

## **City of Appleton**

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

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

Wednesday, July 10, 2024

5:30 PM

Council Chambers, 6th Floor

- 1. Call meeting to order
- 2. Pledge of Allegiance
- 3. Roll call of membership
- Approval of minutes from previous meeting

24-0875 Safety & Licensing Committee Minutes from 06/26/2024.

Attachments: S&L Minutes 06-26-24.pdf

- 5. Public Hearing/Appearances
- 6. Action Items

24-0834

Non-Renewal of the Class "B" Fermented Malt Beverage & "Class B" Liquor License for Corner Pub, 1123 N Mason Street. Kim Williams, Agent.

Attachments: Corner Pub Alcohol Lic Non-Renewal MEMO - Atty.pdf

2024 Corner Pub Non-Renewal Hearing Notice.pdf
2023 Non-Use of License Letter- Corner Pub.pdf
CORNER\_PUB 2023 Inspection Report.pdf

CORNER PUB 2024 Inspection Report.pdf

Corner Pub 2024.2025 Renewal.pdf
Kim Williams-inspection letter.pdf

#### Legislative History

6/26/24 Safety and Licensing held

Committee

Kim Williams addressed the committee

24-0848 Class "B" Beer and Reserve "Class B" Liquor License application for Jechu LLC d/b/a Mr. Frogs, Julia Nino Gomez, Agent, located at 409 W. College Ave, contingent upon approval from all departments. Attachments: Mr Frogs Redacted.pdf Memo -Alcohol Beverage License Application of Jechu LLC.pdf Julia Gomez Morales denial letter.pdf Withdrawal Request-Jechu LLC DBA Mr Frogs alcohol license application.pdf Legislative History 6/26/24 recommended for denial Safety and Licensing Committee Julia Nino Gomez addressed the committee. Sandra Munoz, 1625 Coolidge Ct., translated for Ms. Gomez 24-0879 Police Department Sole Source Memo for TimeClock Plus LLC Contract. Attachments: Aladtec Sole Source - SL 2024.pdf Q032584 - Appleton Police Department preview (1) (1).pdf 24-0866 Class "A" Beer & "Class A" Liquor License application for Indianhead Oil Co., LLC d/b/a Circle K #2746526, Brad Larson, Agent, located at 1935 E. Calumet St, contingent upon approval from the Finance Department. Attachments: Indianhead Oil LLC Class A Beer.Liquor App Redacted.pdf 24-0869 Class "A" Beer & "Class A" Liquor License application for Lindo Michoacan Mexican Restaurant LLC d/b/a Lindo Michoacan. Pedro Juarez, Agent, located at 211 N. Richmond St. Attachments: Lindo Michoacan Class A Combo App Redacted.pdf 24-0870 Class "B" Beer & Reserve "Class B" Liquor License application for Lindo Michoacan Mexican Restaurant LLC d/b/a Lindo Michoacan, Pedro Juarez, Agent, located at 207 N. Richmond St. Attachments: Lindo Michoacan Class B Reserve Combo App Redacted.pdf 24-0857 Class "B" Beer & Reserve "Class B" Liquor License application for 1619 College Ave LLC d/b/a Nanglo Momos And Curry, Sandip Bhandari, Agent, located at 1619 W. College Ave, contingent upon approval from the Health and Inspections departments. Attachments: Nanglo Momos & Curry Class B Beer.Reserve Class B Liquor App Redacted.pd 24-0882 Class "B" Beer & Reserve "Class B" Liquor License application for DCMX

LLC d/b/a Gingerootz, Mylee Xiong, Agent, located at 2920 N. Ballard Rd

Ste A, contingent upon approval from the Finance Department.

Attachments: Gingerootz Class B Combo App Redacted.pdf

<u>24-0891</u>	Class "B" Beer and "Class C" Wine License application for Moon Water
	Cafe LLC d/b/a Moon Water Cafe, Shannon Boegh, Agent, located at 606
	North Lawe St.

Attachments: Moon Water Cafe App Redacted.pdf

Class "B" Beer and "Class B" Liquor Temporary Premise Amendment application for Spats Food and Spirits LLC d/b/a Spats Food and Spirits, Nicholas Kapleim, Agent, located at 733 W. College Ave., from August 1-August 4, 2024 for Special Event, contingent upon approval from the Inspections and Finance Departments.

Attachments: Spats Temp Premise Amendment 2024.pdf

Class "B" Beer and "Class B" Liquor Temporary Premise Amendment application for TNE Inc d/b/a Emmett's Bar & Grill, Sharon Reader, Agent, located at 139 N. Richmond St., from August 1-August 4, 2024 for Mile of Music Event, contingent upon approval from the Police, Health, Inspections, Public Works, and Finance Departments.

Attachments: Emmetts Premise Amend. 8.1.24.pdf

24-0871 Class "B" Beer and "Class B" Liquor Temporary Premise Amendment application for Wooden Nickel Restaurant & Lounge, Inc d/b/a Wooden Nickel Sports Bar and Grill, Anthony Mueller, Agent, located at 217 E. College Ave., from 11 a.m. to 12 a.m. August 1-August 4, 2024 for Mile of Music, contingent upon approval from all Departments.

Attachments: Wooden Nickel Temp Premise Amend. 8.1.24.pdf

24-0872 Class "B" Beer and "Class B" Liquor Temporary Premise Amendment application for DDCT, Inc d/b/a Jim's Place, Stacy Hoffman, Agent, located at 223 E. College Ave., from 11 a.m. to 12 a.m. August 1-August 4, 2024 for Mile of Music, contingent upon approval from all Departments.

Attachments: Jim's Place Temp Premise Amend. 8.1.24.pdf

24-0864 Cigarette, Tobacco, and Vaping Device License renewal application for Family Dollar Stores of Wisconsin, LLC d/b/a Family Dollar #23800, Joshua Nigbor, Agent, located at 808 W. Wisconsin Ave.

Attachments: Family Dollar 23800 Redacted.pdf

24-0865 Cigarette, Tobacco, and Vaping Device License renewal application for Indianhead Oil Co., LLC d/b/a Circle K #2746526, Brad Larson, Agent, located at 1935 E. Calumet St.

Attachments: Circle K Tobacco Redacted.pdf

<u>24-0855</u>	Cigarette, Tobacco, and Electronic Vaping Device License renewal
	application for D8D by 4H4 LLC d/b/a The Dispensary, William Nething,
	Agent, located at 3020 E. College Ave Ste N.

Attachments: Dispensary Tobacco App Redacted.pdf

24-0874 Pet Store renewal application for Wild Habitats, Brady Bartel, Applicant, located at 1350 W. College Ave, contingent upon approval from all departments.

Attachments: Wild Habitats 2024 Renewal Redacted.pdf

24-0858 Salvage Dealer Renewal application for Golper Supply Co Inc, David Golper, Applicant, located at 1810 W. Edgewood Dr, contingent upon approval from the Inspections department.

Attachments: Golper Supply Co Inc 2024 Renewal Redacted.pdf

24-0859 Salvage Dealer Renewal application for Mach IV Motors LLC, Kara Tullberg, Applicant, located at 600 E. Hancock St, contingent upon approval from the Inspections department.

Attachments: Mach IV Motors LLC 2024 Renewal Redacted.pdf

24-0862 Temporary Class "B" Beer License application for Sacred Heart Parish,
David Erickson, Person in Charge, located at 222 E. Fremont St.,
contingent upon approval from the Police and Health Departments.

Attachments: Temp B Sacred Heart 8.17.24 Redacted.pdf

#### 7. Information Items

24-0880 Directors Report

- 1. City Clerk
- 2. Fire Chief
- 3. Police Chief
  - Overtime 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

Wednesday, June 26, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

- 2. Pledge of Allegiance
- 3. Roll call of membership

Present: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton

4. Approval of minutes from previous meeting

24-0856 Safety & Licensing Committee minutes from 06/12/2024

Attachments: S&L Minutes 06-12-2024.pdf

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

Ave: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton

- 5. Public Hearing/Appearances
- 6. Action Items

24-0834

Non-Renewal of the Class "B" Fermented Malt Beverage & "Class B" Liquor License for Corner Pub, 1123 N Mason Street. Kim Williams, Agent.

Attachments:

Corner Pub Alcohol Lic Non-Renewal MEMO - Atty.pdf

2024 Corner Pub Non-Renewal Hearing Notice.pdf
2023 Non-Use of License Letter- Corner Pub.pdf
CORNER PUB 2023 Inspection Report.pdf

CORNER PUB 2024 Inspection Report.pdf

Corner Pub 2024.2025 Renewal.pdf
Kim Williams-inspection letter.pdf

Kim Williams addressed the committee

Siebers moved, seconded by Croatt, that the Non-Renewal of License Item be held until the 7/10/24 meeting to allow the agent time to have work inspected by city staff. Roll Call. Motion carried by the following vote:

Aye: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton

24-0863

The Safety and Licensing Committee may go into closed session pursuant to State Statute §19.85(1)(a) for the purpose of deliberating the non-renewal of an alcohol license and then may reconvene into open session.

The Committee did not convene into Closed Session.

24-0848

Class "B" Beer and Reserve "Class B" Liquor License application for Jechu LLC d/b/a Mr. Frogs, Julia Nino Gomez, Agent, located at 409 W. College Ave, contingent upon approval from all departments.

Attachments:

Mr Frogs Redacted.pdf

Memo -Alcohol Beverage License Application of Jechu LLC.pdf

Julia Gomez Morales denial letter.pdf

Julia Nino Gomez addressed the committee. Sandra Munoz, 1625 Coolidge Ct., translated for Ms. Gomez

Siebers moved, seconded by Schultz, that the Alcohol License be recommended for denial based upon the criteria in Asst. Attorney Buruin's memo. Roll Call. Motion carried by the following vote:

Aye: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton

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

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

Aye: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton

24-0835 Hop Yard Ale Works Full-Service Retail Outlet Permit for Flicks & Sips on 8/16/2024 in Jones Park.

Attachments: Ab-105 Flicks Sips Redacted.pdf

This Report Action Item was recommended for approval

24-0832 2024-2025 Late Late Alcohol License Renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 28, 2024.

Attachments: Late 2024-25 Alcohol License Renewals S&L.pdf

This Report Action Item was recommended for approval.

Class "A" Beer and "Class A" Liquor License application for Walgreen
 Co. d/b/a Walgreens #02921, Stephanie Schroeder, Agent, located at
 1901 S. Oneida St.

Attachments: Walgreens 2921 Redacted.pdf

This Report Action Item was recommended for approval.

24-0840 Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #05102, Sarah Loeck, Agent, located at 700 W. College Ave.

<u>Attachments:</u> Walgreens 5102 Redacted.pdf

This Report Action Item was recommended for approval.

Class "A" Beer and "Class A" Liquor License application for Walgreen
 Co. d/b/a Walgreens #07323, Garrette Kersten, Agent, located at 3330
 E. Calumet St.

<u>Attachments:</u> Walgreens 12693 Redacted.pdf

This Report Action Item was recommended for approval.

City of Appleton Page 3

Class "A" Beer and "Class A" Liquor License application for Walgreen
 Co. d/b/a Walgreens #12019, Amber Janssen, Agent, located at 2803 N.
 Meade St.

Attachments: Walgreens 12019 Redacted.pdf

This Report Action Item was recommended for approval.

Class "A" Beer and "Class A" Liquor License application for Walgreen Co. d/b/a Walgreens #12693, Andrew Krueger, Agent, located at 729 W. Northland Ave.

<u>Attachments:</u> Walgreens 12693 Redacted.pdf

This Report Action Item was recommended for approval.

Class "B" Beer and Reserve "Class B" Liquor License application for Dairyland Brewing Co LLC d/b/a Dairyland Brew Pub, Dorri Schmidt, Agent, located at 1216 E. Wisconsin Ave, contingent upon approval from the Finance department.

Attachments: Dairyland Brew Pub Redacted.pdf

This Report Action Item was recommended for approval.

Class "B" Beer & Reserve "Class B" Liquor License application for Mondo Wine LLC d/b/a Mondo on the River, David Oliver, Agent, located at 425 W. Water St, Ste 100, contingent upon approval from Health and Inspections departments.

<u>Attachments:</u> Mondo Wine LLC Class B Beer.Reserve Class B Liquor 2024

Redacted.pdf

This Report Action Item was recommended for approval.

"Class C" Wine License application for Bowinator LLC d/b/a Ukiyo, Corbin Schiedermayer, Agent, located at 207 W. College Ave., contingent upon approval from the Inspections and Public Works departments.

Attachments: Bowinator LLC Ukiyo Class C App Redacted.pdf

This Report Action Item was recommended for approval.

24-0808 Mobile Home Park License Renewal Application for Fox Valley Estates,

located at 106 Primrose Lane, contingent on approval from the

Inspections and Finance departments.

<u>Attachments:</u> Fox Valley Estates- Mobile Home Park Renewal.pdf

This Report Action Item was recommended for approval.

24-0833 2024-2025 Late Cigarette, Tobacco, and Vaping Device License

renewal applications.

Attachments: 2024-2025 Late C.T.V Renewals 3rd Round.pdf

This Report Action Item was recommended for approval.

<u>24-0830</u> Cigarette, Tobacco, and Electronic Vaping Device License application

for 1619 College Ave LLC d/b/a Nanglo Momos And Curry, Sandip

Bhandari, Agent, located at 1619 W. College Ave.

Attachments: Nanglo Momos & Curry Tobacco Redacted.pdf

This Report Action Item was recommended for approval.

24-0831 Cigarette, Tobacco, and Electronic Vaping Device License application

for Richmond Smokeys Tobacco Inc, Hussein Alobaidi, Agent, located at

2828 N. Richmond St Unit 2.

<u>Attachments:</u> Richmond Smokeys Tobacco Inc Redacted.pdf

This Report Action Item was recommended for approval.

24-0824 Temporary Class "B" Beer and "Class B" Wine License application from St.

Pius X Parish, Andrew Miles, Person in Charge, located at 500 W. Marquette St, for St. Pius Parish Summer Festival on August 23, 24, and 25, 2024,

contingent upon approval from the Health and Fire departments.

Attachments: Temp B St Pius Parish Summer Festival 2024 Redacted.pdf

This Report Action Item was recommended for approval.

#### 7. Information Items

24-0836 Alcohol License Status Report

Attachments: 2024 Alcohol License Status Report 6-21-24.pdf

24-0820 Special Events

- African Heritage Inc, Juneteenth Celebration, Jones Park, June 9th 2024
- -YMCA of the Fox Cities, Summer Classic, Erb Pool, June 15th and June 16th 2024
- Creative Downtown Appleton, Make Music Day, College Avenue and Houdini Plaza, June 21st 2024
- WIJAM LLC, Sol Dance Music Festival, Jones Park, June 22nd 2024
- Appleton Area National Organization for Women, March Against Dobbs, Pierce Park and Houdini Plaza, June 23rd 2024
- City of Appleton Fireworks, Memorial Park, July 3rd 2024
- YMCA of the Fox Cities, Bird Bath, Erb Pool, July 12th through July 14th 2024

<u>24-0849</u> Directors Report

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

#### 8. Adjournment

Siebers moved, seconded by Schultz, that the meeting be adjourned at 6:26 p.m. Roll Call. Motion carried by the following vote:

Ave: 3 - Croatt, Siebers and Schultz

Excused: 2 - Doran and Fenton



#### CITY ATTORNEY'S OFFICE

100 North Appleton Street Appleton, WI 54911 p: 920.832.6423 f: 920.832.5962 www.appleton.org

TO: Safety and Licensing Committee, Common Council

From: ACA Zak Buruin

Date: 6/21/24

RE: Corner Pub, Alcohol Beverage Abandonment and Non-Renewal

Wisconsin Statutes §125.12(3) and (2)(ag) authorize an issuing municipality to refuse to renew an alcohol beverage license where the licensee has violated a local regulation adopted under §125.10. Appleton Code §9-52 is such a regulation.

Appleton Code §9-52(9) provides that abandonment of an alcohol beverage license shall be sufficient grounds for revocation or non-renewal of such license. It defines "abandonment" as "continuing refusal or failure of the licensee to use the license for the purpose for which the license was granted by the city council for a period of one (1) year." The Common Council may extend such period if good cause is shown.

On May 30, 2023, the Appleton Health Department conducted an inspection of the Corner Pub, an alcohol beverage licensed establishment located at 1123 N. Mason Street in Appleton. The inspection was prompted by a broken water pipe in the rental unit above the bar, resulting in significant damage to the licensed premises. The inspection report noted several significant areas of concern and several city departments that would need to approve of the repairs and conditions of the bar before it would be able to reopen.

On July 28, 2023, license holder Kim Williams was notified of the situation via a letter from Clerk Lynch. The letter advised Ms. Williams that if her business was not reopened by May 30, 2024, would result in grounds for her alcohol beverage license(s) to be revoked or not renewed. It advised that the letter was intended to provide her ample notice of the potential loss of her alcohol beverage license and to remedy the situation by reopening the business.

On May 30, 2024, the given deadline to reopen, the Appleton Health Department conducted an inspection to determine if the premises was compliant with requirements to reopen. The inspection report noted that the bar area was not complete, and the business did not look as though it was ready to open. It was further noted that multiple city departments were unable to confirm that the establishment was able to resume

operation. The Health, Fire, and Inspections departments had not been able to approve the condition of the premises due to necessary additional work. The establishment could not reopen.

The following day, Clerk Lynch provided written notice to Ms. Williams of the intent to not renew her alcohol beverage license(s) based upon abandonment. The letter provided her with the required opportunity to be heard on the issue of the non-renewal of her alcohol beverage license at the meeting of the Safety and Licensing Committee of the Appleton Common Council on June 26 at 5:30 PM, The same letter advised her of the option to withdraw the renewal application and have the associated license fee refunded.

Based upon the above, the alcohol license in question is considered "abandoned" and is therefore subject to revocation or non-renewal under Appleton Code §9-52(9).



#### OFFICE OF THE CITY CLERK

100 N Appleton Street Appleton, WI 54911 p: 920.832.6443 f: 920.832.5823 www.appleton.org

May 31, 2024

Kim Williams 200 E Harding Drive Appleton, WI 54915

Re: Notice of Non-renewal of Alcohol License for Corner Pub

Ms. Williams,

The purpose of this letter is to inform you of the status of your alcohol license application for Corner Pub, located at 1123 N Mason Street. On July 28<sup>th</sup>, 2023, you were sent a letter regarding the abandonment/non-use of your alcohol license. A copy of this letter is enclosed. Pursuant to 9-52(9) of the City of Appleton Municipal Code any licensee granted or issued a license to sell alcohol beverages that abandons such business shall forfeit any right or preference the licensee may have to the holding or renewal of such license. Abandonment shall be sufficient grounds for revocation or non-renewal of any alcohol beverage license. The referenced letter informed you of this and provided that your business must be operational by May 30, 2024 to avoid non-renewal or revocation of your alcohol license. The following departments confirmed on May 30<sup>th</sup> that your business was not operational and additional work is required before you would be able to re-open: health, fire and inspections.

A hearing for the non-renewal of your alcohol license has been scheduled for Wednesday, June 26<sup>th</sup>, 2024, before the Safety & Licensing Committee. The hearing will take place at 5:30 p.m. in the Council Chambers – 6<sup>th</sup> floor at City Hall, 100 N Appleton St., Appleton, WI 54911.

In lieu of the hearing you may surrender your alcohol license by sending an email to <a href="mailto:kami.lynch@appletonwi.gov">kami.lynch@appletonwi.gov</a> stating your intent to surrender the license and withdraw your renewal application. This option allows you to receive a refund for the alcohol license fee.

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

Respectfully,

Kami Lynch, City Clerk

Encl: Abandonment/Non-use of Alcohol License Letter



# LEGAL & ADMINISTRATIVE SERVICES DEPARTMENT

Office of the City Clerk Kami Lynch, Clerk

100 North Appleton Street Appleton, WI 54911 Phone: 920/832-6443

July 28, 2023

**Kim Williams** 200 E Harding Drive Appleton, WI 54915

Re: Abandonment/Non-Use of Alcohol License

Appleton Municipal Code Section 9-52 (9) states that an alcohol license may be revoked or non-renewed for failure to use the license for the purpose in which it was granted for a period of 1 (one) year. As of May 30, 2023 your establishment with the trade name, Corner Pub, located at 1123 N Mason St. has remained closed to the public, and your Class "B" Fermented Malt Beverage & "Class B" Liquor License have not been used. Failure to open your business and use your alcohol license for the intended purpose of a bar/tavern by May 30, 2024 may be grounds for license revocation or non-renewal. This letter is to provide you ample notice of potential non-renewal or revocation should the business not be operational by the time specified.

If you have any questions regarding this matter, please do not hesitate to contact me at the number listed above.

Respectfully,

Kanidynel

Kami Lynch City Clerk APPLETON HEALTH DEPARTMENT 100 N Appleton Street

Appleton WI 54911 Phone: 920-832-6429 Fax: 920-832-5853 Website: www.appleton.org No image found with name: PublicHealth\_COA\_small.jpg. Image files needed to be generated.

Appleton restaurant inspection reports are posted on the health department website

#### Retail Food Establishment Inspection Report

Establishment Information		
Facility Name	Facility Type	
CORNER PUB	Retail Food - Serving Meals	
Facility ID #	Facility Telephone #	
HSAT-7QWT54	920 073-1097	
Facility Address		
1123 N MASON ST		
APPLETON, WI 54914		
Licensee Name	Licensee Address	
KIM-RICK WILLIAMS	1123 N MASON ST	
	APPLETON, WI	
	54914	

Inspection Information		
Inspection Type	Inspection Date	Total Time Spent
Routine	May 30, 2023	
Equipment Temperatures		
Description		Temperature (Fahrenheit)

walkın beer cooler pizza freezer	-				
Warewashing Inf	бо				
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
manual	bleach				

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

#### Comments:

Water pipe broke in rental over bar. Ceiling down to rafters, walls have stud exposed. Can lighting hanging down. Bar needs to be essentially put back together and have all departments sign off prior to reopening. Fire, HVAC, Building, Plumbing, Electrical and Health will all need to come through and inspection prior to opening back up for business.

Re attach the faucet on the 4 compartment sink. (Faucet is onsite)

Report will be mailed to 200 E. Harding Drive 54915

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian

**Rick Williams** 

Kun William

Michelle Roberts (920) 832-6429 APPLETON HEALTH DEPARTMENT 100 N Appleton Street

Appleton WI 54911 Phone: 920-832-6429 Fax: 920-832-5853 Website: www.appleton.org No image found with name: PublicHealth\_COA\_small.jpg. Image files needed to be generated.

Appleton restaurant inspection reports are posted on the health department website

#### Retail Food Establishment Inspection Report

Establishment Information		
Facility Name	Facility Type	
CORNER PUB	Retail Food - Serving Meals	
Facility ID #	Facility Telephone #	
HSAT-7QWT54	920 730-1097	
Facility Address		
1123 N MASON ST		
APPLETON, WI 54914		
Licensee Name	Licensee Address	
KIM-RICK WILLIAMS	200 E HARDING DR	
	APPLETON, WI	
	54915	

Inspection Information		
Inspection Type	Inspection Date	Total Time Spent
Routine	May 30, 2024	
Equipment Temperatures		
Description		Temperature (Fahrenheit)

pizza freezer					
Warewashing Info					
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
manual	bleach				

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

#### Comments:

walkin beer cooler

Hold from Fire, Electrical, HVAC. Building and Plumbing not onsite to recheck. Inspections will create a CSR with all the notes. No storage under stairs.

4 compartment sink installed. Bar still not completed and looking ready to open. Bar can not be reopened at this time. Final approvals needed from Fire, Electrical, HVAC, Plumbing and Building. Also Health needs to come back and bar should look like it is ready to open.

Report emailed to crystal.k.denton@gmail.com

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian

Klm Williams

Michelle Roberts (920) 832-6429

## Form

# Renewal Alcohol Beverage License Application

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

License(s) Requested				
Class "A" Beer \$	Class A" Liquor	\$	License Fees	\$ 500
Class "B" Beer \$	Class B" Liquor	\$	_ Publication Fee	\$ 20
Class C" Wine \$	Class A" Liquor (Ci	der Only) \$	Background Check	< \$ 7
Reserve "Class B" Liquor \$	Class B" (Wine On	y) Winery \$	Total Fees	\$527
Part A: Premises/Business Inform				
1. Legal Business Name (registered entity na	me or individual's name if s	ole proprietorship)		
2. Trade Name or DBA PUB				
3. Premises Address 1123 N. MUSON S	L. Apploton	(X)I	54914	
4. County OUTA Gamil	5. Municipality	D/\	6. Aldermanic Distr	ict
7. Mailing Address (if different from premises	address)	1.5	7.1/	
8. FEIN E Harding	Dr. Hoputon	n Seller's Permit Num	115	
456-0007312585-0	111	6-000	3317285	-03
10. Premises Phone 9150 9450	11. Premise			
12. Entity Type (check one)  Sole Proprietor Partnersh	ip	ity Company [	Corporation	Nonprofit Organization
13. Describe your premises in detail. Atta same language previously approved to changes to the premises description in the change of the c	by your municipality, which nust be approved by the Street Scisement Street	h may be found on municipal governing (10 % 230)	your most recent licens g body.	e certificate. Requested
Part B: Questions				
Have you added or removed any part				pent
application was submitted?				Yes No
If yes to question 1, please list the name NEW members.			ed persons, and attach l	Form AT-103 for all
First Name	Last Name			
Phone	Title	, . ,		Add Remove
First Name	Last Name			
Phone	Title			Add Remove
First Name	Last Name			
Phone	Title			Add Remove

Part B: Questions Cont.			
Has any partner, officer, director, managed Form AT-103 including updated contact etc? If yes, attach a new Form AT-103 recommendation.	information, changes in address, ci	criminal history, interest restrictions,	Vo
Does the licensee or any of its officers, of in any other alcohol beverage wholesale explain using the space below. Attach a	r or producer (e.g., brewer, brewpul	ub, winery, distillery)? If yes, please	Vo
4. Have the partners, agent, or sole propri for this license period?	etor, satisfied the responsible beve	verage server training requirement  Yes N	No
Is the person or business identified in Pal (e.g., reporter of profit/loss from the sale permit for the business location, payer or	of alcohol beverages on their incom	ome tax return, holder of the seller's	۷o
6. Is the business indebted to any wholesa	aler beyond 15 days for beer or 30	O days for liquor? Yes	٧o
7. Does the applicant owe municipal prope	erty taxes, assessments, or other fe	fees? Yes 🔎 N	٧o
Part C: For Corporate/LLC Applican  1. Has your designated agent changed since		If you list the now agent name helew	
and attach Form AT-103 for that person	and a Form AT-104	Yes 🔎 N	10
2. Agent Last Name	Agent First Name	Agent Phone Number	
Part D: Attestation		SSES EN SON MORGOR - AS AN	
Who must sign this application?			200.00
sole proprietor     one general partner	er of a partnership • one corpo	oporate officer • one managing member of an LLC	С
fully. I agree that I am acting solely on be the license. Further, I agree that the rights individual or entity. I agree to operate this from state authorized wholesalers. I unde deemed a refusal to allow inspection. Suc	half of the applicant business and and responsibilities conferred by the business according to the law, inclunt rstand that lack of access to any potential the refusal is a misdemeanor and grace Chapter 125 shall be void under potential and affidavits in connection with	ered each of the above questions completely and truth in not on behalf of any other individual or entity seeking the license(s), if granted, will not be assigned to anothe eluding but not limited to, purchasing alcohol beverage cortion of a licensed premises during inspection will be prounds for revocation of this license. I understand that be behalty of state law. I further understand that I may be the hold of the properties of the properties and that any person who knowing for feit not more than \$1,000 if convicted.	g er es ee at
Signature ( ) Liluinus		Date 3-11- 24	
Name (Last, First, M.I.)			
Title	Email	Phone 920-450-845	بر
	WARREN CONTRACTOR SECURIOR CONTRACTOR CONTRA		
Part E: For Clerk Use Only	Determented to		6000 93334
Date application was filed with clerk 3/11/2024	Date reported to governing body	Date provisional license issued (if applicable)	
Date license granted	License number	Date license issued	
Signature of Clerk/Deputy Clerk		1	

#### **Nathan Williams**

From:

Crystal Williams <crystal.k.denton@gmail.com>

Sent:

Tuesday, June 4, 2024 3:02 PM

To:

Nathan Williams

Subject:

Fwd: Corner Pub

**Attachments:** 

image001.jpg; Inspection-Letter\_05-30-2024.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

----- Forwarded message -----

From: Michelle Roberts < Michelle.Roberts@appleton.org >

Date: Mon, Jun 3, 2024, 10:29

Subject: Corner Pub

To: crystal.k.denton@gmail.com < crystal.k.denton@gmail.com >

Attached is the notes from Electrical and Fire

Below is the list of violations that I noticed at the Corner Pub on 1123 N Mason. A licensed electrical contractor will need to apply for a permit and perform the work. Once Kurt creates a CSR I will put the notes in. Let me know if you have any questions.

¥

- -Boxes without covers 314.25
- -Open splices 300.15
- -Flex conduit not connected to the light fixtures 300.12
- -Lights not secured to the grid 410.36(B)
- -GFCI protection within 6' of sink 210.8(B(5)
- -GFCI in unfinished basement 210.(B)(10)
- -NM not secured at panel 334.30
- -EMT conduit not properly secured 358.30
- -Damaged receptacles and covers 110.12(B)

- -Box extensions needed 314.20
- -Box fill 314.16

Thank you,

×	Analog rings come is defined. For him has been received anough you and spok the first to you a far in land.

#### **Timothy Meyer**

**Electrical Inspector** 

City of Appleton, Community Development Department

100 N. Appleton Street, Appleton, WI 54911

O: 920-832-5806 | timothy.meyer@appletonwi.gov

Appleton.org



#### **Appleton Fire Department Inspection Report**

#### **Business Information**

Occupant Name: Corner Bar

Date Completed: 05/30/2024

Address: 1123 N MASON ST

**IFC Classification:** A2 - Assembly

Business Phone:

Occupant Suite:

City: APPLETON

State: W

Postal Code: 54914

**Contact Information** 

First Name Kim

Last Name Williams

Cell Phone 920-450-8456

Inspection Information

**Inspection Type:** Routine

#### **Violations**

Complaint Reported Date	Violation Code	Violation Status	Re- Inspection Date	Description	Comments
12:29:26	603.2.2	Violation Noted - Schedule Recheck	06/26/202 4	Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.	Multiple junction boxes open, no expose wiring allowed
12:32:31	703.1.3	Violation Noted - Schedule Recheck	06/26/202 4	Required fire walls, fire barriers and fire partitions shall be maintained to prevent the passage of fire. Openings protected with approved doors or fire dampers shall be maintained in accordance with NFPA 80.	Breach of fire walls different locations
12:35:07	NFPA 1:14.13.2 .1.1	Violation Noted - Schedule Recheck	06/26/202 4	Emergency Lighting – Shall be function tested monthly for not less than 30 seconds and annually function tested for a minimum of 90 minutes. A written record of visual inspections and tests shall be kept for inspection.	Emergency light not working
	,			For a list of companies that may complete this service, please copy the below link and paste it in your browser. Please be aware that this is not a complete list of vendors and is provided as a courtesy.	
				https://drive.google.com/open? id=1hXhLNNIIR34frMu-pNc- wLhFRqAnuxd6	
				For an example test record, please copy the link and paste it in your browser.	
				https://drive.google.com/open? id=1MBznFpMIwiBIxVvI4et2T0bvi8qAAe	

Inspected by: DETERT, JEREMIAH

12:35:33 315.3.3 Violation

Noted -Schedule 06/26/202

Recheck

**Date Completed:** 05/30/2024

Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5.

No storage allowed under the stairway to basement unless is protected by sprinkler system

#### **Violation Documents**

Document File Not Found.

Document File Not Found.

Document File Not Found.

Document File Not Found.

#### Order to Comply

As such conditions are contrary to law, you are hereby required to correct said violations upon receipt of this notice. An inspection to determine whether or not you have complied with this notice will be conducted approximately on or around the date listed above. Failure to comply before the reinspection date may render you liable to the penalties provided by law for such violations, and reinspection or missed appointment fees.

# Form AB-200

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
Appleton	
License Period	
1 24-25	

License(s) Requested: (up to two boxes may be checked)			Fees				
☐ Class "A" Beer \$	Class "B" Beer	§	License Fe	es	\$		
☐ "Class A" Liquor \$	Class B" Liquor	S	Backgroun	d Check Fee	\$		
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor	\$ <b> </b>	Publication	Fee	\$		
☐ "Class C" Liquor (wine only) \$			Total Fees		\$ ()		
Part A: Premises/Business Informat  1. Legal Business Name (Individual name if sole  1. Legal Business Name (Individual name if sole  2. Business Trade Name or DBA  Mr. Frog's							
3. FEIN		nsin Seller's Per		21 011			
5. Entity Type (cneck one)	736	-1030	7775	71-04			
Sole Proprietor Partnership	Limited Liability Compar		rporation		fit Organizat	ion	
6. State of Organization	7. Date of Organization $03-/8-22$		8. vvisconsin	DFI Registration	on Number		
9. Premises Address 409 W. College AV							
10. City Apple Ton			11. State	12. Zip Code 549//	,		
13. County	14. Governing Municipality:	City Town	☐ Village	15. Aldermani			
OUTogamie  16. Premises Phone	of: Appleton  17. Premises Email		18. Web	nito			
920) 284-2767	Juliamorales 3900	a a mail.a	1	site			
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application of the premises described in the application of the premises described in this application. Alcohol Will be served alcohol stored in basic counter to pand she	ng, including living quarters. Authorization. Attach a map or diagram and a INSIDE THE BAY EMENT, WALKING COULTS and OUT door Pa	ed alcohol beve	rage activities	s and storage o	of records may	occur /	
20. Mailing Address (if different from premises ad 1625 Coolidge CT-	aress)						
21. City Lanleton			22. State	23. Zip Code 549/-	S <sup>-</sup>		
Part B: Questions						- 71	
Has the business (sole proprietorship, pa violating federal or state laws or local ord					Yes 🕻	<b>∑</b> No	
If yes, list the details of violation below. A	ttach additional sheets if necess	ary.					
Law/Ordinance Violated	Location		Tri	al Date			
Penalty Imposed	CONTRACTOR OF THE CONTRACTOR O	Was sent	ence compl	eted?	Yes [	] No	
Law/Ordinance Violated	Location		Tri	al Date			
Penalty Imposed		Was sent	ence compl	eted?	Yes [		

<ol> <li>Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes beverages.</li> </ol>								
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.								
<ol><li>Is the applicant business or any of it individuals or entities a restricted inv If yes, provide the name of the restri</li></ol>	estor with any intere	st in an alcohol b	everage pro	ducer or distribu		Yes 🛛 No		
,								
Is the applicant business owned by a     If yes, provide the name(s) and FEIN						Yes No		
4a. Name of Business Entity		4b. Busines	s Entity FEIN					
Have the partners, agent, or sole pro this license period? Submit proof of controls						Yes No		
6. Is the applicant business indebted to	any wholesaler beyo	nd 15 days for be	er or 30 days	s for liquor/wine?	·	Yes 🔀 No		
7. Does the applicant business owe pas	t due municipal prop	erty taxes, assess	ments, or ot	her fees?		Yes 🔀 No		
Part C: Individual Information								
List the name, title, and phone number for ea Question 4: sole proprietor, all officers, direct managers, and agent of a limited liability com	ors, and agent of a corp	oration or nonprofit	organization,					
Include Form AB-100 for each person listed by	elow. Corporations and	d LLCs must appoin	t an agent by	including Form AB	-101.			
Last Name	First Name		Title		Phone			
Nino Gomez	Julia		own	er				
				w.iw.t.mi				
		***************************************		·				
Part D: Attestation								
One of the following must sign and attes	t to this application:							
• •	ral partner of a partne	ership • one	e corporate o	officer • on	e member of	an LLC		
READ CAREFULLY BEFORE SIGNING: U								
I am acting solely on behalf of the applicant rights and responsibilities conferred by the li	cense(s), if granted, wi	Il not be assigned to	another indi	vidual or entity. I a	gree to operat	e this business		
according to the law, including but not limite to any portion of a licensed premises during	d to, purchasing alcoho	ol beverages from s	tate authorize	d wholesalers. I u	nderstand that	lack of access		
revocation of this license. I understand that	any license issued con	trary to Wis. Stat. C	Chapter 125 s	hall be void under	penalty of sta	te law. I further		
understand that I may be prosecuted for sub ingly provides materially false information or						son who know-		
Nino Comez		First Name				M.I.		
Title	Email	Julia			Phone	, .		
Owner					). }-			
Signature	-		Date					
Part E: For Clerk Use Only			•					
Date Application Was Filed With Clerk Lice	nse Number		Date Lie	Date License Granted Date License Issued				
Signature of Clerk/Deputy Clerk				Date Provisional	License Issued	d (if applicable)		



# City of Appleton Alcohol License Questionnaire

(Check Application Restaurant Tavern/N Microbre Painting/Other (de	iness:	W. College A	activity)  Apple fon 1	V1.549#
-	-	your organization even No	been convicted of	a misdemeanor or
	tion? Yes		No 🗶	
	convicted of a fel	ony? res explain in detail below		
,	. / .	•		
_		s or investors of your use additional sheets i	f necessary.	full name, middle
nitial and date	of birth. Please	use additional sheets i	f necessary.	
nitial and date		use additional sheets i Nino Gon Last name,	f necessary.	full name, middle  Date of Birth
itial and date	of birth. Please	use additional sheets i Nino Gon Last name, Morales	f necessary.	Date of Birth
itial and date	of birth. Please	use additional sheets i Nino Gon Last name,	f necessary.	
itial and date	of birth. Please	use additional sheets i Nino Gon Last name, Morales	f necessary.	Date of Birth
itial and date	M.I. M.I.	use additional sheets i  Nino Gon  Last name,  Morales  Last name	f necessary.	Date of Birth  Date of Birth / /
nitial and date	M.I. M.I.	use additional sheets i  Nino Gon  Last name,  Morales  Last name	f necessary.	Date of Birth  Date of Birth / /
rst name  Name of pers	M.I. M.I. M.I. M.I.	Nino Gon Last name Morales Last name Last name	f necessary.	Date of Birth  Date of Birth  Date of Birth  Date of Birth  Date of Birth
rst name rst name rst name	M.I. M.I. M.I. M.I.	Last name  Last name  Last name  Last name  Last name	f necessary.	Date of Birth  Date of Birth  Date of Birth  Date of Birth  Date of Birth

7. What was the previous name and primary nature of the business operating at this
location?
Name: My. Frogs
(Check Applicable Box(s) to identify primary business activity)
Restaurant
Tavern/Night Club/Wine Bar
Microbrewery/Brewpub
Painting/Craft Studio
Other (describe)
8. Was this premise licensed for alcohol sales/consumption during the past license year?
Yes_\ If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.
No If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.
9. If alcohol sales were a previous use in this building, when did the operation cease?  Ol-31-24 months ago.
10. Seating capacity: Inside 170 Outside 80
11. Operating hours (Inside the building): Monday-Sunday 11am to Zam Operating hours (Outdoor seating areas): Monday-Sunday 11am to Zam
12. Employees/Staff
Number of floor personnel 5 Number of door checkers 2
Trained of from personnel
13. In general, state the size and operational details of the proposed establishment:
ره
a. Gross floor building area of the premises to be licensed:
b. Gross outdoor seating areas of the premises to be licensed: 2500 square feet.
c. Below, identify the operational details of the proposed establishment:
Niath club/Bar
Night club/Bar Wonday thru Sunday Man to 2 am.
$(\mathcal{H})$
01/27/24
Signature Date

AT-104 (R. 4-18)

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

Submit to municipal clerk.

	must appoint an agent. T	The following question	ns must be answere	ed by the agent. The a	appointment must	rages and/or intoxicating lic be signed by an officer of ade by the proper local offic	the
	To the governing body o	☐ Town f: ☐ Village c	of Appleton		County of Oct ECHY BOOMS- C	aggmie	
	The undersigned duly au	uthorized officer/men	nber/manager of	May A 7 Registered Name of	Corporation / Organize	Cd ation or Limited Liability Company	· ')
	a corporation/organizatio	n or limited liability o	ompany making app	ication for an alcohol l	oeverage license f	or a premises known as	
	located at	9 W Colle	que Au-c	de Name) Applicton	,WI 5	-1911 .	
	appoints	Joh	ia Vinci (Name of A	b GOMTT  ppointed Agent)			
		625 (00)	(Home Address	ppointed Agent)  Apple ton of Appointed Agent)	WI 5	4915	
	to alcohol beverages cor organization/limited liabili	nducted therein. Is a	oplicant agent prese	ntly acting in that capa	acity or requesting	es and of all business rela approval for any corporat on in Wisconsin?	
JNG	Yes No I	f so, indicate the cor	porate name(s)/limite	ed liability company(ie:	s) and municipality	v(ies).	
		ior to making this app	olication has the app	licant agent resided co	ontinuously in Wisc	□ No consin? <u>24 yr</u> S	<u>``</u>
	Place of residence last y	ear <u>1625</u>	Cooldge c	T. Apple ton	(1)1,549.	2/5	
		For: Julia By:	Mino (Name of C	Occuping Corporation / Organization / I		ny)	
	Any person who knowing \$1,000.	ıly provides materially	y false information in	(Signature of Officer / Mem. an application for a lice		aired to forfeit not more tha	ın
	ψ 1,000.	1	ACCEPTAN	ICE BY AGENT			
	1, Julio 1	Print/Type Age	rent's Name)		hereby accept this	appointment as agent for	the
	corporation/organization beverages conducted on					business relative to alco	hol
	- Le	(Signature of Agent)	1 / 1	01/22/.	24 A	gent's age	
	1625 Co	Home A	Apple Tou ddress of Agent)	WI. 54915	Da	ate of birth	
				BY MUNICIPAL AUTI ehalf of Municipal O			
	I hereby certify that I have the character, record and					vith the available informat	on,
	Approved on	by	(Signature of Prope	or Local Official	Title	Chair, Village President, Police Cl	h/a f
	(Date)		(Signature of Prope	n Lucai Onicial)	(Iown C	man, village President, Police Cl	пет)

Wisconsin Department of Revenue



#### CITY ATTORNEY'S OFFICE

100 North Appleton Street Appleton, WI 54911 p: 920.832.6423 f: 920.832.5962 www.appleton.org

TO: Common Council, Safety and Licensing Committee

From: ACA Zak Buruin

Date: 6/20/24

RE: Alcohol Beverage License Application of Jechu LLC.,

DBA Mr. Frog's Appleton: Julia Nino Gomez (Owner), Alejandro Morales

(partner, shareholder, or investor)

#### **Legal Standard:**

Issuance of alcohol beverage licenses is governed by §125.12(3m). This says that "If a municipal governing body or duly authorized committee of a city council decides not to issue a new license under this chapter, it shall notify the applicant for the new license of the decision not to issue the license. The notice shall be in writing and state the reasons for the decision."

Issuance of a new alcohol beverage license is not limited by the same statutory constraints that restrict a municipality's ability to suspend, revoke, or refuse to reissue an existing alcohol beverage license. Per §125.51(1)(a), municipalities may grant alcohol beverage license as they deem "proper." Such a decision is subject to review only to determine if the municipality acted capriciously and abused its discretion by treating similarly situated individuals differently.

Through the power granted by the state, municipalities are charged with reasonable regulation the distribution of alcohol in the interests of public health, safety, peace, comfort, and the happiness of society. Examples of such concerns could include the impact upon traffic, impact upon the peace, quiet and cleanliness of the area, lack of parking, proximity to similar establishments, residential areas, schools, churches, or hospitals, and the ability of the police to always provide sufficient services to the balance of the community.

It is the committee and council's obligation to consider the information available rationally and fairly in light of the legitimate concerns that may exist with respect to public health and safety. As long as four criteria are met, a court should not disturb a municipality's licensing decision:

- 1. The municipality kept within its jurisdiction.
- 2. The municipality acted according to law.
- 3. The municipality's decision was not arbitrary, oppressive, or unreasonable, AND it represented the municipality's will rather than its judgement.
- 4. The evidence was such that the municipality could reasonably make the decision it did.

In practical terms, items three and four are questions of whether similarly situated individuals or businesses are treated differently, and whether the evidence provides a reasonable basis for the decision made. It is important that the licensing decision be based upon the information available and upon reasonable judgement in evaluating such information. If a decision is made and then a justification for that decision is sought, a municipality is exercising its will and not its judgment. Such a decision would be unlawful.

#### **Factual Background:**

The Lake Winnebago Metro Enforcement Group (LWAM) conducted an investigation that reached a peak in 2020 and 2021. This investigation resulted in the discovery and federal prosecution of an extensive cocaine trafficking operation occurring out of the Mr. Taco location in Kimberly, Wisconsin. The operation was undertaken by a group of individuals with familial and purportedly legitimate business ties who also operated other ostensibly legitimate businesses in the Fox Valley area, including Mr. Taco in downtown Appleton.

The following information has been obtained from the limited access provided to the City of Appleton by the Lake Winnebago Metro Enforcement Group (LWAM). It <u>summarizes</u> approximately 264 pages of investigative reports with redactions. Additional information has been denied to the City in its entirety by Federal law enforcement. (Note: Several references to redactions are made in the following summary. These references are intended only to show where there is information that is not available. It is not intended to insinuate or invite any speculation regarding additional facts not available to the City. Conclusions should be drawn from information available, not from speculation about information not provided to the City.)

- Julia Nino Gomez (Morales) was among those present at the Mr. Taco location in Kimberly on 12/2/20 when a search warrant for the establishment was executed. The warrant was related to the suspected cocaine distribution of her son, Luis Morales. Luis was the proprietor of the restaurant. Julia was an employee. According to the investigative reports, multiple containers of suspected cocaine were located during the subsequent search of the restaurant and a neighboring restaurant also owned by Luis.
- Search warrants were simultaneously executed at other locations associated with the suspect and his co-conspirators, including another restaurant in Kimberly mentioned above, and the residence of his sister, Sandra Munoz. Sandra Munoz was also detained at the scene of the Mr. Taco search warrant.

- In a subsequent interview with law enforcement, Luis admitted to procuring cocaine for sale. Large portions of this interview were redacted before being provided to the City. Among non-redacted statements, Luis indicated he originally procured cocaine at the behest of his employees. He indicated that he and a contact named "Carlos" would deliver the cocaine to the Appleton area from Chicago. Luis further indicated that his brother, Alejandro Morales, would have been only other person to see "Carlos" during this activity.
- In this same interview, Luis was asked about his sister, Sandra Munoz, selling cocaine to an informant. Luis indicated he had no knowledge of the transaction. He indicated that his sister's cocaine selling activity was not associated with his own, but rather with their brother, Alejandro Morales. He indicated that they did not mix their cocaine businesses and that they had not even spoken since 2013. He indicated that their cousin was an employee of Mr. Taco and was typically supplied with cocaine by Alejandro, but Luis admitted that he did "help him out" on at least one occasion.
- Luis admitted that Sandra was aware of his cocaine business but that she was not involved in it other than picking up a payment on one occasion. He indicated he was aware she sold cocaine, but their businesses were not mixed.
- On 12/21/20, an interview was conducted with an employee of Luis Morales, Laura Saint Geours. (I have located no record of Ms. Saint Geours being charged with any offense stemming from this investigation.) Saint Geours was a bookkeeper for Luis Morales' businesses. This interview report is also heavily redacted.
- She indicated she was aware of at least one occasion where Sandra Munoz delivered a satchel containing \$230,000 in cash to one of Luis's businesses while she was there. She indicated that she was aware of Sandra working at another business location owned by Luis Morales. She indicated that she was aware that Julia Nino Gomez (Morales) also worked at that location. She indicated that she had not heard anything about Julia being a drug dealer.
- Saint Geours additionally indicated that she was aware of three rental properties owned by Luis Morales, but that the rest of the rental properties were in the name of his ex-wife and his mother, Julia.
- Saint Geours indicated that on 12/7/20, Julia had come to her house and indicated
  that she should not be worried because Luis had confessed to being guilty of
  everything. Saint Geours referred to money seized by police during the previous
  search warrant. Julia asked if the police could prove where the money came from,
  and again advised her not to worry.
- On 12/28/20, Javier Guzman Becerra was interviewed by law enforcement. He
  was also an employee of Luis Morales. This interview is heavily redacted, but
  Javier was able to provide additional information about Luis Morales'
  business(es). He provided information about Sandra's participation in cocaine

distribution. He reported on at least on occasion being directed by Luis to deliver cocaine to Sandra's residence, as well as the fact that she was unhappy with the weight of what was supplied.

- Javier indicated he was aware that Sandra and Julia had been working in Mr. Taco
  restaurants after their restaurant in Omro closed. This would have been after the
  specific instance of cocaine delivery Javier had referenced previously. He
  indicated that in the fall of 2020, he was instructed to train Sandra and Julia as
  managers of the restaurant (Mr. Taco in Kimberly).
- When asked if he had ever delivered cocaine disguised as food, Javier admitted that on one occasion, he had delivered cocaine to Sandra's residence by placing it in a to-go food box.
- On 12/23/20 Jennifer Almeida-Sandoval gave an interview with law enforcement.
  The report of this interview was also heavily redacted before being provided to the
  City. Jennifer Almeida-Sandoval is the former spouse of Luis Morales and former
  daughter-in-law Julia Nino Gomez. Law enforcement asked her if she was aware
  of Luis putting rental properties into other peoples' names on his behalf. She
  indicated a particular address in Menasha was in Julia's name but indicated that
  Julia was not in a financial position to purchase such a property.
- Jennifer denied knowledge of Sandra being involved with Luis's cocaine business because Sandra was close with Alejandro, and she could not see her involved in drug activity with Luis and have as strong of a relationship with Alejandro.
- Jennifer indicated that Julia was aware of Luis being involved in the distribution of cocaine but did not believe that she was engaged in selling on his behalf.
- Jennifer further indicated she had heard information about Alejandro dealing cocaine, but she had not personally observed it and does not communicate with Alejandro.
- On 4/12/21, LWAM and Wisconsin DOJ-Division of Criminal Investigation conducted a search of an address in Hilbert, Wisconsin. Officers became interested in this address following an interview with Sandra Munoz. The City has been denied access to the report of this interview in its entirety. As referenced in the report of the search, Sandra indicated during the interview that Julia Nino Gomez (Morales) knew the location of a large quantity of marijuana that investigators were aware belonged to Luis Morales. Officers had not been able to locate the marijuana up to that point.
- Julia Nino Gomez (Morales) provided officers with consent to enter the residence. Inside, officers located five large black garbage bags containing individually packed pounds of marijuana. They were packaged in shrink wrap and dryer sheets to make the odor more difficult to detect. In total, the marijuana weighed 78.6 pounds.

- Officers learned that the residence was jointly owned by Julia Nino Gomez (Morales) and Jennifer Almeida Sandoval. There were also identifiers in the bags for Jennifer and for Luis Morales.
- On 11/29/21, Eduardo Morales gave an interview to law enforcement regarding the above-described drug trafficking activity. Eduardo is the nephew of both Sandra and Alejandro. Eduardo indicated that "we got started in the area" when Luis was fronted cocaine from a source in Minnesota, and that the distribution began with Alejandro and Sandra selling cocaine.
- Eduardo described instances where Luis, Sandra, and Alejandro all ended up fighting with each other because Luis would steal cocaine customers from Sandra and Alejandro. Others had provided additional and / or alternative explanations for the division(s) that did not necessarily involve cocaine trafficking disputes.
- As a result of the investigation, Eduardo Morales, Frank DiMateo, Cory Ulrich Jennifer Almeida-Sandoval, Jennifer Guzman Becerra, Sandra Munoz, and Luis Morales were all charged with federal offenses related to cocaine distribution, resulting in convictions against all but one defendant for which no clear case resolution is readily available through public records.

Julia Nino Gomez and Alejandro Morales were not charged criminally based on the investigation.

#### Conclusion:

It does not appear that any specific decision on the requirement of this application is required by Wisconsin law. Information uncovered through the investigation potentially sheds light on the applicant's ability and / or willingness to meet supervisory and accountability standards associated with the granting of an alcohol beverage license.

As long as the Committee and Council act reasonably (as explained more extensively above) in the interests of public health, safety, peace, comfort and happiness of the community, they are empowered to grant or deny the license as they deem proper.



TO: Safety and Licensing Committee

Common Council

FROM: Lt. Ben Goodin

DATE: 6/21/2024

RE: Police Department's Recommendation for Denial of Julia Gomez's Original

Alcohol Beverage License Application

#### Committee Members:

The police department is requesting that the Safety and Licensing Committee recommend to the Common Council to deny Julia Gomez's original alcohol beverage license application for 409 W. College Ave., a bar commonly known as "Mr. Frog's".

The Appleton Police Department has significant concerns about Ms. Gomez's moral character and her ability and willingness to follow the law. Julia and her family were involved in a significant federal cocaine dealing prosecution in and around 2020-2021. While Julia was not charged criminally, she was likely involved or at least aware of the ongoing drug dealing operation that took place at her place of employment and at a property which she owned.

The below information was obtained from documents City of Appleton Assistant City Attorney Buruin acquired from the case files from the aforementioned drug case:

- Julia Nino Gomez (Morales) was among those present at the Mr. Taco location in Kimberly on 12/2/20 when a search warrant for the establishment was executed related to the suspected cocaine distribution of her son, Luis Morales. Luis was the proprietor of the restaurant. According to the investigative reports, multiple containers of suspected cocaine were located during the subsequent search. Julia was an employee of Mr. Taco in Kimberly.
- Another employee of Mr. Taco, Laura Saint Geours, told investigators that on 12/7/20, Julia had come to her house and indicated that she should not be worried because Luis had confessed to being guilty of everything. Saint Geours made reference to money seized by police during the previous search warrant. Julia asked if the police could prove where the money came from, and again advised her not to worry.
- Jennifer Almeida-Sandoval was interviewed by investigators on 12/23/20. Jennifer is the

former spouse of Luis Morales and former daughter-in-law of Julia. Jennifer indicated in her interview that Julia was aware of Luis being involved in the distribution of cocaine, but did not believe that she was engaged in selling on his behalf.

- On 4/12/21, LWAM and Wisconsin DOJ-Division of Criminal Investigation conducted a search of an address in Hilbert, Wisconsin. Officers became interested in this address following an interview with Sandra Munoz. Sandra Munoz is Julia's adult daughter. As referenced in the report of the search, Sandra indicated during the interview that Julia Morales knew the location of a large quantity of marijuana that investigators were aware belonged to Luis Morales. Officers had not been able to locate the marijuana up to that point.
- Julia Morales provided officers with consent to enter the residence. Inside, officers located five large black garbage bags containing individually packed pounds of marijuana. They were packaged in shrink wrap and dryer sheets to make the odor more difficult to detect. In total, the marijuana weighed 78.6 pounds.
- Officers learned that the residence was jointly owned by Julia Morales and Jennifer Almeida Sandoval. There were also identifiers in the bags for Jennifer and for Luis Morales.

Given the facts of this case and Julia's knowledge and complicity of the drug dealing operation, the Appleton Police Department has concerns that drug dealing activity will occur at 409 W. College Ave., "Mr. Frog's", if Ms. Gomez is granted an original alcohol beverage license for the business. It is the recommendation of the Appleton Police Department to deny Julia Gomez's original alcohol beverage license application.

Very Respectfully:

Lt. Ben Goodin Appleton Police Department Thundown Julia Nino Gomez, im Figent, withdrow my Liquor license aplication for Mr. Frogs. Jechy LCC Lo cated at 409 w. college Av. Appleton, WI. 549// 07/02/24 June





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

TO: Alderperson Croatt – Chairperson Safety & Licensing Committee

FROM: Chief Polly Olson

DATE: July 10th, 2024

RE: Sole Source Memo for TimeClock Plus, LLC Contract – Action Item

The Police Department is requesting approval of a five-year contract with TimeClock Plus, LLC, (TCP) which is the Aladtec Scheduling Program currently used by the Appleton Police Department.

In 2016, the Department began using the Aladtec Scheduling Software as it provided a streamline process for managing schedules and was accessible online by all staff. In October 2021, TCP acquired Aladtec Scheduling Software and continues to service our account. With increasing annual rates at 10% we began to research other options for scheduling software.

In the research process, our Scheduling Team explored other software to determine: 1) if there was a similar product at a reduced cost, 2) if there were other scheduling features that we should consider, and 3) if other police agencies were using the software. Our research included meeting with other agencies to view their scheduling software, meeting virtually with vendors, and reviewing products on our own. Unfortunately, there is an "Hourly Editor" feature in Aladtec that has not been replicated by other software products. The feature provides flexibility and ease of use when changing, adding, and deleting schedules and is used daily by staff.

In 2024, TCP offered a five-year contract (2025-2029) at a reduced annual increase of 4%, 3%, 2%, 2%, 1% respectively. With TCP contract proposal we will be guaranteed no price changes for five years. We are asking the Safety & Licensing Committee to approve this five-year contract as a sole source provider.



TIMECLOCK PLUS, LLC 1 TIMECLOCK DRIVE SAN ANGELO, TX 76904

**QUOTE #: Q032584** 

CONTRACT START DATE: 01/01/2025

#### **CLIENT INFORMATION**

Purchased for: Appleton Police Department

Bill To: Appleton Police Department

Billing Address: 222 S. Walnut St., Appleton, WI 54911

Billing Contact Name: Sue Ann Teer

Billing Contact Email: sueann.teer@appleton.org

Billing Contact Phone: 920-832-5530

Shipping Method: N/A

Contract Contact Name: Chief Polly Olson

Contract Contact Email: polly.olson@appleton.org

Support Contact Name:

Support Contact Email:

Support Contact Phone:

Start day of week:

#### **BILLING TERMS**

INITIAL TERM	RENEWAL TERM	PAYMENT TERM	PAYMENT METHOD
60 MONTHS	60 MONTHS	NET 45	СНЕСК

ITEM DESCRIPTION	PRICE PER UNIT	QUANTITY	CHARGE TYPE	ORDER TOTAL
*ALADTEC SUBSCRIPTION - ANNUAL	\$76.86	160	RECURRING	\$12,297.60

SUBTOTAL	\$12,297.60
TAXES	\$0.00
GRAND TOTAL	\$12,297.60
CURRENCY	USD

QUOTE EXPIRATION DATE: 09/01/2024

SPECIAL TERMS: YR1|\$76.86|160|\$12,297.60 YR2|\$79.16|160|\$12,665.60 YR3|\$80.74|160|\$12,918.40

YR4|\$82.35|160|\$13,176.00 YR5|\$83.17|160|\$13,307.20

#### **SERVICE TERMS & CONDITIONS**

TimeClock Plus, LLC ("TCP"), a Delaware limited liability company, will provide Client and its authorized Employees and Users access to the Services during the Initial Service Term in accordance with the complete terms and conditions (collectively the "Licensing Agreement") found at: https://www.tcpsoftware.com/legal

TCP reserves the right to modify the Licensing Agreement at TCP's sole discretion provided that changes shall not materially decrease the Services features and functionalities that Client has subscribed to during the then-current term. Should TCP make any modifications to the Licensing Agreement, TCP will post the amended terms on the applicable URL link and will update the "Last Updated Date" within such documents to notify Client of said changes.

This Order Form is entered into as of the Contract Start Date contained herein (the "Effective Date") by and between TimeClock Plus, LLC and the entity named in the Bill To section herein (the "Client"), and is subject to the Licensing Agreement. In the event of any conflict between the Order Form and the Terms and Conditions (as applicable), the terms of the Order Form shall control.

Client shall pay all fees or charges in accordance with those outlined on the Order Form. Except for cases of TCP breach, all fees are committed and non-cancelable during the term of the agreement.

The individuals executing this Agreement on behalf of each Party represent and warrant to the other Party that they are fully authorized and legally capable of executing this Agreement on behalf of such Party and that such execution is binding upon such Party.

Accepted by:		
Client	TimeClock Plus, LLC	
Ву:	By:	
Name:	Name:	
m: .1	min.	
Title:	Title:	

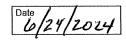
#### Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
Apoleton	
License Period	
24-25	

License(s) Requested: (up to two boxes may	be checked)		Prov	visional	\$15 Fees		
☑ Class "A" Beer \$ <u>250</u>	Class "B" Beer	\$	Lic	ense Fe	es	\$ 700	
☑ "Class A" Liquor \$ <u>450</u> □	☐ "Class B" Liquor	\$	Ва	ckground	d Check Fee	\$ 28	
☐ "Class A" Liquor (cider only) \$ 0	Reserve "Class B" I	Liquor \$	Pu	blication	Fee	\$ 60	
Class C" Liquor (wine only) \$	P	rovisiona beer d	To:	tal Fees		\$ 803	
Part A: Premises/Business Information		beer a	112				
Legal Business Name (individual name if sole pro							
Indianhead Oil Co., LLC	,						
2. Business Trade Name or DBA	······································						
Circle K #27							
3. FEIN 4. Wisconsin Seller's							
		456-00	00432420	-04			
5. Entity Type (check one)  Sole Proprietor Partnership	✓ Limited Liability	Company	☐ Corpo	ration	☐ Nonnro	fit Organiza	ition
6. State of Organization	7. Date of Organizatio				DFI Registration		
WI	09/17/1964			LI0184	_		
9. Premises Address							
1935 E Calumet S	St.						
10. City Appleton			I .	State WI	12. Zip Code	54915	
13. County	14. Governing Municipa	ality: X City	☐ Town ☐	Village	15. Aldermani	c District	
Calumet	of: Appleton						
16. Premises Phone 920-714-3997	17. Premises Email HolidayLicenses@Ho	lidayCompani	es.com	18. Web	site		
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application Sold at POS.  Stored in backroom. Cold Vault (Walk-Wine wall. Beer platform. 12' in-line liq Floor plan attached.	including living quarters n. Attach a map or diagr -In Beer Cave). Fixt	. Authorized al ram and addition cures on the	cohol beverage onal sheets if n floor.	e activities ecessary.	and storage o	f records may	y occur
20. Mailing Address (if different from premises addre	ess)						
P.O. BOX 347							
21. City			22.	State	23. Zip Code		
Columbus				IN	47202		
Part B: Questions     Has the business (sole proprietorship, partn violating federal or state laws or local ordinal lf yes, list the details of violation below. Attaction	nces? Exclude traffic	offenses un	or corporation less related to	) been co alcohol	onvicted of beverages.	Yes [	✓ No
Law/Ordinance Violated	Location	i fiecessary.		Tri	al Date		
Law/Ordinance violated	Location			111	ui Dale		
Penalty Imposed			Was sentend	ce compl	eted?	Yes	☐ No
Law/Ordinance Violated	Location			Tri	al Date		
Penalty Imposed			Was sentend	ce compl	eted?	Yes [	☐ No

Are charges for any offenses pending a beverages.	gainst the busine	ess? I	Exclude traffic o	offen	ses unle	ess related to alc	ohol 🔲 Y	∕es ✓ No
If yes, describe the nature and status of	pending charge	s usir	ng the space be	elow.	Attach	additional sheets	as needed.	
• '								
Is the applicant business or any of its condition individuals or entities a restricted investigation of the restricted investigation.	stor with any inte	rest i	in an alcohol be	evera	age prod	ducer or distribut	related or? \	res ✓ No
If yes, provide the name of the restrict	su mvestor and t	16301	ibe the nature t	01 1111	e intere	J.,		
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business er of the business	tity?	y owners below	 . Atta	ach addi	itional sheets as		Yes No
4a. Name of Business Entity			4b. Business	s Enti	ity FEIN			
Holiday Stationstores, 1	LLC							
5. Have the partners, agent, or sole proprethis license period? Submit proof of cor	ietor satisfied the	resp	onsible bevera	ge s	erver tra	ining requiremer	nt for ✓ `	Yes No
6. Is the applicant business indebted to a	ny wholesaler be	yond	15 days for bee	er or	30 days	for liquor/wine?		Yes 🗸 No
7. Does the applicant business owe past	due municipal pr	opert	y taxes, assess	men	ts, or ot	her fees?		Yes 🗸 No
Part C: Individual Information								
List the name, title, and phone number for each	person or entity h	olding	the following pos	sitions	s in the a	pplicant business of	or businesses I	isted in Part B,
Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a c	orpora	ation or nonprofit o	orgar	nization, :	all partners of a pa	rtnership, and	all members,
Include Form AB-100 for each person listed bel	ow. Corporations	and LI	LCs must appoint	an a	gent by i	ncluding Form AB-		
Last Name	First Name			Title	,		Phone	
Cunnington	Kathleen			Pre	President		<u>'</u>	
Brant	Gary			V.P	of Op	perations	-	
Duncan	Melissa					ecretary		
Larson	Brad			Age	ent/Sto	re Manager		
Part D: Attestation								
One of the following must sign and attest  • sole proprietor  • one genera	to this application I partner of a par		ship • one	e cor	porate o	officer • one	e member of	an LLC
READ CAREFULLY BEFORE SIGNING: Und	er penalty of law, I	have	answered each	of the	e above o	questions complete	ely and truthful	ly. I agree that
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	usiness and not on	beha	alf of any other inc	dividu	ual or ent	ity seeking the lice	ense. Further, I	agree that the
according to the law, including but not limited	to, purchasing alco	ohol b	everages from st	tate a	authorize	d wholesalers. I ur	nderstand that	lack of access
to any portion of a licensed premises during in revocation of this license. I understand that at	spection will be de	emed	d a refusal to allow	w ins	pection.	Such refusal is a n hall he void under	nisdemeanor a nenalty of stat	ind grounds for te law. I further
understand that I may be prosecuted for subm	itting false stateme	nts ar	nd affidavits in co	nnec	tion with	this application, ar	nd that any per	son who know-
ingly provides materially false information on t	his application ma			not r	nore that	n \$1,000 if convicte	ed.	
Last Name			irst Name					M.I.
Duncan	Ema		Melissa				Phone	A
Title	Ema	ll .					rnone	
Asst. Sectretary Signature		-		11	Date			
Melissaflus	uax)					6/21/2024		
Part E: For Clerk Use Only							12	
Date Application Was Filed With Clerk Licens	se Number				Date Lic	cense Granted	Date Licens	e Issued
Signature of Clerk/Deputy Clerk			A STATE OF S			Date Provisional I	icense Issued	(if applicable)

AB-200 (N. 03-24) - 2 -



Agent Type (check one)			
☑ Original (no fee) ☐ Successor (\$10 fee for r	nunicipal licens	ees only)	
Part A: Business Information			
Legal Business Name (individual name if sole proprietor)			
Indianhead Oil Co., LLC			
2. Business Trade Name or DBA			
Circle K #2746526			
3. Entity Type (check one)  ☑ Limited Liability Compar	ry 🗀	Corporation	☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)  ✓ Municipal Retail License  ✓ State Permit	5. If successor	agent, provide Sta	ate Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor	I or is checked abo	ove.	
Part B: Agent Information  1. Last Name	2. First Name	Prod	3. M.I.
Larson		Brad	I E Phase
4. Email			5. Phone
6. Home Address  W25D5 PEARL ST  7. City  SEYMOUR			• • •
7. City ,	8. State	9. Zip Code	10. Age
SEYMOUR	121	54165	
11. Drivers License/State ID Number		12. Drivers Lic	cense/State ID State of Issuance
Part C: Agent Questions			
Have you satisfied the responsible beverage server train Submit proof of completion.	ning requireme	nt?	
Have you completed Form AB-100, Alcohol Beverage In Submit a completed Form AB-100 with this form.	ndividual Quest	ionnaire?	
3. Have you been a Wisconsin resident for at least 90 cont			

Part D: Business Attestation				
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certion behalf of the entity. If I am appointing a sull understand that I may be prosecuted for suany person who knowingly provides materiall if convicted.	d liability company of fy that I am authorizuccessor agent, I res bmitting false stater	with full authority and cor ed by the above-named scind all previous agent a ments and affidavits in co	ntrol of the premises and entity to authorize this in ppointments for this prer nnection with this applic	I of all alcohol dividual to act nises. Further, ation, and that
Last Name	First 1			M.I.
Duncan		Melissa		A
Title Assistant Secretary	Email		Phone	
Signature Melissafluncan			Date 06/21/2024	
Part E: Agent Attestation				
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability come on the premises for the above-named busing and affidavits in connection with this application may be required to forfeith not mo	pany and assume for ess. I further under ion, and that any pe	ull responsibility for the co stand that I may be pros rson who knowingly prov	onduct of all alcohol beve secuted for submitting fa	erage activities lse statements
Last Name Larson	First N	<sub>lame</sub> Brad		M.I.
Signature 1 7500 Air-			Date 06/21/2024	

Stone

Form

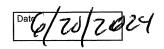
**AB-200** 

### Alcohol Beverage License Application

For Municipal Use Only
Appleto N
License Period

License(s) Requested: (up to two boxes may	be checked)	Fees			
Class "A" Beer	☐ Class "B" Beer \$	License Fees	\$ 700		
	☐ "Class B" Liquor \$	Background Check Fee	\$ <b>D</b>		
☐ "Class A" Liquor (cider only) \$ ☐	Reserve "Class B" Liquor \$	Publication Fee	\$ 60		
Class C" Liquor (wine only) \$		Total Fees	\$760		
Part A: Premises/Business Information					
1 Legal Business Name (individual name if sole pro	prietorship)	1 1 2 1			
Lindo Michoacan	Mexican K	estavrant U	<u>C</u>		
2. Business Trade Name or DBA LINGO MLXI CON R.	estavrant + So	permar Ret			
3. FEIN	4. Wisconsin S	Seller's Permit Number 1028957170-6	つつ		
5. Entity Type (check one)	1 1 1 1 1 1 1 1	020457170-0			
☐ Sole Proprietor ☐ Partnership	Limited Liability Company		fit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration	on Number		
9. Premises Address 21) V. Rochmon	1				
10. City 2-1-1	71 31	11. State 12. Zip Code			
Appleton		wt 54	911		
at agamil	14. Governing Municipality: City of:	Town Village 15. Aldermani	c District		
16. Premises Phone 970-733-3345	17. Premises Email LIM DO MICHWA CHA 9201	99mai 18. Website			
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, only on the premises described in this application	including living quarters. Authorized al	cohol beverage activities and storage o	of records may occur		
2600sgfr buildin	s, walken look	er, grocery a	reg		
* see attached sheet		. •			
20. Mailing Address (if different from premises addre	ess)				
21. City		22. State 23. Zip Code			
Zi. oly		25, 25, 25, 25, 25, 25, 25, 25, 25, 25,			
Part B: Questions					
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal			Yes No		
If yes, list the details of violation below. Atta					
Law/Ordinance Violated	Location	Trial Date			
Penalty Imposed		Was sentence completed?	Yes No		
Law/Ordinance Violated	Location	Trial Date			
Penalty Imposed		Mas contanos completado	☐ Yes ☐ No		
		Was sentence completed?	□ 169 □ 140		

	•	ononeed annous related to an	cohol Yes No
If yes, describe the nature and status o	f pending charges using the space I	below. Attach additional sheet	s as needed.
3. Is the applicant business or any of its	officers directors members agent	amplayana ayyara ar athar	rolotod
individuals or entities a restricted investigation in the restricted investigation in the restricted investigation in the restricted investigation in the restricted in the re	stor with any interest in an alcohol t	oeverage producer or distribu	tor? Yes No
<ol> <li>Is the applicant business owned by and If yes, provide the name(s) and FEIN(s</li> </ol>			Yes No needed.
4a. Name of Business Entity	· •	ss Entity FEIN	
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the responsible bever	age server training requiremen	nt for Yes No
6. Is the applicant business indebted to an			
7. Does the applicant business owe past of	•	* .	
Part C: Individual Information			
List the name, title, and phone number for each	person or entity holding the following po	ositions in the applicant business	or businesses listed in Part B,
Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compa	s, and agent of a corporation or nonprofit any. Attach additional sheets if necessan	t organization, all partners of a pa y.	rtnership, and all members,
Include Form AB-100 for each person listed bel	ow. Corporations and LLCs must appoin	nt an agent by including Form AB-	·101.
Last Name	First-Name	Title	Phone
Joanes	redro	Owner	
	THE PROPERTY OF THE PROPERTY O		
Part D: Attestation	A. N		
One of the following must sign and attest t		e corporate officer • on	a member of an LLC
One of the following must sign and attest to sole proprietor • one general	I partner of a partnership • on	•	e member of an LLC
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Undid am acting solely on behalf of the applicant but	I partner of a partnership  • on er penalty of law, I have answered each usiness and not on behalf of any other ir	of the above questions complete adividual or entity seeking the lice	ely and truthfully. I agree that ense. Further, I agree that the
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Undid a macting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to	I partner of a partnership  er penalty of law, I have answered each usiness and not on behalf of any other in ense(s), if granted, will not be assigned to to, purchasing alcohol beverages from s	of the above questions complete ndividual or entity seeking the lice to another individual or entity. I a state authorized wholesalers. I u	ely and truthfully. I agree that ense. Further, I agree that the gree to operate this business nderstand that lack of access
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burghts and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increase.	I partner of a partnership  er penalty of law, I have answered each usiness and not on behalf of any other ir ense(s), if granted, will not be assigned to to, purchasing alcohol beverages from a spection will be deemed a refusal to allo	of the above questions complete ndividual or entity seeking the lice to another individual or entity. I a state authorized wholesalers. I un ow inspection. Such refusal is a n	ely and truthfully. I agree that ense. Further, I agree that the gree to operate this business nderstand that lack of access nisdemeanor and grounds for
One of the following must sign and attest to sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that arunderstand that I may be prosecuted for submi	I partner of a partnership  er penalty of law, I have answered each usiness and not on behalf of any other in the ense(s), if granted, will not be assigned to, purchasing alcohol beverages from a spection will be deemed a refusal to allow the ense issued contrary to Wis. Stat. tting false statements and affidavits in contractions.	n of the above questions complete of the above questions complete to another individual or entity. I a state authorized wholesalers. I up to winspection. Such refusal is a n Chapter 125 shall be void under onnection with this application, ar	ely and truthfully. I agree that ense. Further, I agree that the gree to operate this business nderstand that lack of access nisdemeanor and grounds for penalty of state law. I further nd that any person who know-
One of the following must sign and attest to sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are	I partner of a partnership  er penalty of law, I have answered each usiness and not on behalf of any other intense(s), if granted, will not be assigned to, purchasing alcohol beverages from a spection will be deemed a refusal to allow license issued contrary to Wis. Stat. ting false statements and affidavits in on this application may be required to forfei	n of the above questions complete of the above questions complete to another individual or entity. I a state authorized wholesalers. I up to winspection. Such refusal is a n Chapter 125 shall be void under onnection with this application, ar	ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business nderstand that lack of access nisdemeanor and grounds for penalty of state law. I further nd that any person who knowed.
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that a understand that I may be prosecuted for submit ingly provides materially false information on the	I partner of a partnership  er penalty of law, I have answered each usiness and not on behalf of any other in the ense(s), if granted, will not be assigned to, purchasing alcohol beverages from a spection will be deemed a refusal to allow the ense issued contrary to Wis. Stat. tting false statements and affidavits in contractions.	n of the above questions complete of the above questions complete to another individual or entity. I a state authorized wholesalers. I up to winspection. Such refusal is a n Chapter 125 shall be void under onnection with this application, ar	ely and truthfully. I agree that ense. Further, I agree that the gree to operate this business nderstand that lack of access nisdemeanor and grounds for penalty of state law. I further nd that any person who know-
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that a understand that I may be prosecuted for submit ingly provides materially false information on the	I partner of a partnership  er penalty of law, I have answered each usiness and not on behalf of any other intense(s), if granted, will not be assigned to, purchasing alcohol beverages from a spection will be deemed a refusal to allow license issued contrary to Wis. Stat. ting false statements and affidavits in on this application may be required to forfei	n of the above questions complete of the above questions complete to another individual or entity. I a state authorized wholesalers. I up to winspection. Such refusal is a n Chapter 125 shall be void under onnection with this application, ar	ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business nderstand that lack of access nisdemeanor and grounds for penalty of state law. I further nd that any person who know-
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that are understand that I may be prosecuted for submittingly provides materially false information on the Last Name.  Title	I partner of a partnership  er penalty of law, I have answered each usiness and not on behalf of any other intense(s), if granted, will not be assigned to, purchasing alcohol beverages from a spection will be deemed a refusal to allow license issued contrary to Wis. Stat. ting false statements and affidavits in on this application may be required to forfei	of the above questions complete of the above questions complete to another individual or entity. I a state authorized wholesalers. I a power inspection. Such refusal is a national content of the conten	ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business inderstand that lack of access nisdemeanor and grounds for penalty of state law. I further ind that any person who knowed.  M.I.
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that a understand that I may be prosecuted for submit ingly provides materially false information on the	I partner of a partnership  er penalty of law, I have answered each usiness and not on behalf of any other intense(s), if granted, will not be assigned to, purchasing alcohol beverages from a spection will be deemed a refusal to allow license issued contrary to Wis. Stat. ting false statements and affidavits in on this application may be required to forfei	n of the above questions complete of the above questions complete to another individual or entity. I a state authorized wholesalers. I up to winspection. Such refusal is a n Chapter 125 shall be void under onnection with this application, ar	ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business inderstand that lack of access nisdemeanor and grounds for penalty of state law. I further ind that any person who knowed.  M.I.
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that are understand that I may be prosecuted for submittingly provides materially false information on the Last Name.  Title	I partner of a partnership  er penalty of law, I have answered each usiness and not on behalf of any other intense(s), if granted, will not be assigned to, purchasing alcohol beverages from a spection will be deemed a refusal to allow license issued contrary to Wis. Stat. ting false statements and affidavits in on this application may be required to forfei	of the above questions complete of the above questions complete to another individual or entity. I a state authorized wholesalers. I a power inspection. Such refusal is a national content of the conten	ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business inderstand that lack of access nisdemeanor and grounds for penalty of state law. I further ind that any person who knowed.  M.I.
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submittingly provides materially false information on the Last Name  Title  Signature  Part E: For Clerk Use Only	I partner of a partnership  er penalty of law, I have answered each usiness and not on behalf of any other intense(s), if granted, will not be assigned to, purchasing alcohol beverages from a spection will be deemed a refusal to allow license issued contrary to Wis. Stat. ting false statements and affidavits in on this application may be required to forfei	of the above questions complete of the above questions complete to another individual or entity. I a state authorized wholesalers. I a power inspection. Such refusal is a national content of the conten	ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business inderstand that lack of access nisdemeanor and grounds for penalty of state law. I further ind that any person who knowed.  M.I.
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submittingly provides materially false information on the Last Name.  Title  Signature  Part E: For Clerk Use Only	l partner of a partnership  er penalty of law, I have answered each usiness and not on behalf of any other in the things of the partnership of the	Date License Granted	ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business nderstand that lack of access nisdemeanor and grounds for penalty of state law. I further nd that any person who knowed.    M.I.   Phone



Agent Type (check one)			
☑ Original (no fee) ☐ Successor (\$10 fee for mu	ınicipal licen	sees only)	
Part A: Business Information			
1. Legal Business Name (Individual name if sole proprietor)  WWW. Mex I	can b	Lestavant	llc
1. Legal Business Name (Individual name if sole proprietor)  Lindo Michaella name of DBA  Lindo Mexican Resta	Oran	f + Supern	narket
3. Entity Type (check one) Limited Liability Company		Corporation       1	Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)  Municipal Retail License State Permit	5. If successo	r agent, provide State Permit or	r Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor	is checked at	ove.	
Part B: Agent Information			
1. Last Name  Jume 2	2. First Name	mg)	3. M.I.
4. Fmail	100		5 Phone
T. Hall			
6. Home Address			
1017 Grove St			
7. City Munasha	8. State	9. Zip Code 54452	10. Age
11 Drivers License/State ID Number		12. Drivere ' `anse/State	ID State of Issuance
Part C: Agent Questions			
Have you satisfied the responsible beverage server training.	a requirema	unt?	
Submit proof of completion.	ig requireme	31(	
Have you completed Form AB-100, Alcohol Beverage India Submit a completed Form AB-100 with this form.	ividual Ques	tionnaire?	🗗 Yes 🔲 No
Have you been a Wisconsin resident for at least 90 contin See instructions for exceptions.	uous days?		🖒 Yes 🗌 No

READ CAREFULLY BEFORE SIGNING: I, to corporation, nonprofit organization, or limited beverage activities on such premises. I certion behalf of the entity. If I am appointing a still understand that I may be prosecuted for suany person who knowingly provides materiall if convicted.	d liability company with full a ify that I am authorized by the uccessor agent, I rescind all p ubmitting false statements and	uthority and control of the premise a above-named entity to authorize to previous agent appointments for this d affidavits in connection with this a	es and of all alcohol this individual to act as premises. Further, application, and that
Last Name Jumez	First Name	8	M.I.
Titouny		Phone	9
Signature	7	(e/20/2	J'Ey
	<del>T</del>		
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability comes on the premises for the above-named busin and affidavits in connection with this application may be required to forfeit not more	pany and assume full respons less. I further understand that lion, and that any person who	sibility for the conduct of all alcohol t I may be prosecuted for submittir	beverage activities ng false statements
Last Name	First Name	1	M.I.
Signatura	1 tear	Data (	
Signatule Signatule	<u> </u>	Date 6/70/7	2524

Part D: Business Attestation

Form |

**AB-200** 

Restaurant

# Alcohol Beverage License Application

For Municipal Use Only

Municipal

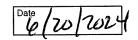
Appulon

License Period

24-25

License(s) Requested: (up to two boxes ma	y be checked)	1	Fees	
☐ Class "A" Beer \$	Class "B" Beer \$	00	License Fees	\$10,600
☐ "Class A" Liquor \$	Class B" Liquor \$	····-	Background Check Fee	1
☐ "Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$10	,500	Publication Fee	\$60
☐ "Class C" Liquor (wine only) \$	<b>\$</b>	50	Total Fees	\$15,667
		posit		1 (0) 4/4/1
Part A: Premises/Business Information				
1. Legal Bysiness Name (individual name if sole p	Uxican Restar	nan	fllc	
2. Business Trade Name or DBA	Restavant +	Sules	market	
3. FEIN	4. VVISCONSITI	Seller's Pe	mil number	
	456	-107	18957170-1	07
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liability Company	□ Cc	orporation	ofit Organization
6. State of Organization	7. Date of Organization		8. Wisconsin DFI Registrat	on Number
9. Premises Address	2014			
207 N. Richmond	st		<b>-</b>	
10. City ple ton			11, State 12. Zip Code	(911
40.0	14. Governing Municipality: City	☐ Town	Village 15. Alderman	ic District
13. County OUTAGAMIL 16. Premises Prione 970-733-3348	17. Premises Email	· · · · · · · · · · · · · · · · · · ·	18. Website	
19. Premises Description - Describe the building of are kept. Describe all rooms within the building	g, including living quarters. Authorized a	Icohol beve	erage activities and storage	
only on the premises described in this applicate 2,600 sq.ft but lowy	tion. Attach a map or diagram and addit Dhall asnea b	onal sheet	s if necessary.	en and
pusement * see	c attached sheet			
20. Mailing Address (if different from premises add				
21. City			22. State 23. Zip Code	CAR
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.				
If yes, list the details of violation below. Att	ach additional sheets if necessary.			
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sen	itence completed?	Yes No
Law/Ordinance Violated	Location		Trial Date	•
Penalty Imposed				
1 orany imposed		Was sen	tence completed?	Yes No

<ol> <li>Are charges for any offenses pending a beverages.</li> </ol>	against the business? Exclud	e traffic offenses unless related	d to alcohol Yes V No
If yes, describe the nature and status o	f pending charges using the	space below. Attach additional	sheets as needed.
	ecc.		
Is the applicant business or any of its of individuals or entities a restricted investif yes, provide the name of the restrict.	stor with any interest in an al	cohol beverage producer or d	
<ol> <li>Is the applicant business owned by and If yes, provide the name(s) and FEIN(s</li> </ol>			
4a. Name of Business Entity	4b.	Business Entity FEIN	
5. Have the partners, agent, or sole propr this license period? Submit proof of cor			
6. Is the applicant business indebted to a	•		
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 Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corporation or i	nonprofit organization, all partners	siness or businesses listed in Part B, of a partnership, and all members,
Include Form AB-100 for each person listed be	low. Corporations and LLCs mus	st appoint an agent by including Fo	orm AB-101.
Last Name	First Name	Title	Phone
Juanez	Kedro	Owner	
_			
Part D: Attestation			
One of the following must sign and attest	to this application:		
• sole proprietor • one genera	I partner of a partnership	one corporate officer	<ul> <li>one member of an LLC</li> </ul>
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant bu			
rights and responsibilities conferred by the lice	ense(s), if granted, will not be as	signed to another individual or en	tity. I agree to operate this business
according to the law, including but not limited to any portion of a licensed premises during in	spection will be deemed a refus	al to allow inspection. Such refus	al is a misdemeanor and grounds for
revocation of this license. I understand that an understand that I may be prosecuted for submit			
ingly provides materially false information on t	· · · · · · · · · · · · · · · · · · ·	<u> </u>	convicted.
Last Name  JUMNE 7	First Nam		IVI.1.
Title	Email		Phone
Signature \		Date	
The hand	7	6/28/	2024
Part E: For Clerk Use Only	C		
Date Application Was Filed With Clerk Licens		1	
1	se Number	Date License Gran	ted Date License Issued



Agent Type (check one)		
☑ Original (no fee) ☐ Successor (\$10 fee for m	unicipal licensees only)	
Part A: Business Information		
1. Legal Business Name (individual name if sole proprietor)  Lindo Michoucum Mexicum	Restaurant	UC
Lindo Michaucan Mexicar 2. Business Trade Name or DBA Lindo Mexican Restaura	int + Superma	rRet
3. Entity Type (check one)	y Corporation	☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)  Municipal Retail License   State Permit	5. If successor agent, provide State Pe	ermit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successo	r is checked above.	
·		
Part B: Agent Information		
1. Last Name  Uwne 7	2. First Name	3. M.I.
4. Emai		5. Phone
6. Home Augress Grove St		
7. City Menashe	8. State 9. Zip Code 54957	10. Ago
11. Drivers License/State 15 11 mbas	12. Privare I mse,	/State ID State of Issuance
Part C: Agent Questions		<i>c</i>
Have you satisfied the responsible beverage server train Submit proof of completion.	ing requirement?	Yes No
Have you completed Form AB-100, Alcohol Beverage Inc.     Submit a completed Form AB-100 with this form.	dividual Questionnaire?	
Have you been a Wisconsin resident for at least 90 conti See instructions for exceptions.	nuous days?	Yes No

Part D: Business Attestation	
READ CAREFULLY BEFORE SIGNING: I, the <b>Undersigned</b> , authorize the above-norporation, nonprofit organization, or limited liability company with full authority and beverage activities on such premises. I certify that I am authorized by the above-nation on behalf of the entity. If I am appointing a successor agent, I rescind all previous ag I understand that I may be prosecuted for submitting false statements and affidavits any person who knowingly provides materially false information on this application may if convicted.	nd control of the premises and of all alcoholumed entity to authorize this individual to act gent appointments for this premises. Further, in connection with this application, and that
Last Name First Name Level	M.I.
Title Common Annual Common Ann	Phone
Daros	1
Signature	Date 6/20/2024
1	
Part E: Agent Attestation	
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> , herby accept this appointment nonprofit organization, or limited liability company and assume full responsibility for to the premises for the above-named business. I further understand that I may be and affidavits in connection with this application, and that any person who knowingly application may be required to forfeit not more than \$1,000 if convicted.	the conduct of all alcohol beverage activities prosecuted for submitting false statements
Last Name Lugne 2 First Name Pedvo	M.I.
Signature	Date (0/20/2024

### Form

#### AB-200

# Alcohol Beverage License Application

For Municipal Use	Only
App Wo N Licerse Period	
License Period	

License(s) Requested: (up to two boxes may be checked)			Fees		
☐ Class "A" Beer	Class "B" Beer \$	100	icense Fe	es	\$10,600
Class A" Liquor \$	'Class B" Liquor \$	B	ackgroun	d Check Fee	\$ 21
☐ "Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	10,560 P	ublication	······································	\$60
t "Class C" Liquor (wine only) \$		Т	otal Fees		\$10,681
Part A: Premises/Business Information					
1. Legal Business Name (individual name if sole propr しんしら しのによりと				\$2 comment (1995)	
2. Business Trade Name or DBA  NAWALO MONU	S AND CURRY				
3. FEIN	4. Wiscons	sin Seller's Perm			A
-	45	6-1031	7667	-51-0	4-
5. Entity Type (check one)  Sole Proprietor Partnership	☐ Limited Liability Compan	/ 🗌 Corp	oration	□ Nonnro	fit Organization
	7. Date of Organization			DFI Registration	
MISCONSIN	08/03/2023		_	5347	
9. Premises Address 1619 West college A	NC	<b>1</b>			
10. City Apple for			. State	12. Zip Code	Λ
1,	14. Governing Municipality: 🔀 (			5491 15. Aldermani	,
13. County Outaganie	of: Appleton		village	, , , , , , , , , , , , , , , , , , , ,	o Biddior
16. Premises Phone 926-257-7807	17. Premises Email		18. Web	site	
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.					
under the country					
9 Fact 33"44 Savwer to 20. Mailing Address (if different from premises address	s) )	1000-71	<i>Apu</i>	-340 C	115 (10 WWY 7.
21. City		2:	2. State	23. Zip Code	
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.   Yes  No					
If yes, list the details of violation below. Attach additional sheets if necessary.					
Law/Ordinance Violated	Location		Tri	al Date	
Penalty Imposed	<del></del>	Was sente	nce comp	eted?	☐ Yes 🄀 No
Law/Ordinance Violated	Location		Tri	al Date	
Penalty Imposed		Was sente	nce compl	eted?	☐ Yes ☑ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol   Yes X 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 o	efficers directors n	nembers agent	amployees (	owners or other	related	
individuals or entities a restricted investigation in the control of the restricted investigation in the restricted investigation in the restricted investigation in the restricted in the restr	tor with any interes	st in an alcohol be	everage prod	ducer or distribut		es 🔀 No
<ol><li>Is the applicant business owned by ano If yes, provide the name(s) and FEIN(s)</li></ol>	ther business entity of the business er	y?		tional sheets as	☐ Ye needed.	es 🗵 No
4a. Name of Business Entity		4b. Busines	s Entity FEIN			
5. Have the partners, agent, or sole propri this license period? Submit proof of con	etor satisfied the re	esponsible bevera	ge server tra	ining requiremer	it for Ye	es 🗌 No
6. Is the applicant business indebted to ar	•					
7. Does the applicant business owe past of						es 🔀 No
Part C: Individual Information	7. C. S.					
List the name, title, and phone number for each	person or entity hold	ling the following po	sitions in the a	pplicant business of	or businesses lis	sted in Part B,
Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compa	s, and agent of a corp iny. Attach additional	oration or nonprofit sheets if necessary.	organization, a	all partners of a par	tnership, and al	l members,
Include Form AB-100 for each person listed bel		d LLCs must appoin		ncluding Form AB-	1	
Last Name	First Name		Title		Phone	
UNRUNH	LAXMAT	3	Mem	ber	-	
GURUNG	CALAN	K.	Memb	) e r	1	-
BHANDARI	SANDI	P	Memi	ber		
Part D: Attestation			77.48			
One of the following must sign and attest t	o this application:			V-20-12-1-3143-X-20-2-140-X-4-11-1-X-4-1		100 to 1 000 3 To 1 1 1 1 5 1 5 1 1 1 1
• sole proprietor • one genera	partner of a partne	ership • one	e corporate c	officer • one	e member of a	n LLC
READ CAREFULLY BEFORE SIGNING: Und	er penalty of law, I ha	ave answered each	of the above o	questions complete	ely and truthfully	/. I agree that
rights and responsibilities conferred by the lice	nse(s), if granted, wi	Il not be assigned to	o another indiv	vidual or entity. I a	gree to operate	this business
according to the law, including but not limited to any portion of a licensed premises during in						
revocation of this license. I understand that ar understand that I may be prosecuted for submi	ny license issued con	ntrary to Wis. Stat. (	Chapter 125 s	hall be void under	penalty of state	e law. I further
ingly provides materially false information on to						on who know
Last Name		First Name	NDIT	`		M.I.
BHANDARI		L	7 + 1		Dhana	
Title Member	Email				Phone	
Signature			Date			
Sundip;						
Part E: For Clerk Use Only		27 ( 1922 - 1931 ) 1 ( 1922 - 1931 )				
Date Application Was Filed With Clerk   Licens	e Number		Date Lie	cense Granted	Date License	sIssued
Signature of Clerk/Deputy Clerk				Date Provisional	License Issued	(if applicable)



# City of Appleton Alcohol License Questionnaire

1. Name of Appli	icant:/	Yanglo mo	MOS (1)	Curry
		V	γ Ψ	Ø
2. Name of Busin				
		identify primary busine	ess activity)	
Restaurant		_		
	ght Club/Win			
	ery/Brewpub	)		
Painting/C				
Other (des	cribe)			
3. Address of Bu	siness:	619 weolleg	e Ave	
		U		
1. Have you or a	ny member (	of your organization e	ver been convi	cted of a misdemeanor or
ordinance violati	on? Yes	No		
AND/OR been co	nvicted of a	felony? Yes	No	
lf yes to either qu	estion, pleas	se explain in detail bel	ow:	
_				nclude full name, middle
initial and date of	i birth. Plea	se use additional shee	ts ii necessary.	
GAGAN	K	GURUN	16	
First name	M.I.	Last name		Date of Birth
LAXMAN		GULUI	49	,
First name	M.I.	Last name	F	Date of Birth
Sanctip		15hando	171	
First name	M.I.	Last name		Date of Dirtir
		_		
First name	M.I.	Last name		Date of Birth
Name of narco	n/cornorati	on you are buying the	nramica and a	aninment from?
o. Name of perso	m/corporatio	on you are buying the	premise and e	quipment nom:
Vame:				
First name		Middle Initial	Last name	
i iist name		Middle Hilliat	Lust Hamic	
Address:				
			City	State ZIP

7. What was the previous name and primary nature of the business operating at this
location?
Name:
(Check Applicable Box(s) to identify primary business activity)
Restaurant
Tavern/Night Club/Wine Bar
Microbrewery/Brewpub
Painting/Craft Studio
Other (describe)
8. Was this premise licensed for alcohol sales/consumption during the past license year?
Yes_ <u>No</u> _ If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.
No If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.
9. If alcohol sales were a previous use in this building, when did the operation cease?  months ago.
10. Seating capacity: Inside 40 Outside NO
11. Operating hours (Inside the building): \\ \( \lambda \wo
Operating hours (Outdoor seating areas): 10 pm
12. Employees/Staff Number of floor personnel 2/3/4/2000 Number of door checkers 1
13. In general, state the size and operational details of the proposed establishment:
<ul> <li>a. Gross floor building area of the premises to be licensed: 27.0 5 feet square feet</li> <li>b. Gross outdoor seating areas of the premises to be licensed: NA square feet</li> <li>c. Below, identify the operational details of the proposed establishment:</li> </ul>
THIS PLOSTAURANT FOR MEDALIS LASICAN FOOD WITH alcel
thorns and nonalouly.
$\bigwedge \mathcal{C}_{\chi}$
06/18/2024
Signature Date

Form		
Α	<b>B-1</b>	01

Date	

Agent Type (check one)				
☐ Successor (\$10 fee for	r municipal lice	nsees only)		
4 0.9				
Part A: Business Information				
Legal Business Name (individual name if sole proprietor)				
1619 College Ave 1	_1 =			
2. Business Trade Name or DBA				
NANHLO MOMOS AND C	URRX			
3. Entity Type <i>(check one)</i>	any [	Corporation	☐ Nonprofit Org	anization
4. Alcohol Beverage Business Authorization (check one)  Municipal Retail License  State Permit	5. If success	or agent, provide Sta	ate Permit or Municipal Ret	ail License Number
6. Describe the reason for appointing a successor agent, if successor		1		
Part B: Agent Information				
1. Last Name	2. First Nam	<sup>e</sup> SAN DI	. 0	3. M.I.
BHANDARI		3 P 10 D 1		
4. Email			5. Phone	
6. Home Address 809 INDLANA AUGT	VUE			
7. City SHEBOY WAN	8. State	9. Zip Code 53081	10. Age	
11. Drivers License/State ID Number		12. Drivers Lic	ense/State ID State of Issi	Jance
11. Dilvers Electise/Otate in Number				
Part C: Agent Questions				
Have you satisfied the responsible beverage server transport to Submit proof of completion.	aining requiren	nent?		Yes No
Have you completed Form AB-100, Alcohol Beverage     Submit a completed Form AB-100 with this form.	Individual Que	stionnaire?		Yes No
Have you been a Wisconsin resident for at least 90 co See instructions for exceptions.	ntinuous days	?		Yes No
·				Continued —

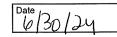
Part D: Business Attestation				
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certif on behalf of the entity. If I am appointing a sulunderstand that I may be prosecuted for suluny person who knowingly provides materially if convicted.	I liability com y that I am a ccessor ager bmitting false	pany with full authority and cor uthorized by the above-named on t, I rescind all previous agent a statements and affidavits in co	ntrol of the premises and entity to authorize this inc ppointments for this prem nnection with this applica	of all alcohol lividual to act ises. Further, tion, and that
BHANDART		First Name SANDIP		M.I.
Title	Email		Phone	-
Signature Gandil:			Date 06/23/24	
Part E: Agent Attestation				
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application polication may be required to forfeit not more	pany and ass ess. I further on, and that a	ume full responsibility for the co understand that I may be pros any person who knowingly provi	enduct of all alcohol bever ecuted for submitting fals	age activities e statements
Last Name BHANDART		First Name SANDI	>	M.I.
Signature SundiP;			Date 06/23/24	

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality Appleton	
License Period	

License(s) Requested: (up to two boxes may	be checked)			Fees	
☐ Class "A" Beer	ズ(Class "B" Beer \$ <u>↓</u>	00_ [	icense Fe	es	\$10,600
Class A" Liquor \$ [	☐ "Class B" Liquor \$	—— В	Backgroun	d Check Fee	\$ 7
☐ "Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$10	,500 P	ublication	Fee	\$ 60
Class C" Liquor (wine only) \$		Т	otal Fees		\$10,667
		<b>I</b>			
Part A: Premises/Business Informatio  1. Legal Business Name (individual name if sole pro					
Demy LLC	prictoralip)				
2. Business Trade Name or DBA  GINGEROOT 2					
3. FEIN	4. Wisconsin				_
	456.	-102	982	9017	-02
5. Entity Type (check one) Sole Proprietor Partnership	☐ Limited Liability Company	1 Corn	orotion	□ Nonnro	fit Organization
6. State of Organization	7. Date of Organization			DFI Registration	
) W	5/5/2017			9594	, rango
9. Premises Address	1				
2920 N Ballard Re				40.75.0-4-	
Apple Don		11	L. State	12. Zip Code 549	
13. County	14. Governing Municipality: City	Town _		15. Aldermani	District
outagame	of: Appleton  17. Premises Email				
16. Premises Phone J	i .		18. Web	site	
19. Premises Description - Describe the building or	Mylee @ gingerootz	, COM	old stored	or consumed	and related records
are kept. Describe all rooms within the building, only on the premises described in this application #Sec affactived Suled	including living quarters. Authorized a	lcohol bevera	ge activities	and storage o	f records may occur
20. Mailing Address (if different from premises addre	ess)				
21. City		22	2. State	23. Zip Code	
Part B: Questions					
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal	ership, limited liability company, o ances? Exclude traffic offenses unl	r corporatio less related	n) been co to alcohol	onvicted of beverages.	☐ Yes 🗡 Ŋo
If yes, list the details of violation below. Atta	ch additional sheets if necessary.				
Law/Ordinance Violated	Location		Tri	al Date	
Penalty Imposed		Was senter	nce compl	eted?	Yes No
Law/Ordinance Violated	Location		Tria	al Date	
Penalty Imposed		Was senter	nce compl	eted?	☐ Yes ☐ No

Are charges for any offenses pending a beverages.	gainst the b	usiness	? Exclude traffic of	offens	es unless relate	d to alco	hol	/es No
If yes, describe the nature and status o	f pending ch	arges ι	ising the space be	elow. A	ttach additional	sheets	as needed.	
Is the applicant business or any of its of individuals or entities a restricted investify yes, provide the name of the restricted.	stor with any	interes	st in an alcohol be	verag	e producer or c	r otner r listributo	elated or?  \[ \	∕es ⊠ No
P								
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other busines of the busin	ss entity ness en	/?titv owners below.	 . Attac	h additional she	ets as n	····· 🔲 `\ eeded.	∕es , No
4a. Name of Business Entity	, 0, 1, 0 2 4 0 11		4b. Business					
5. Have the partners, agent, or sole propri this license period? Submit proof of cor	npletion		· · · · · · · · · · · · · · · · · ·				·	∕es ∏ No
6. Is the applicant business indebted to ar								
7. Does the applicant business owe past of	due municipa	al prope	erty taxes, assessi	ments	, or other fees?		□ `	res Q No
Part C: Individual Information								
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compa	s, and agent c any. Attach ad	of a corp ditional	oration or nonprofit on the state of the sta	organiz	ation, all partners	of a parti	nership, and	all members,
Include Form AB-100 for each person listed bel		ions and	LLCs must appoint		ent by including F	orm AB-1		
Last Name	First Name			Title			Phone	
Nong	MYIT	<u>e</u>		<u> OU</u>	) NEC		-	
,	·							
Part D: Attestation								
One of the following must sign and attest	to this applic	ation:						
• sole proprietor • one genera			ership • one	corp	orate officer	• one	member of	an LLC
READ CAREFULLY BEFORE SIGNING: Und	er penalty of	law, I ha	ve answered each	of the	above questions o	completel	y and truthful	ly. I agree that
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	ense(s), if gra	nted, wil	I not be assigned to	anoth	er individual or er	ntity. I ag	ree to operat	e this business
according to the law, including but not limited to any portion of a licensed premises during in	to, purchasing spection will l	g alcoho be deen	ol beverages from st ned a refusal to allov	tate au w inspe	thorized wholesa ection. Such refus	lers. I und al is a mi	derstand that sdemeanor a	lack of access and grounds for
revocation of this license. I understand that are understand that I may be prosecuted for submit	ny license iss	ued con	trary to Wis. Stat. C	chapte	125 shall be voi	d under p	enalty of sta	te law. I further
ingly provides materially false information on t	his application	n may b	e required to forfeit	not mo	ore than \$1,000 if	convicted	d.	
Last Name X D N 9			First Name	yloc	,			M.I.
Title		Email		•	<del></del>		Phone	
Signature				Da	ite (12 al.)	1		
- 812		savado ka 200			6/30/24	1		
Part E: For Clerk Use Only	- N11-			1.	oto Licens - Or	and .	Data Licare	a leguad
7/2/24	se Number	-			Date License Grar		Date Licens	
Signature of Clerk/Deputy Clerk					Date Pro	visional Li	icense Issued	l (if applicable)



Agent Type (check one)			
Original (no fee) Successor (\$10 fee for m	nunicipal licen	sees only)	
	1,000 day 100 00		
Part A: Business Information		and the second s	
Legal Business Name (individual name if sole proprietor)			
Damx UC			A. A. C
2. Business Trade Name or DBA  OMGEROOTZ			
3. Entity Type <i>(check one)</i> ☐ Limited Liability Compan	у 🗘	Corporation	☐ Nonprofit Organization
Alcohol Beverage Business Authorization (check one)     Municipal Retail License	5. If successo	r agent, provide State F	Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor	or is checked ab	ove.	
Part B: Agent Information	-		
1. Last Name X 100 q	2. First Name	Mylee	3. M.I.
4. Email	L	10.71.0	5. Phone
6. Home Address N 8831 NOT Rd			
7. City	8. State	9. Zip Code	10. Age
Menasha	WI	54952	
11. Drivers License/State ID Number	441	12. Drivers Licens	e/State ID State of Issuance
Part C: Agent Questions			
Have you satisfied the responsible beverage server train Submit proof of completion.	ing requireme	nt?	Yes No
Have you satisfied the responsible beverage server train			
Have you satisfied the responsible beverage server train Submit proof of completion.      Have you completed Form AB-100, <i>Alcohol Beverage Inc.</i>	dividual Ques	tionnaire?	Yes No

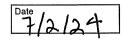
Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the <b>Under</b> corporation, nonprofit organization, or limited liability beverage activities on such premises. I certify that I a on behalf of the entity. If I am appointing a successor I understand that I may be prosecuted for submitting I any person who knowingly provides materially false infif convicted.	company with full authority and co am authorized by the above-named agent, I rescind all previous agent a false statements and affidavits in co	ntrol of the premises and entity to authorize this ind appointments for this premonnection with this applica	of all alcohol lividual to act ises. Further, tion, and that
Last Name	First Name		M.I.
XIONO	MYIEU		
Title OUNE Email		Phone	
Signature	_	Date	-
Orginature		6/30/24	
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Agent, nonprofit organization, or limited liability company and on the premises for the above-named business. I furl and affidavits in connection with this application, and the application may be required to forfeit not more than \$1	I assume full responsibility for the or ther understand that I may be pros that any person who knowingly prov	onduct of all alcohol bever ecuted for submitting fals	age activities e statements
Last Name	First Name		M.I.
•			
Signature	I manufacture and a second and	Date	

## Alcohol Beverage License Application

Sent Sent	For Municipal Use Only
Munic	
I A	ppleton
Licens	ePeriod
	24-25

License(s) Requested: (up to two boxes	may be checked)	Fees			
Class "A" Beer \$	Class "B" Beer \$ <u>10</u>	License Fees	\$ 200		
☐ "Class A" Liquor \$	☐ "Class B" Liquor \$	Background Check Fee	\$ 7		
☐ "Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication Fee	\$ 60		
"Class C" Liquor (wine only) \$ 100		Total Fees	\$267		
Part A: Premises/Business Informa	ation				
1. Legal Business Name (individual name if sol	e propr <u>je</u> torship)				
2. Business Trade Name or DBA  MOON Water	,				
3. FEIN	4. Wisconsin S	eller's Permit Number			
5. Entity Type (check one)  Sole Proprietor Partnershi	p <b>∑</b> PLimited Liability Company	☐ Corporation ☐ Nonpro	ofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration			
9. Premises Address	9.30.2020				
606 N. Va	west				
10. City Appleton		11. State 12. Zip Code 546	311		
13. County Outagamie	14. Governing Municipality: Acity of:		c District		
16. Premises Phone 920 · 940 · 7291	of: Appletor  17. Premises Email  Slbvintaiclore	18. Website			
Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this apple.	ng or buildings where alcohol beverages are ding, including living quarters. Authorized alcoration. Attach a map or diagram and addition	produced, sold, stored, or consumed, ohol beverage activities and storage on al sheets if necessary.			
20. Mailing Address (if different from premises a	address)				
21. City		22. State 23. Zip Code			
Part B: Questions					
Has the business (sole proprietorship, proviolating federal or state laws or local or local or state laws or local or state laws or local or state laws or local or local or local	rdinances? Exclude traffic offenses unle	corporation) been convicted of ss related to alcohol beverages.	☐ Yes ☑ No		
If yes, list the details of violation below.					
Law/Ordinance Violated	Location	Trial Date			
Penalty Imposed	1	Vas sentence completed?	Yes No		
Law/Ordinance Violated	Location	Trial Date			
Penalty Imposed		Vas sentence completed?	☐ Yes ☐ No		
	<b>!</b>		l		

Are charges for any offenses pending a beverages.	against the business	? Exclude traffic of	offenses unl	ess related to ald	cohol Tyes	No.
If yes, describe the nature and status o	of pending charges u	ising the space be	elow. Attach	additional sheets	s as needed.	
Is the applicant business or any of its individuals or entities a restricted investigation of the restrict.  If yes, provide the name of the restrict.	stor with any interes	st in an alcohol be	everage pro	ducer or distribu		No No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s						No No
4a. Name of Business Entity		4b. Business	Entity FEIN			
[ ]	:			t., t., ., ., ., ., ., ., ., .		
5. Have the partners, agent, or sole propr this license period? Submit proof of cor						☐ No
6. Is the applicant business indebted to a	ny wholesaler beyor	nd 15 days for bee	er or 30 days	s for liquor/wine?	) 🔲 Yes	No.
7. Does the applicant business owe past	due municipal prope	erty taxes, assessr	ments, or ot	her fees?	Yes	No No
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corp	oration or nonprofit o	organization,	pplicant business all partners of a pa	or businesses liste irtnership, and all r	ed in Part B, members,
1 1 1 5 45 400 6 1 11 11	low Cornerations and	III Ce muet annoint		ncluding Form AB	-101	
Include Form AB-100 for each person listed be	low. Corporations and	LLOS must appoint	an agent by i	nordaling i ominite	101.	
Last Name	First Name		Title		Phone	
	· · · · · · · · · · · · · · · · · · ·					
Last Name	First Name		Title			
Last Name	First Name		Title			
Last Name	First Name		Title			
Last Name Boegh	First Name		Title			-
Last Name  Boegh  Part D: Attestation	First Name Shanno		Title			,
Part D: Attestation One of the following must sign and attest	First Name Shanno	M	Title	er		LLC
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und	to this application: Il partner of a partneler penalty of law, I ha	ership • one ve answered each c	a corporate confirmed the above of	officer • on-	Phone  e member of an ely and truthfully.	I agree that
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera  READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	to this application: Il partner of a partner penalty of law, I ha usiness and not on be ense(s), if granted, will	ership • one ve answered each chalf of any other ind	e corporate control the above of the above of invidual or enternational another individual control another individual control to another individual control	officer • one questions complete ity seeking the lice vidual or entity. I a	e member of an ely and truthfully. ense. Further, I ag agree to operate th	I agree that ree that the iis business
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant by rights and responsibilities conferred by the lice according to the law, including but not limited	to this application: Il partner of a partnet ler penalty of law, I ha usiness and not on be ense(s), if granted, will to, purchasing alcoho	ership • one ve answered each chalf of any other ind I not be assigned to I beverages from st	e corporate of the above of the above of another individual or entire another authorize	evidual or entity. I ad wholesalers. I u	e member of an ely and truthfully. ense. Further, I ag agree to operate the nderstand that lace	I agree that ree that the is business k of access
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera  READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that an	to this application: Il partner of a partner usiness and not on be ense(s), if granted, will to, purchasing alcohol aspection will be deem ny license issued control.	ership • one ve answered each of half of any other ind I not be assigned to I beverages from stated a refusal to allow trary to Wis. Stat. C	e corporate of the above of invidual or entire authorize w inspection.	officer • onequestions complete ity seeking the lick idual or entity. I a d wholesalers. I u Such refusal is a rhall be void under	e member of an ely and truthfully. ense. Further, I ag agree to operate the nderstand that lac misdemeanor and penalty of state laces.	I agree that ree that the is business k of access grounds for aw. I further
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera  READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in	to this application: Il partner of a partner of a partner of a partner of granted, will to, purchasing alcoholspection will be deem by license issued contitting false statements	ership • one ve answered each of half of any other ind I not be assigned to I beverages from strength to allow trary to Wis. Stat. C and affidavits in cor	a corporate of the above of indicate authorize winspection. Chapter 125 someotion with	officer • one questions complete lity seeking the lice vidual or entity. I a d wholesalers. I u Such refusal is a rehall be void under this application, and	e member of an ely and truthfully. ense. Further, I ag agree to operate the nderstand that lac misdemeanor and penalty of state land that any person ed.	I agree that ree that the is business k of access grounds for aw. I further who know-
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on the	to this application: Il partner of a partner of a partner of a partner of granted, will to, purchasing alcoholspection will be deem by license issued contitting false statements	ership • one ve answered each chalf of any other ind I not be assigned to I beverages from streed a refusal to allow trary to Wis. Stat. Cand affidavits in core required to forfeit in First Name	a corporate of the above of indicate authorize winspection. Chapter 125 someotion with	every entire of the second of	e member of an ely and truthfully. ense. Further, I agagree to operate the nderstand that lac misdemeanor and penalty of state land that any person	I agree that ree that the is business k of access grounds for aw. I further who know-
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for subm ingly provides materially false information on t Last Name  Docy Title	to this application: Il partner of a partner of a partner of a partner of granted, will to, purchasing alcoholspection will be deem by license issued contitting false statements	ership • one ve answered each chalf of any other ind I not be assigned to I beverages from streed a refusal to allow trary to Wis. Stat. Cand affidavits in core required to forfeit in First Name	e corporate of the above of the above of another indivate authorize w inspection. That is the control of the control of the above of the above of the above of the above of the another indivate authorize w inspection. The control of	every entire of the second of	e member of an ely and truthfully. ense. Further, I ag agree to operate the nderstand that lac misdemeanor and penalty of state land that any person ed.	I agree that ree that the is business k of access grounds for aw. I further who know-
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that all understand that I may be prosecuted for submingly provides materially false information on the last Name  Boys  Title  Title	to this application: Il partner of a partne Iler penalty of law, I ha usiness and not on be ense(s), if granted, will to, purchasing alcoho ispection will be deem itting false statements this application may be	ership • one ve answered each chalf of any other ind I not be assigned to I beverages from streed a refusal to allow trary to Wis. Stat. Cand affidavits in core required to forfeit in First Name	e corporate of the above of the above of the authorized winspection. That is a contracted to the contract of the authorized winspection with not more than	every entire of the second of	e member of an ely and truthfully. ense. Further, I ag agree to operate the nderstand that lac misdemeanor and penalty of state land that any person ed.	I agree that ree that the is business k of access grounds for aw. I further who know-
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for subm ingly provides materially false information on t Last Name  Docy Title	to this application: Il partner of a partne Iler penalty of law, I ha usiness and not on be ense(s), if granted, will to, purchasing alcoho ispection will be deem itting false statements this application may be	ership • one ve answered each chalf of any other ind I not be assigned to I beverages from streed a refusal to allow trary to Wis. Stat. Cand affidavits in core required to forfeit in First Name	e corporate of the above of the above of another indivate authorize w inspection. That is the control of the control of the above of the above of the above of the above of the another indivate authorize w inspection. The control of	every entire of the second of	e member of an ely and truthfully. ense. Further, I ag agree to operate the nderstand that lac misdemeanor and penalty of state land that any person ed.	I agree that ree that the is business k of access grounds for aw. I further who know-
Part D: Attestation One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that all understand that I may be prosecuted for submingly provides materially false information on the last Name  Boys  Title  Title	to this application: Il partner of a partne Iler penalty of law, I ha usiness and not on be ense(s), if granted, will to, purchasing alcoho ispection will be deem itting false statements this application may be	ership • one ve answered each chalf of any other ind I not be assigned to I beverages from streed a refusal to allow trary to Wis. Stat. Cand affidavits in core required to forfeit in First Name	e corporate of the above of the above of the authorized winspection. That is a contracted to the contract of the authorized winspection with not more than	officer • on- questions complete ity seeking the lice vidual or entity. I a d wholesalers. I u Such refusal is a re hall be void under this application, an 1,000 if convicte	e member of an ely and truthfully. ense. Further, I ag agree to operate the nderstand that lac misdemeanor and penalty of state land that any person ed.	I agree that ree that the is business k of access grounds for aw. I further who know-
Part D: Attestation  One of the following must sign and attest	to this application: Il partner of a partne Iler penalty of law, I ha usiness and not on be ense(s), if granted, will to, purchasing alcoho ispection will be deem itting false statements this application may be	ership • one ve answered each chalf of any other ind I not be assigned to I beverages from streed a refusal to allow trary to Wis. Stat. Cand affidavits in core required to forfeit in First Name	e corporate of the above of the above of the above of the authorized winspection. Chapter 125 sonnection with not more than	officer • on- questions complete ity seeking the lice vidual or entity. I a d wholesalers. I u Such refusal is a re hall be void under this application, an 1,000 if convicte	e member of an ely and truthfully. ense. Further, I ag agree to operate the nderstand that lac misdemeanor and penalty of state land that any person ed.	I agree that ree that the is business k of access grounds for aw. I further who know-
Part D: Attestation  One of the following must sign and attest  • sole proprietor  • one general  READ CAREFULLY BEFORE SIGNING: Und  I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that all understand that I may be prosecuted for submingly provides materially false information on the last Name  Boyy  Title  Signature  Part E: For Clerk Use Only	to this application: Il partner of a partnet der penalty of law, I ha usiness and not on because(s), if granted, will to, purchasing alcohorspection will be deem ny license issued confitting false statements this application may be mail	ership • one ve answered each chalf of any other ind I not be assigned to I beverages from streed a refusal to allow trary to Wis. Stat. Cand affidavits in core required to forfeit in First Name	e corporate of the above of the above of the above of the authorized winspection. Chapter 125 sonnection with not more than	officer • onequestions complete ity seeking the lice idual or entity. I ad wholesalers. I us Such refusal is a refusal be void under this application, and \$1,000 if convictions.	e member of an ely and truthfully. ense. Further, I ag agree to operate the inderstand that lac misdemeanor and penalty of state land that any person ed.	I agree that the ree that the lis business k of access grounds for aw. I further who know-



Agent Type (check one)						
☐ Original (no fee)	☐ Successor (\$10 fee for mu	unicipal licens	ees only)			
		·				
Part A: Business Informa						
1. Legal Business Name (individu	. ^ \	1.1	ر در			
2. Business Trade Name or DBA	002100 0010					
3. Entity Type (check one)	ited Liability Company		Corporation	☐ Nonprofit	Organization	
4. Alcohol Beverage Business Aut Municipal Retail Licer	' '	5. If successor	agent, provide Sta	te Permit or Municipal	Retail License N	Number
6. Describe the reason for appoin	ting a successor agent, if successor	is checked abo	ve.			
					***	
Part B: Agent Informatio  1. Last Name		2. First Name			3. M.	
Boegh		Sha	mon			_
4. Ema				F Pho	one	
6. Home Address						-
1044 E.	Vine St					
7. City (20.0)		8. State	9. Zip Code	10 ^4	10	
11. Driver License/State ID Num	hor	W	5 40 1 1	ense/State ID State of	Issuance	
11. Finos Section Number	DEI		12, 511010 2100	onicorciate in ciate of	100001100	
			*	Ail		
Part C: Agent Questions						
Have you satisfied the responderior  Submit proof of completion	ponsible beverage server trainir n.	ng requiremer	nt?		🔀 Yes	☐ No
Have you completed Form     Submit a completed Form	AB-100, <i>Alcohol Beverage Indi</i> AB-100 with this form.	ividual Questi	onnaire?		🎾 Yes	☐ No
Have you been a Wiscons     See instructions for except	in resident for at least 90 contin	uous days?.			· · · Yes	□No
		***************************************			Cantin	
					Contir	$ued \rightarrow$

Part D: Business Attestation			1000000
READ CAREFULLY BEFORE SIGNING: I, the <b>Undersign</b> corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor ager I understand that I may be prosecuted for submitting false any person who knowingly provides materially false informit convicted.	pany with full authority and cor uthorized by the above-named nt, I rescind all previous agent a statements and affidavits in co	ntrol of the premises and entity to authorize this ind ppointments for this premi ennection with this applicat	of all alcohol ividual to act ises. Further, tion, and that
Last Name Bocgh	Sharmon		M.I.
Title owner Email		I Dhana	-
Signature & W		7·2·24	
•			
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> , her nonprofit organization, or limited liability company and ass on the premises for the above-named business. I further and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,000	ume full responsibility for the co understand that I may be pros any person who knowingly provi	enduct of all alcohol bevera ecuted for submitting false	age activities e statements
Last Name Boegh	First Name  Shann	-	M.I.
Signature		Date 7.2.7.4	

## Alcohol License Premises Amendment Request Form CASH OR CHECK ONLY!

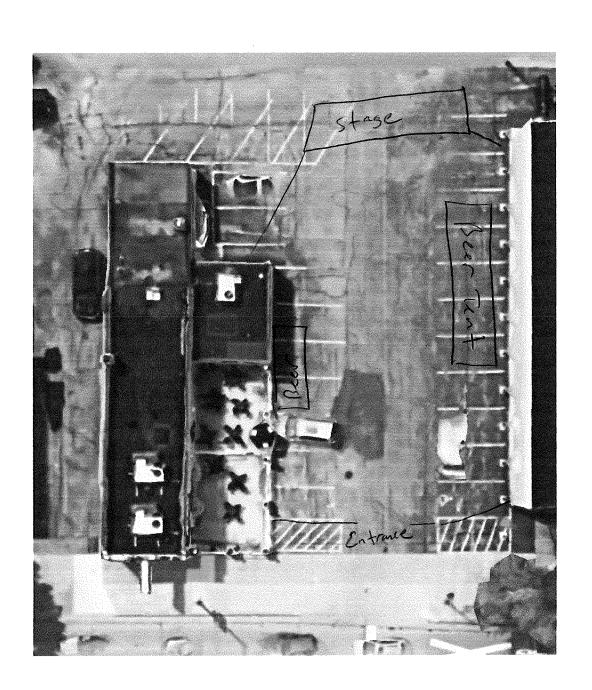


\*Please allow 4 weeks for application processing\*

FEES ARE NON-REFUNDABLE Date Recv'd 6 3 24 Receipt #: 6932 -(CLCAGP)

SECTION 1 - ESTABL	ISHMENT IN	IFORMA	JION			
Name of Establishment			The state of the s	Establishment Phone N	lumber	
Spats				925 - 738		
Address of Establishmer		Au	e			
Agent Name	Kaplen	~		Agent Phone Number (	Required) イレル	
			'A drawing/diagram of the	proposed area must be sub	mitted with this applic	ration*
Is this Premises Amer	ndment Pern	nanent?	□ YES 📐 NO		SA SANS N. T. S.	The control man comment and have a facility and
Please describe the char	nge in premis	ses: <u>U</u>	Je World for mile of	live to Se music 20	sve Bee 24.	- in
If temporary, please spe	cify the reasc	on for the	amendment:	i'el Event		
If temporary, please list	the date(s) a	nd time(s)	that this premises amer	dment will be utilized:	1/24-	8/4/24
SECTION 3 - PENAL						
I certify that I am familia	ır with Sectio		·	ne City of Appleton and a	gree that any licens	e granted under this
I certify that I am familia	ır with Sectio		the Municipal Code of the Jime by the Common C		gree that any licens	e granted under this
I certify that I am familia application may be susp	r with Section bended for ca	use at any	y time by the Common C			
I certify that I am familia application may be susp Under penalty of law, I s	er with Section bended for ca swear that the	use at any	y time by the Common C	ouncil.	t to the best of my	knowledge and belief.
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I certify that I am familia application may be susponded in the susponded	t: Approve	Deny	ion provided in this app Staff Member	Reason	t to the best of my	knowledge and belief.

Spots 2024 mile of misic Parking Lot



## Alcohol License Premises Amendment Request Form CASHOR CHECKONLY



\*Please allow 4 weeks for application processing\*

#### FEES ARE NON-REFUNDABLE Date Recv'd 6/19/24 License Fee - \$10.00/event Total \$\_\_\_\_\_\_\_\_\_ (CLCAGP) Receipt #: 7017-2

SECTION 1 - ESTABL	SHMENTIN	JEO RIMA	MOIN					
Name of Establishment	Ce mara	u Bo	- 5 May 11	Establishment Phone N				
Address of Establishment  Address of Establishment  Address of Establishment  Address of Establishment								
139 N. Richmond St Appleton 54911								
Agent Name Agent Phone Number (Required)								
	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:  Lykend for Mile of Music Outdoors  Laker Attached								
If temporary, please specify the reason for the amendment:								
Hemporary, please list the date(s) and time(s) that this premises amendment will be utilized: Alegust 1-4 Atom  - Hung 5-11pm Friday 3pm-11pm Set 3pm-11pm Sun 1pm - 7pm								
		1,10	Ce ospu-upu	Sit Spin-1	(pm )Un	1/m - 1/pm		
21E911(9)/86 = 21E///	(AV(0)11(0)2							
I certify that I am familia	vw.v(⊛)∦(⊛;⊇ r with Section	n 9-52 of	the Municipal Code of the y time by the Common Co	e City of Appleton and a				
I certify that I am familia application may be susp	a (a) [(a): r with Section ended for ca	n 9-52 of use at an	the Municipal Code of th y time by the Common Co	e City of Appleton and a ouncil.	gree that any licens	e granted under this		
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I certify that I am familia application may be susp Under penalty of law, I s Signature of Applican FOR OBJECTION OPPORTMENT Police Fire	r with Section ended for call wear that the	n 9-52 of use at any e informat	the Municipal Code of the y time by the Common Cotion provided in this appli	e City of Appleton and a puncil.  cation is true and correc	gree that any licens	e granted under this knowledge and belief.		
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To Whom It May Concern,

I would like to amend my liquor license to include my parking lot (approximate sq. footage = 175 x 175 sq ft) for the Mile of Music weekend. The dates are Thursday, August 1 through Sunday, August 4, 2024. We are planning to have live music and serve alcohol outside.

Like last year, we will have plenty of staff and security scheduled for this event. We plan to have this area fenced off. We will not be allowing anyone under the age of 21 into this area. We will have plenty of Port-a-Potties available.

I have gotten permission from my landlord and surrounding business and neighbors to hold the event outside.

I have to say that I was extremely pleased how my security staff handled this event each year.

If there is any more information you would need, please call me at 920-378-3697.

Sincerely,

Sharon Reader Owner - Emmetts Bar & Grill

### Alcohol License Premises Amendment Request Form CASH OR CHECK ONLY!



FEES ARE NON-REFUNDABL	_ <b>E</b>
	Date Recv'd 6 /26/24
License Fee - \$10.00/event	Total \$
(CLCÄGP)	Receipt # 7049-3

SECTION 1 – ESTABLISHMENT INFORMATION							
Name of Establishment Phone Number							
Name of Establishment  Wooden Nicke's Sports Bor & GRILL  Address of Establishment  A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Address of Establishment 217 E. College Ave Appleton, W1 54911							
Agent Name Agent Phone Number (Required)  Anthony Moeller							
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: Add Back parking Lot to							
Wensel Overnise	_						
If temporary, please specify the reason for the amendment: Mile of Music Stage							
8/1-8/4							
If temporary, please list the date(s) and time(s) that this premises amendment will be utilized:	-						
11 Am to Midnight							
-11 Title for friedling as							
SECTION 3 - PENALTY NOTICE  Section 4 - PENALTY NOTICE  Section 5 - PENALTY NOTICE  Section 6 - PENALTY NOTICE  Section 7 - PENALTY NOTICE  Se							
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							
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.							
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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.							
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Beer Trailer Jims 7000

### Alcohol License Premises Amendment Request Form CASH OR CHECK ONLY!



FEES, ARE NON-REFUNDABL	_E
	Date Recv'd 6 / 26/24
License Fee - \$10.00/event	Total \$
(CLCAGP)	Barrier # 2040/2

SECTION 1 - ESTABL	ISHMENT IN	NFORM <i>A</i>	ATION				
Name of Establishment  Address of Establishment  Address of Establishment							
Address of Establishment  23 College And Agent Name  Agent Name  Agent Name  Agent Phone Number (Required)							
Stault	BALLA	M /				. •	
SECTION 2 – PREMIS  Is this Premises Amen		Ministration of the Contraction	A drawing/diagram of to ☐ YES ► NO	he proposed area must be sub	omitted with this applic	cation 1	
Please describe the char		ses:QO	d pack	parking lot	-+8 li(	ENSCO	
				· · · · · · · · · · · · · · · · · · ·			
If temporary, please spe	cify the reasc	on for the	amendment:	l of Mus	ic Jag	2	
					9/ -8/	/	
If temporary, please list	the date(s) ar	nd time(s)	that this premises ame	endment will be utilized: _	0/1 -0/	4	
	llam	- M1	dolaht			,	
a-a-a-a-ya 'b-nwi		1					
SECTION 3 - PENAL!	r with Section	า 9-52 of	the Municipal Code of	the City of Appleton and a	gree that any licens	e granted under this	
application may be susp							
Under penalty of law, I s	wear that the	informat	ion proyldgd in this ap	plication is true and correc	t to the best of my	knowledge and belief.	
Cincolar of Applican		OIL	Jakkman	· · · · · · · · · · · · · · · · · · ·	Date: 06	116,14	
Signature of Applican FOR OFFICE USE ON							
Department	Approve	Deny	Staff Member	Reason			
Police							
Fire							
Health							
Community Development							
Inspections							
Finance							
Public Works							
Safety and Licensing Date:		1	Recommendation:	Common Council Date:		Recommendation:	
Date sent for Review	Date Approve	d	Date Issued	Expiration Date	License Number		
	1	1		_			

Beer Trailer Bar No.

# Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Junicipality Apple toh	
icense Period 24-25	

Part A: Premises/Business	Information					
Legal Business Name (individual						
FAMILY DOLLAR STORES						
		<u></u>				
<ol><li>Business Trade Name or DBA FAMILY DOLLAR # 23800</li></ol>	1					
		4. Wisconsin Se	llor's Parmit I	Number		
3, EEINI			)344943-0			
		430-000				
5. Entity Type (check one)  Sole Proprietor	Partnership	Lim	ited Liability	•		
6. State of Organization	7. Date of Organiza	ation		8. Wisconsin DFI Registration Number		
WI	7/31	117		F057028		
9. Premises Address (do not use PC	O Box)	<u> </u>	······································			
80% W.	Wisconsin	AVE		Lao The Oode		
10. City ADDIETON			11. State	12. Zlp Code 4 9 1 4		
13. County	14. Governing Municipality: 🗹 Ci	ty 🔲 Town	Village	15. Aldermanic District		
Outagamie	of: Appleton					
16. Mailing Address (if different from						
500 Volvo Pkwy, Attn: AB/	Toba Team, 8th Floor					
17. City			18. State	19. Zip Code		
CHESAPEAKE			VA	23320		
20. Premises Phone	21. Premises Ema		<u></u>	22. Website		
757-321-5000	ab-licensing@	dollartree.cor	n	www.familydollar.com		
Describe all rooms including livi records. Cigarettes, tobacco pro Attach a floor plan if possible.	ng quarters, if used, for the sales a oducts, and electronic vaping devi	and/or storage of ices may be sold	cigarettes, tol and stored O	electronic vaping devices are to be sold and stored. bacco products, and electronic vaping devices and NLY on the premises described in this application.		
See attached floor plan	. All tobacco will be s	old, stored,	and kep	t on the sales floor. It will be sold		
at the registers at the fi	ront of the building. Al	i extra alco	ioi prodi	uct will be kept in the back room.		
Part B: Questions						
1. What products will be sold at	this business location? (check	all that apply)				
Cigarettes		Products		☐ Electronic Vaping Devices		
2. How will cigarettes, tobacco,	and/or electronic vaping devic	es be sold? (che	eck all that a	apply)		
Over the counter	☐ Vending					
3. Is the applicant business own	ed by another business entity	?				
If yes, provide the name and CTV-101 for all of the parent	FEIN of the parent company b company's members, partners	elow, identify pa , or officers.	rent compa	any members in Part C, and attach Form		
	y: FAMILY DOLLAR STO		CONSIN,	LLC		
3b. FEIN of Parent Company						

#### Part C: Individual Information An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company. List the full name, title, and phone number for each person below. Attach additional sheets if necessary. Title Phone First Name Last Name PETER PRESIDENT BARNETT HARRY ASST SECRETARY **SPENCER** VICE PRES & SEC **ELDER JONATHAN** SENIOR VICE PRES JOHN MITCHELL Part D: Attestation One of the following must sign and attest to this application: · one managing member of an LLC sole proprietor · one general partner of a partnership · one corporate officer **READ CAREFULLY BEFORE SIGNING:** I understand and agree to the following: · I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes. · I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner. · I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org). · I will not sell single cigarettes. · I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors. · I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory. · I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands. Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection, Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfelt not more than \$1,000. Date Signature 5/7/24 Name (Last, First, M.I.) SPENCER, HARRY RA Phone Email n ASSISTANT SECRETARY Part E: For Clerk Use Only License number Date license expires Date application was filed with clerk Date Ilcense issued 6/4/24 Signature of Clerk/Deputy Clerk License fees

100

# Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Dele 05/09/2024

Part A: Agent Information			arrib s	
1. Last Name NIGBOR	2. First Name JOSHUA		***************************************	3, M.I.
4. Email AB-LICENSING@DOLLARTREE.COM	1	5, Phone		
6. Home Address 600 MELANIE LANE			, a,	<del></del>
7. City RIPTON		8. State WI	9. Zip 0	<sup>Code</sup> 54971
10. Date of Birth 11. Drivers License/State ID Numbe	or		 se/State ID	State of Issuance
Part B: Questions		* 1		
Questionnaire? Submit a completed Form CTV-101 with 2. If this is a change of agent, please describe the reason N/A	Annual Control of the	·····		71.
Part C: Business Information  1. Legal Business Name (individual name if sole proprietor) FAMILY DOLLAR STORES OF WISCONSII  2. Business Trade Name or DBA FAMILY DOLLAR STORE # 23800  3. Entity Type (check one)				
	Carnarat	on		
1. Premises Address	☐ Corporat	on		
808 W. Wisconsin Ave.	☐ Corporat		7. Zin C	ode
808 W. Wisconsin Ave.	☐ Corporat	6. State	7. Zlp C	
4. Premises Address 808 W. Wisconsin Ave. 5. City	☐ Corporat	6, State	1	
808 W. Wisconsin Ave.  5. City  Appleton  Part D: Attestations  READ CAREFULLY BEFORE SIGNING: I, the Licensee, authoriliability company with full authority and control of the premises and devices conducted therein. I certify that I am authorized by the electronic statements and affidavits in connection with this application, an application may be required to forfeit not more than \$1,000 if con	ize the above-named individual to a d of all business relative to cigarette ntily to authorize this individual to a his premises. Further, I understand and that any person who knowingly	ct for the above- s, tobacco product on behalf of the provides material	named corrects, and/one entity. It	proration or limite or electronic vapir of I am appointing or submitting fals
808 W. Wisconsin Ave.  Appleton  Part D: Attestations  READ CAREFULLY BEFORE SIGNING: I, the Licensee, authoriliability company with full authority and control of the premises and devices conducted therein. I certify that I am authorized by the electronic successor agent, I rescind all previous agent appointments for the statements and affidavits in connection with this application, an application may be required to forfeit not more than \$1,000 if consignature of Licensee (officer, member, er authorized signatory)	ize the above-named individual to a d of all business relative to cigarette ntily to authorize this individual to a his premises. Further, I understand and that any person who knowingly	ct for the above- s, tobacco product on behalf of the provides material	named condits, and/one entity. It	rporation or limite or electronic vapir f I am appointing or submitting fals information on the
808 W. Wisconsin Ave.  5. City  Appleton  Part D: Attestations  READ CAREFULLY BEFORE SIGNING: I, the Licensee, authoritiability company with full authority and control of the premises and devices conducted therein. I certify that I am authorized by the el successor agent, I rescind all previous agent appointments for the statements and affidavits in connection with this application, an application may be required to forfeit not more than \$1,000 if con signature of Licensee (officer, member, er authorized signatory)	ize the above-named individual to a d of all business relative to cigarette ntily to authorize this individual to a his premises. Further, I understand and that any person who knowingly	ct for the above- s, tobacco product on behalf of the provides material	named condits, and/one entity. It	proration or limite or electronic vapir of I am appointing or submitting fals
808 W. Wisconsin Ave.  5. City  Appleton  Part D: Attestations  READ CAREFULLY BEFORE SIGNING: I, the Licensee, authoriliability company with full authority and control of the premises and devices conducted therein. I certify that I am authorized by the el successor agent, I rescind all previous agent appointments for the statements and affidavits in connection with this application, an application may be required to forfeit not more than \$1,000 if con signature of Licensee (officer, member, erauthorized signatory)	ize the above-named individual to a d of all business relative to cigarette ntily to authorize this individual to a nis premises. Further, I understand d that any person who knowingly victed.  ept this appointment as agent for th siness relative to sales of cigarette ss. I further understand that I may b	6. State WI ct for the above-s, tobacco product on behalf of the state	named concests, and/one entity. It is secuted fally false is STANT corporations, and/or submitting	rporation or limited relectronic vapir of am appointing for submitting fals information on the SECRETAR or or limited liability refectronic vaping false statements

## Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

	FOR CLERKS ONLY
Municipality	Appleton
License Pe	24-25

Part A: Premises/Busines	s Informati	on				***************************************
1. Legal Business Name (individual	name if sole p	roprietor)		·		
Indianhead Oil Co.,	LLC					
2. Business Trade Name or DBA						
Circle	e K #2746	552 <b>6</b>				
3. FEIN			4. Wisconsin Sel	ler's Permit I	Number	
			456-000043	32420-04	:	
5. Entity Type (cneck one)						
Sole Proprietor	P.	artnership	<b>✓</b> Limi	ited Liability	Company Corporation	1
6. State of Organization		7. Date of Organiza	ition		8. Wisconsin DFI Registration Number	
Wisconsin		09/17/1964			1101849	
9. Premises Address (do not use Po	-					
	E Calume	et St.				
10. City				11. State	12. Zip Code	
Appleton				WI	54915	
13. County Calumet	14. Governing	Municipality: Cit	y 🗌 Town [	Village	15. Aldermanic District	
	of: App		·			
16. Mailing Address (if different from	n premises ad	dress)				
P.O. BOX 347						
17. City				18. State	19. Zip Code	
Columbus		104 5 5 5		IN	47202	
20. Premises Phone 920-714-3997		21. Premises Email	ı @holidaycompani	00 00m	22. Website	
		1	<u> </u>			
Describe all rooms including liv	ing quarters, if	used, for the sales a	and/or storage of c	igarettes, tol	electronic vaping devices are to be sold and sto bacco products, and electronic vaping devices NLY on the premises described in this applicat	and
Sold at POS.						
Stored and displayed	d at and a	round POS. F	loor display	by door		
Floor plan attached.						
				***************************************		
Part B: Questions						
1. What products will be sold at	this busines	s location? (check	all that apply)			
✓ Cigarettes		✓ Tobacco	Products		Electronic Vaping Devices	
2. How will cigarettes, tobacco,  Over the counter	and/or electi	onic vaping device		eck all that a	apply)	
3. Is the applicant business own	ned by anoth	er business entity?	·			No
	FEIN of the	parent company be	elow, identify pa		any members in Part C, and attach Form	
3a. Name of Parent Compan						
3b. FEIN of Parent Company	1					

53L:7/10/24 Council:7/17/24

Part C: Individual Information	on					
An Individual Questionnaire, Form CT any parent company indicated in Part all members and agents of a limited li	B. Such persons include					
List the full name, title, and phone	e number for each p	erson below. A	Attach addition	onal sheets if necess	ary.	
Last Name	First Name		Title		Phone	
Cunnington	Kathleen President					
Brant	Gary		VP of	Operations		
Duncan	Melissa		Asst.	Secretary		
Larson	Brad		Agent	/Store Manager		
Part D: Attestation						
One of the following must sign ar  • sole proprietor • one ger	nd attest to this appli neral partner of a pa		• one corpo	orate officer • o	one mar	naging member of an LLC
READ CAREFULLY BEFORE SIG	NING:					
I understand and agree to the for	ollowing:					
I will only purchase cigarettes     Department of Revenue, unle						
I will not purchase or exchange	ge products from ar	nother retailer,	including tr	ansferring existing s	tock to	a new owner.
I will provide tobacco sales to (https://witobaccocheck.org).	aining that has beer	n approved by	the Wiscon	sin Department of H	lealth Se	ervices to my employees.
I will not sell single cigarettes	i.					
I will not sell, give, or otherwi-	se provide cigarette	es, tobacco, o	r any nicotin	e products to minors	<b>S</b> .	
I will keep product invoices of enforcement. Failure to compare to compa						ble for inspection by law
I will not sell cigarettes or roll- of certified tobacco manufact		oacco product	s unless liste	ed on the Wisconsin	Departr	nent of Justice's directory
Further, under penalty provided to operate this business accord assigned to another. Any lack o inspection. Such refusal is a mis false information on this applica	ing to law and that t f access to any port demeanor and grou	the rights and tion of a licens inds for revoca	responsibili sed premises ation of this li	ties conferred by the s during inspection v icense. Any person v	e license vill be de	e(s), if granted, cannot be eemed a refusal to permit
Signature Melissal	Signature Melissaflurear Date 6/21/2024					
Name (Last, First, M.I.)						
Duncan, Melissa, A		le				Int
Title Email				Phone		
Asst. Secretary						
Part E: For Clerk Use Only				<del></del>		
Date application was filed with clerk	Date license issued		Date license	expires	Licens	e number
6/26/24 License fees	Signature of Clerk/De	puty Clerk		•		
100	Signature of Clerk/Deputy Clerk					

### Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

· /
Date /
6/24/2024
7 , 1

Agent Type (check one):	✓ Original ☐ Change			
Part A: Agent Informa	tion			
1. Last Name		2. First Name		3. M.I.
Larson		Brad	1	
4. Email			5. Phone	
6. Home Address				-
W2505 (EA)	ne gt			
7. City			8. State	9. Zip Code
SEYMOUR			WI	54165
10. FDAN	11. Drivers License/State ID Number		12. Drivers Licens	e/State ID State of Issuance
	<u></u>	·		
Part B: Questions				
Questionnaire? Submit	orm CTV-101, <i>Cigarette, Tobacco</i> , a completed Form CTV-101 with the gent, please describe the reason for	his form		🗸 Yes 🗌 No
Part C: Business Info	·matar			
Charles and an experience of the region of the control of the cont	vidual name if sole proprietor)			-
Indianhead Oil Co	•			
2. Business Trade Name or D	•			
	Circle K #2746526			
3. Entity Type (check one)				*
	✓ Limited Liability Company	Corpor	ation	
4. Premises Address	Column at Ot			
5. City	E Calumet St		6. State	17 7in Code
Appleton			WI	7. Zìp Code 54915
				1 04910
Part D: Attestations				
liability company with full au devices conducted therein. successor agent, I rescind a statements and affidavits in	RE SIGNING: I, the Licensee, authorize thority and control of the premises and of I certify that I am authorized by the entiall previous agent appointments for this a connection with this application, and to forfeit not more than \$1,000 if convictions.	of all business relative to cigare ity to authorize this individual to premises. Further, I understan that any person who knowing	ttes, tobacco produ act on behalf of the d that I may be pro	ucts, and/or electronic vaping ne entity. If I am appointing a pseculed for submitting false
Signature of Licenson (officer	sember, or authorized signatory)		Date 06/2	1/2024
Name of Person Signing for L	icensee		Title	
Gary Brant				Operations
company and assume full re devices conducted on the pr and affidavits in connection to forfeit not more than \$1,00	RE SIGNING: I, the Agent, herby acceptosponsibility for the conduct of all busin remises for the above-named business. with this form, and that any person who if ponyicted.	ness relative to sales of cigareti . I further understand that I may	tes, tobacco produ	cts, and/or electronic vaping
Signature of Agent	WY.		Date /	)
	11/1		6/2	4/2024
TV-102 (N. 2-24)	V  /		7	Wisconsin Department of Reve

## Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

	FOR CLERI	KS ONLY	
Municipa Ap	pleton		
License 24	Period ー入5		

Part A: Premises/Busines	s Informati	on			
1. Legal Business Name (individual	name if sole p	roprietor)			
D8D BY H4H LLC					
2. Business Trade Name or DBA					
THE DISPENSARY					
3. FEIN			4. Wisconsin Sel	ler's Permit I	Number
			456-103050	00809-04	:
5. Entity Type (check one)  ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation					Company Corporation
6. State of Organization	,	7. Date of Organiza	ition		8. Wisconsin DFI Registration Number
WISCONSIN		11/18/2020			D067990
9. Premises Address (do not use P	O Box)				
3020 E COLLEGE AVE S'	re n				
10. City				11. State	12. Zip Code
APPLETON				WI	54915
13. County	14. Governing	Municipality: 🕢 Cit	y 🗌 Town [	Village	15. Aldermanic District
Outagamie	of: Appl	eton			
16. Mailing Address (if different fron	n premises add	dress)			
2247 Ullmer Ct					
17. City				18. State	19. Zip Code
Howard				WI	54303
20. Premises Phone		21. Premises Email			22. Website
(920) 903-8705		willn@h4hwi	.com www.thed8dispensary.com		
Describe all rooms including liv	ing quarters, if	used, for the sales a	nd/or storage of c	igarettes, tol	electronic vaping devices are to be sold and stored. bacco products, and electronic vaping devices and NLY on the premises described in this application.
*All electronic devicabinet and cannot *The building is a There is a door sep counter for sale ar and check all ID's	be reach strip ma parating nd ID pur	ed by custom ll and upon the customer poses of any	er. entrance th from the s products i	ne custo staff ar in our s	omer enters the sales floor. rea. Staff is behind the tore. We are a 21+ facility
Part B: Questions					
What products will be sold at     Gigarettes	1. What products will be sold at this business location? (check all that apply)  Cigarettes  Description: Cigarettes  Description: Cigarettes  Electronic Vaping Devices				
2. How will cigarettes, tobacco,  Over the counter	and/or electr	onic vaping device		ck all that a	apply)
3. Is the applicant business owr	ned by anothe	er business entity?	·		Yes 🗸 No
If yes, provide the name and CTV-101 for all of the parent				rent compa	ny members in Part C, and attach Form
3a. Name of Parent Company	y:				
3b. FEIN of Parent Company					

Part C: Individual Informati	on					
An Individual Questionnaire, Form Cany parent company indicated in Part all members and agents of a limited I	B. Such persons include					
List the full name, title, and phone	e number for each pe	erson below. A	Attach addition	onal sheets if necessa	ary.	
Last Name	First Name		Title	F	hone	
Nething	William		CEO			
Caulfield	Mary		CFO			
Part D: Attestation						
One of the following must sign at  • sole proprietor • one get	nd attest to this appli neral partner of a par		• one corp	orate officer • o	ne mar	naging member of an LLC
READ CAREFULLY BEFORE SIG	NING:					
I understand and agree to the f	ollowing:					
I will only purchase cigarettes     Department of Revenue, unle						
I will not purchase or exchan	ge products from an	other retailer,	including tr	ansferring existing sto	ock to	a new owner.
I will provide tobacco sales tr ( <a href="https://witobaccocheck.org">https://witobaccocheck.org</a> ).	aining that has beer	approved by	the Wiscon	sin Department of He	ealth Se	ervices to my employees.
I will not sell single cigarettes	S.					
I will not sell, give, or otherwi	se provide cigarette	s, tobacco, oi	any nicotin	e products to minors.		
I will keep product invoices of enforcement. Failure to comp						able for inspection by law
I will not sell cigarettes or roll- of certified tobacco manufact		acco product	s unless liste	ed on the Wisconsin D	Departn	nent of Justice's directory
Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.						
Signature WALLAAM	Signature Date 06/10/2024					
Name (Last, First, M.I.)		0				
Nething, William, T						
Title CEO	Email Phone				Phone	
Part E: For Clerk Use Only					_	
Date application was filed with clerk	Date license issued		Date license	expires	Licens	e number
License fees	Signature of Clerk/Deputy Clerk					

### Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date
06/10/2024

	Appoin	uneni vi Ay	Jent			
gent Type (check one):	] Original	ge				
art A: Agent Informatio	n				THE MAKESTAL PROPERTY OF THE P	
. Last Name		2. First Name				3. M.I.
NETHING		WILLIAM				T
Email				5. Phone		
. Home Address				1		
3175 OPEN GATE TRL						
City				8. State	9. Zip Code	***************************************
GREEN BAY				WI	54313	
0. Date of Birth	. Drivers License/State ID Numbe	er	12. 🖸	rivers Licens	se/State ID State	of Issuance
art B: Questions				PARTICIPATION OF THE PARTICIPA		
	CTV-101, Cigarette, Tobacco					(00
Questionnaire? Subtilit a t	completed Form CTV-101 with	T this lonn			🗹 Y	es 🔲 N
If this is a change of agen	t, please describe the reason	for the agent chang	ge. Attach additi	onal sheets	if necessary.	
art C: Business Inform					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
. Legat Business Name (individ	Jai name it sole proprietor)					
98D BY H4H LLC						
. Business Trade Name or DBA						
THE DISPENSARY						
. Entity Type (check one)	Limited Liability Company		☐ Corporation			
	, Elimited Elability Company					
. Premises Address	OPE N					
3020 E COLLEGE AVE	SIE N			I & Stata	7. Zip Code	
. City APPLETON				6. State WI	7. Zip Code 54915	
75 ETTE TON				MI	34913	
art D: Attestations		***************************************				
liability company with full autho devices conducted therein. I co successor agent, I rescind all p statements and affidavits in co	SIGNING: I, the Licensee, authority and control of the premises are tify that I am authorized by the exprevious agent appointments for tonnection with this application, a forfeit not more than \$1,000 if control in the same same same same same same same sam	nd of all business relatentity to authorize this this premises. Further and that any person w	tive to cigarettes, t individual to act o , I understand tha	obacco prod on behalf of t t I may be pi	ucts, and/or electhe entity. If I am rosecuted for sub-	tronic vapir appointing omitting fals
ignature of Licensee (officer, m	ember, or authorized signatory)	110		Date		<del></del>
WYLL	MAMI NCINC	ING		06/10/:	2024	~
ame of Person Signing for Lice	nsee	U		Title		
ILLIAM T NETHING			<u></u>	CEO		
company and assume full resp devices conducted on the pren	SIGNING: I, the Agent, herby acconsibility for the conduct of all bunises for the above-named busine h this form, and that any person of convicted.	usiness relative to sale ess. I further understa	es of cigarettes, to nd that I may be p	obacco produ Prosecuted fo	ucts, and/or elec or submitting fals	t <mark>ro</mark> nic vapir e statemen
ignature of Agent		/ / .		Date		
(1)~1/	1 SAMITNETO	7/1/a		06/10/	2024	



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

# APPLICATION for the Operation of a PET STORE/KENNEL

See SECTION 5 for Fee S	Sche		Date Rec'd <u>も力わる</u> D <b>R CHECK ONLY</b>
License Fee - Initial	\$		_ Acct. Code: CLPETK
License Fee – Renewal	\$	<u> 15 </u>	_ Acct. Code: CLPETK
Investigation Fee		+ \$ 7.00	Acct. Code: CLCPIF
Total Amount Paid	\$	82	_ Receipt <u>704 9 - 0</u>

\*PLEASE ALLOW 4 WEEKS FOR PROCESSING\*

SECTION 4 PUSINESS LOCA	ATION				l. Diana D	DINIT alaasi			
SECTION 1 – BUSINESS LOCA									
NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.  Business Name (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1									
Business Haine Wind	Hab	itats	)						
Business Street Address 1350	W	Colleg	e Ave	St. B	City Appl	etan	State WL	54914	
		39 - S							
SECTION 2 - APPLICANT INF	ORMA	ATION							
Name Brady Back	<u>و (</u>								
Home Street Address	7 1	(ec.)	Ci		City	[ .	State	Zip	
Date of Birth	W	CECil	2.4.	Male 🕠	Female	Tolophone	WL	54450	
Date of Birtii				Wale X'	Temale	T CICI,			
SECTION 3 – SERVICES TO B	E PRO	VIDED							
Please check the type(s) of serv	ices yo	ur establi:	shment will	offer: X Li	ive animals	X	Pet Food		
Y Pet Accessories	Χ	Fish		Other					
SECTION 4 - PENALTY NOTI	CE								
certify that the information pro-	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:    Raffic   Raffic								
SECTION 5 – FEE SCHEDULE	**all fe								
Pet Store License			itial Fee - \$9			/al Fee – \$82.			
Kennel License			·10 animals ·	<u></u>		animals - \$13			
		26	6-50 animals	- \$262.00	1	than 50 anima minimum of		per animal	
FOR OFFICE USE ONLY									
Dept.		Approve	Deny	Ву		Reason			
Police									
Fire									
City Sealer									
Inspection									
Community Development									
S&L	Counc	il	1	Date Issued	Exp. Date				
	1	200			Licens	se Number			



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# APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE Date Recv'd 4/10/24
License Fee - Local \$200.00 Acct. CLSALV

License Fee – Out of City \$ 75.00 Acct. CLSALV Investigation Fee + 7.00 Acct. CLCPIF

Total Amount Paid 82 Receipt 6968-2

License period July 1 to June 30

\*Please allow 4 weeks for processing\*

SECTION 1 – BUSINESS INFORMATION – Answer all questions completely. Please PRINT clearly												
Davis - V												
Business Name	Folpe	r 50	AA	14 Cc	Inc							
Business Street Ad	dress Edge	WOL	rd.	ly Co Drive		City Appleton			State Zip		1913	
Business Telephon	e Number	0										
SECTION 2 - AF	PLICANT	INFORM	1ATIO	N								
Name Agyi	d. Go	alse	^	5 %	<u></u>							
Home Street Address	address AVENUE						City State Highland Park IL				ip 2035	
Date of Birth	_			Male	Female	Tel	enhone Number		,			
SECTION 3 – CO	RPORATI	ON INF	ORM <i>A</i>	TION - Li	st names,	add	resses and dates	of birtl	h of all c	fficers.		
President	Last		1	First			Initial	Date of		Male	Female	
Address 930 Pleasant Avenue City Highland Park IL Zip. 0035									35			
Vice President	Last			First	N	liddle	e Initial	Date of	f Birth	Male	Female	
Address						City	¥	State		Zip		
Secretary	Last			First		/liddl	e Initial	Date of	f Birth	Male	Female	
Address						City	y	St	ate	Zip		
Treasurer	Last	<del></del>		First	N	liddle	e Initial	Date of	f Birth	Male	Female	
Address						City State				Zip		
SECTION 4 – PE	NALTY NO	OTICE										
I certify that I am familiar with Section 9.386 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 sweat that the information provided in this application is true and correct to the best of my knowledge and belief.  Signature of Applicant:												
FOR OFFICE US	E ONLY											
Dept.	Approve	Deny	Ву			Rea	ison					
Police												
Fire						·						
City Sealer												
Inspection												
S&L	Council Date Issued Exp. Date License Number											



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

# APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE Date Recv'd 6/10/24

License Fee - Local \$200.00 Acct. CLSALV

License Fee – Out of City \$ 75.00 Acct. CLSALV Investigation Fee + 7.00 Acct. CLCPIF

Total Amount Paid 207 Receipt 6968-3

License period July 1 to June 30

\*Please allow 4 weeks for processing\*

SECTION 1 – BUSINESS INFORMATION – Answer all questions completely. Please PRINT clearly										
Business Name										
/\	lach	<u> </u>	lotars	LIC				· · · · · · · · · · · · · · · · · · ·		
Business Street Add	lress LOO	E Ha	ncock	St	City	Annleton	Sta	ite	Zip Su	1911
Business Telephone	Number							291		
920.202.2201 SECTION 2 – APPLICANT INFORMATION										
Name 1/	PLICANTI	INFORIVIA	HUN				niche (Meil 4)	BREARING.		
Kara	Tull	hera								
Home Street Addres	ss ad 1	= Chlant	brook	سلام	City	Analetaa		State	Zi	4915
Date of Birth	10 0	- OT MEN	Male	Female	Tele	ephone Number				1112
		4.5. <del></del>		<u> </u>				0.900		
	RPORATION	ON INFOR	MATION – L			resses and dates			fficers.	
President 1	Last	(A)	Charle		/liddle	Initial	Date of	Rirth	Male	Female
Address Q C		)		- J	City	7A 1	Sta	ate	Zip	air
Vice President	Last	(brook	. C+ . Eirst	λ	/ Middle	HOYOLETAN	Date of	Birth	Male	Female
Tu	1 Thera		Kara		L	-	L		Iviaic	X
Address 0 x	Echa	rbrook	~ CL		City	Appleton	Sta	ate (N)	Zip 🕿	915
Secretary	Last	DIOCE	First	]	<u>l</u> Middle	e Initial	Date of		Male	Female
	<del>,</del>				T					
Address					City	y	Sta	ate	Zip	
Treasurer	Last		First	N	Middle	: Initial	Date of	Birth	Male	Female
Address					City	у	Sta	ate	Zip	<u> </u>
	wi wini						in neededii	acherosani		
SECTION 4 – PEI	NALTY NO	TICE								
Legify that I am fa	miliar with	Section 9 38	6 of the Munic	rinal Code of	the Ci	ity of Appleton and a	oree that	any licen	se oranted	under
this application may							Broo mar	uity meem	se gramea	undo
11	•		•			is true and correct to	the best	of my kn	owledge a	ind belief.
	1	1.1	111116							
Signature of Appl	icant:	1.1	MAB	<del></del>			-			
FOR OFFICE USE	ONLY									
Dept.	Approve	Deny By	1		Rea	ison	18 s., 11 ja se - 18 e 11 s			
Police								***************************************		
Fire										
City Sealer										
Inspection										
S&L	Council Date Issued Exp. Date License Number									



## 2024 Events

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

FEES ARE NON-REFU	Date Rec'd//	
License Fee - \$10.00 per ev	/ent	Acct Code: CLCSPB
Investigation Fee	+ 7.00	Acct Code: CLCPIF
Total Amount Paid		Receint

#### Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

	The named org		<del>.</del>									
"Zeven"					i at picnics or similar gathering i ering under s. 125.51(10) Wis. S			noriod\				
25000					er all questions comple			~				
		tion (Bona f	ide club, lodge		organization or fair associati							
	Address 222,	E.F	7	- st.	City let on	State	Zip S	1915				
	Person in Cha	_	rent:	Name: Er,	ast First Day		Date of	ب.				
	Address 6060 Dahlia Dr Appleton WF 5-415 Person in charge phone number:											
	President	Last		First	Middle Initial	Date of Birth	Male	Female				
	Address				City	State	Zip					
	Vice President	Last	1	First	Middle Initial	Date of Birth	Male	Female				
	Address		Λ		City	State	Zip					
	Secretary	Last	11 V	First	Middle Initial	Date of Birth	Male	Female				
	Address				City	State	Zip					
	Treasurer	Last		First	Middle Initial	Date of Birth	Male	Female				
	Address				City	State	Zip					
	SECTION 2 – EVENT INFORMATION SECTION 8-18-8-18											
W	Date(s) of Event: Beginning 8 / 17 / 24 Ending: 8 / 18 / 24 Hours 1/42 10 PAM PM 1042 3 PM AM PM											
Beer	Please describe the type of event you are going to have:											
-	Do you plan to serve food at this event? No If yes, contact the Appleton Health Department. (920.832.6429)											
	Location where beer or wine will be sold or served: Church Parking Lot in Bear/food tents											
	Address 22 E	Fren	· • • • • • • • • • • • • • • • • • • •	St.	Appleton	State 1.	Zip 5	4915				
2	Are you requesting	•	-		Will minors be present?		No					
	Describe actual location and dimensions of area to be licensed—  Be precise! Parking Let and tents,  Be precise! Parking Let and tents,  beverages? We will ID everywhe											
	SECTION 3 - PI			•								
	1		•	` '	siness days prior to granting the licen	se.						
					ior to the granting of the license. gulations (state, federal or local) affec	ting the sale of fermented ma	alt beverages	if the				
				501	re under penalties of law that the info	rmation provided in this app	lication is tru	ie and				
	Signature of Officer  Signature of Officer											
	FOR OFFICE US	F ONLY										
	Dept.	Approve	Deny By		Reason							
	Police											
	Fire											
	Health											
	Inspection S&L	Council		Date Issued	Exp. Date	License Number	er					
	S&L	Council		Date Issued	Exp. Date	License Number	er					