City of Appleton Municipal code Sec. 9-729 for more information.
- If your company is licensed in another Wisconsin municipality you are exempt from paying a fee to the City of Appleton. A completed, signed application form along with a current Certificate of Insurance is all that is required for the company.
- Each Taxicab/Limousine Service Company License includes a single Taxicab Driver's License.

<u>Vehicle No.</u>	<u>Capacity</u>	<u>Make/Model</u>	<u>WI License</u>
460	11	2012 Mercedes Sprinter Van	483YME
485	7	2012 Toyota Sienna	ADF4993
487	14	2004 Ford E350 Super Duty Pass Van	AFV9534
501	7	2010 Chrysler Town and Country	AKZ4125
502	7	2008 Chrysler Town and Country	AKZ4105
503	7	2014 Dodge Grand Caravan	AMG1092
514	5	2017 GMC Terrain	ANP4028
515	5	2016 Jeep Cherokee Wagon 4 door	ANP4029
516	7	2014 Ford Flex	ARE9974
517	5	2014 Hyundai Sonata	ASJ6104
518	7	2009 Mazda	ASJ8800
521	7	2017 Chrysler Pacifica LX	ASU3855
524	5	2014 Ford Transit Connect	AUG5379
525	7	2013 Toyota Sienna LE	ATH4210
526	7	2015 Toyota Sienna	ATT6681
527	7	2015 Toyota Sienna	APD8270



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/23/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  McClure & Associates 4951 Indiana Avenue Lisle IL 60532 630-241-4220 Phone 630-241-4259 Fax	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : First Chicago Insurance</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : First Chicago Insurance		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ \$ _____
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> COMP/COLL \$1,000			I - - - - -	4/21/24	4/21/25	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	<b>OTHER</b>				4/21/24	4/21/25	50,000/100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

*Brian D. McClure*