

# **City of Appleton**

# **Meeting Agenda - Final**

# Safety and Licensing Committee

Wednesday, August 14, 2024		, 2024	5:30 PM	Council Chambers, 6th Floor	
1.	Call meetir	ng to order			
2.	Pledge of <i>I</i>	Allegiance			
3.	Roll call of	membership			
4.	Approval o	f minutes from pre	evious meeting		
	<u>24-0995</u>	Safety & Licensi	ng Committee Minutes from	7/24/24	

Attachments: S&L Minutes 7.24.24.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 Inspections S&L Memo- Corner Pub 7-9-2024.pdf 7-10-24 - Corner Pub- Report of S&L to Common Council.pdf Council Follow-up Memo CornerPub 7-15-24.pdf 7-24-24 Corner Pub Report of S&L to Council.pdf Legislative History 6/26/24 held Safety and Licensing Committee

Kim Williams addressed the committee

	7/10/24	Safety and Licensing Committee <i>Motion failed 2/3</i>	recommended for approval	
	7/10/24		recommended for approval sion (commencing July 10th) for the licensee to to reopen the business and for the alcohol license to ned.	
	7/10/24	Safety and Licensing Committee Approve the non-renewal of of the attached report. Motion carried 3/2.	recommended for approval of the alcohol license in accordance with the findings	
	7/17/24	Common Council	referred to the Safety and Licensing Committee	
	7/24/24	Safety and Licensing Committee	recommended for approval non-renewal of the license. Motion Failed 2/3	
	7/24/24	Safety and Licensing Committee	recommended for approval	
	7/24/24	Safety and Licensing Committee Further extend abandonment	amended to August 31st. Motion Failed 2/3	
	8/7/24	Common Council	referred to the Safety and Licensing Committee	
<u>24-0863</u>	to State S	Statute §19.85(1)(a) for the	ee may go into closed session pursuant e purpose of deliberating the and then may reconvene into open	
<u>24-1006</u>	Class "B" Beer and Reserve "Class B" Liquor License application for Gonzalez Mexican Grill LLC d/b/a Gonzalez Mexican Grill, Carolina Gonzalez Ramirez, Agent, located at 2190 S. Memorial Dr, contingent upon approval from the Finance, Inspections, and Public Works departments. <u>Attachments:</u> <u>Gonzalez Mexican Grill LLC Class B Reserve Combo Redacted.pdf</u>			
<u>24-1004</u>	Restaura located a Inspection	nts LLC d/b/a Mr. Frogs or t 409 W. College Ave, con ns, and Public Works depa	" Liquor License application for Rivera n the Ave, Vanessa Alvarado, Agent, tingent upon approval from the Health, artments. Reserve Class B Combo Redacted.pdf	

24-1009

Class "B" Beer License application for Lilac Enterprise LLC d/b/a May's

	Kitchen, May Vang, Agent, located at 1804 S. Lawe St. Ste 204. <u>Attachments:</u> <u>May's Kitchen Redacted.pdf</u>
<u>24-0987</u>	Class "A" Beer and "Class A" Liquor License application for Dolgencorp LLC d/b/a Dollar General #6535, John Greene, Agent, located at 1320 W. Wisconsin Ave. <u>Attachments:</u> Dollar General 6535 Redacted.pdf
<u>24-0989</u>	Class "A" Beer and "Class A" Liquor License application for Dolgencorp LLC d/b/a Dollar General #21851, John Greene, Agent, located at 1010 W. College Ave. <u>Attachments:</u> <u>Dollar General 21851 Redacted.pdf</u>
<u>24-0986</u>	Class "B" Beer and Reserve "Class B" Liquor License Permanent Premises Amendment application for Rye Inc d/b/a Rye Restaurant, Nicolas Morse, Agent, located at 308 W. College Ave, contingent upon approval from all departments. <u>Attachments:</u> Rye Restaurant Premise Amend. 2024.pdf
<u>24-0992</u>	Class "B" Beer and Reserve "Class B" Liquor License Temporary Premises Amendment application for The Trout Museum of Art Inc d/b/a Trout Museum of Art, Christina Turner, Agent, located at 111 W. College Ave on Sept. 5, 2024 from 6 p.m. to 10 p.m. for Party for museum, contingent upon approval from the Health, Inspections, and Public Works Departments. <u>Attachments:</u> Trout Museum Premise Amend. 9.5.24.pdf
<u>24-0993</u>	Class "B" Beer and Reserve "Class B" Liquor License Temporary Premises Amendment application for Fox Cities Performing Arts Center Inc d/b/a Fox Cities Performing Arts Center, Maria Van Laanen, Agent, located at 400 W. College Ave, on August 21, 2024 from 3 p.m. to 9 p.m. for outdoor cookout Event, contingent upon approval from all departments. <u>Attachments:</u> Fox Cities PAC Temp Premise Amend 8.21.24.pdf
<u>24-0994</u>	Class "B" Beer and Reserve "Class B" Liquor License Temporary Premises Amendment application for Fox Cities Performing Arts Center Inc d/b/a Fox Cities Performing Arts Center, Maria Van Laanen, Agent, located at 400 W. College Ave, on October 4, 2024 from 4 p.m. to 1- p.m. for fundraiser Event, contingent upon approval from all departments. <u>Attachments:</u> Fox Cities PAC Temp Premise Amend 10.4.24.pdf

<u>24-0988</u>	Cigarette, Tobacco, and Electronic Vaping Device License application for
	Dolgencorp LLC d/b/a Dollar General #6535, John Greene, Agent, located
	at 1320 W. Wisconsin Ave.

Attachments: Dollar General 6535 Tob Redacted.pdf

24-0990Cigarette, Tobacco, and Electronic Vaping Device License application for<br/>Dolgencorp LLC d/b/a Dollar General #21851, John Greene, Agent,<br/>located at 1010 W. College Ave.

Attachments: Dollar General 21851 Tob Redacted.pdf

24-1010 Cigarette, Tobacco, and Electronic Vaping Device License application for Jaliyan Gas LLC d/b/a Wisconsin Avenue Pantry, Nilesh Patel, Agent, located at 111 W. Wisconsin Ave.

Attachments: Wisconsin Ave Pantry CTV Redacted.pdf

24-1011Cigarette, Tobacco, and Electronic Vaping Device License application for<br/>Swami LLC d/b/a Northland Amoco, Kanu Patel, Agent, located at 800 E.<br/>Northland Ave.

Attachments: Northland Amoco Tobacco Redacted.pdf

 <u>24-1012</u> Cigarette, Tobacoo, and Electronic Vaping Device License application for Sai Krupa LLC d/b/a Richmond Citgo, Nilesh Patel, Agent, located at 1601 N. Richmond St.

Attachments: Richmond Citgo Tobacco Redacted.pdf

24-1005Temporary Class "B" Beer License application for St Joseph Parish,<br/>Michael Pusnik, Person in Charge, located at 404 W. Lawrence St, on<br/>August 18, 2024 from 10 a.m. to 5 p.m. for Flights & Bites event,<br/>contingent upon approval from the Health and Fire departments.Attachments:Temp B St Joseph Parish 8.18.24.pdf

#### 7. Information Items

# 24-0991 Special Events

-Appleton Police Department, National Night Out, Various Locations Around Appleton, August 6th 2024

-Miller Electric Family Picnic, Pierce Park, August 10th 2024 -Apple Tree Connections, Step for Sidney 5k, Approved Route, August

17th 2024

-Parish Fest, Sacred Heart Parish, August 17th and August 18th 2024 -Appleton Police Department, Mural Celebration - Back to School, Elm Street, August 29th 2024

-Appleton Parks and Recreation, A Day in the Park, Pierce Park, September 10th 2024

#### 24-0996 Director's Report

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

## 8. Adjournment

Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.

Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.



# **City of Appleton**

# Meeting Minutes - Final Safety and Licensing Committee

Wednesday, July 24, 2024			5:30 PM	Council Chambers, 6th Floor	
1.	Call meeting to c	order			
		The meeting w	vas called to order at 5:30 p.m. by Chairp	erson Croatt.	
2.	Pledge of Allegia	ance			
3.	Roll call of mem	bership			
		Alderperson So	chultz arrived at 5:31 p.m.		
	P	resent: 5 - Cro	oatt, Siebers, Doran, Fenton and Schultz	2	
4.	Approval of minu	utes from prev	vious meeting		
	<u>24-0937</u>	Safety & Lice	ensing Committee Minutes from 7	/10/24	
		<u>Attachments:</u>	S&L Minutes 7.10.24.pdf		
			d, seconded by Siebers, that the Minute d by the following vote:	es be approved. Roll Call.	
		<b>Aye:</b> 4 - Cr	roatt, Siebers, Doran and Fenton		
	Δ	Absent: 1 - So	chultz		
5.	Public Hearing/	Appearances	S		

6. Action Items

24-0834Non-Renewal of the Class "B" Fermented Malt Beverage & "Class B"Liquor License for Corner Pub, 1123 N Mason Street. Kim Williams,<br/>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

 Inspections S&L Memo- Corner Pub 7-9-2024.pdf

 7-10-24 - Corner Pub- Report of S&L to Common Council.pdf

 Council Follow-up Memo CornerPub 7-15-24.pdf

 7-24-24 Corner Pub Report of S&L to Council.pdf

Doran moved, seconded by Croatt, that the Non-renewal of the license be recommended for approval. Roll Call. Motion failed by the following vote:

Aye: 2 - Croatt and Doran

Nay: 3 - Siebers, Fenton and Schultz

Schultz moved, seconded by Fenton, to recommend approval of an extension of the abandonment period to August 15th 2024. Roll Call. Motion carried by the following vote:

- Aye: 3 Siebers, Fenton and Schultz
- Nay: 2 Croatt and Doran

Fenton moved, seconded by Schultz, that the alcohol license item be amended to extend the abandonment period to August 31st. Roll Call. Motion failed by the following vote:

- Aye: 2 Fenton and Schultz
- Nay: 3 Croatt, Siebers and Doran
- 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.

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

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

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

24-0919Class "B" Beer & Reserve "Class B" Liquor License application for<br/>ODH Appleton, Inc d/b/a Cambria Hotel Appleton, Troy Graverson,<br/>Agent, located at 3940 N. Gateway Dr, contingent upon approval from<br/>the Health, Inspections, and Public Works departments.

Attachments: ODH Appleton.Cambria App Redacted.pdf

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

24-0920Class "B" Beer & "Class B" Liquor License application for Ka Lee and<br/>Peng Xiong d/b/a Shadows Food and Spirits, located at 211 S. Walter<br/>Ave, contingent upon approval from the Inspections and Public Works<br/>departments.

Attachments: Shadows Food & Spirits App Redacted.pdf

This Report Action Item was recommended for approval

24-0921 Pet Store renewal application for Lucky Fish & Aquarium LLC, Keeteekune Thao, Applicant, located at 337 W. Wisconsin Ave, contingent upon approval from all departments.

Attachments: Lucky Fish & Aquarium 2024 Renewal Redacted.pdf

This Report Action Item was recommended for approval

24-0951 Cigarette, Tobacco, and Electronic Vaping Device License renewal application for Patrick Flanagan d/b/a Flanagan's Stop & Shop, Patrick Flanagan, Agent, located at 522 W. College Ave.

Attachments: Flanagan's Tobacco Redacted.pdf

This Report Action Item was recommended for approval

24-0823 Temporary Class "B" Beer and "Class B" Wine license application for Irish Fest of the Fox Cities, Mark Hudson, Person in Charge, located at Jones Park, 301 W. LAwrence St, for Irish Fest on September 13 and 14, 2024, contingent upon approval from the Fire and Health departments.

Attachments: Temp B Irishfest 2024 Redacted.pdf

This Report Action Item was recommended for approval

### 7. Information Items

<u>24-0944</u>	2024 Legal & Admin. Services-CITY CLERK Mid-Year Report		
	<u>Attachments:</u>	2024 Legal-Admin CITY CLERK Mid Year Report (FINAL).pdf	
<u>24-0943</u>	2024 Fire Dep	artment Mid-Year Report	
	<u>Attachments:</u>	2024 Appleton Fire Department Mid-Year Report - 06-30-24.pdf	
<u>24-0936</u>	2024 Police D	epartment Mid-Year Report	
	<u>Attachments:</u>	2024 APD Mid-Year report.pdf	
<u>24-0881</u>	Police Departr - Appleton Dov Avenue, July - Appleton Fox and Swap Mer - Appleton Par Parade, Colleg - Trout Museu 2024 - Mile of Music and Houdini P - Appleton Par	ice Department, Mural Painting at APD, Elm St and nent, July 15th - July 19th 2024 wntown Inc, Light the Night Market - Summer, College	

### <u>24-0938</u>

- Director's Report 1. City Clerk -Partisan Primary Election Reminders 2. Fire Chief -Hiring Update
- I III II y Opuale
- 3. Police Chief

# 8. Adjournment

# Fenton moved, seconded by Schultz, that the meeting be adjourned at 6:32 p.m. Roll Call. Motion carried by the following vote:

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





CITY ATTORNEY'S OFFICE 100 North Appleton Street Appleton, WI 54911 p: 920.832.6423 f: 920.832.5962 www.appleton.org

afety and Licensing Committee, Common Council
CA Zak Buruin
/21/24
orner 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 <u>kami.lynch@appletonwi.gov</u> 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,

would

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,

Kanisynd

Kami Lynch City Clerk

#### 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 (Fahr	enheit)
walkin beer cooler	walkin beer cooler					
pizza freezer						
Warewashing Info						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitize	r 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

Kin Willin

**Rick Williams** 

Sanitarian

MA

**Michelle Roberts** (920) 832-6429

#### 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 (Fahr	enheit)	
walkin beer cooler							
pizza freezer							
Warewashing Info							
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitize	er 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:

.

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

Uismo KIm Williams

Sanitarian

Mun N

Michelle Roberts (920) 832-6429

					R CLERKS ONLY
Form	R	enewal Alcohol Beverage	License	Municipality Ca	ity of Appleton
AT-115		Application		License Period	1 2024 - 2025
License(s) Reques	ted				
Class "A" Beer .	\$	"Class A" Liquor \$	License	Fees	\$ 500
Class "B" Beer .	\$	✓ "Class B" Liquor \$	Publicat	tion Fee	\$ 20
Class C" Wine .	\$	"Class A" Liquor (Cider Only)      \$	Backgro	ound Check	\$ J
Reserve "Class E	3" Liquor \$	"Class B" (Wine Only) Winery \$	Total Fe	es	\$527
Part A: Premise	s/Business Inform	nation			
1. Legal Business Na	me (registered entity na	ame or individual's name if sole proprietorship	)		
2. Trade Name or DE					
3. Premises Address	PUb			1	
1123 n.	Mason S	t. Applaton WI	54911	1	
4. County OUTAQA		5. Municipality		manic District	
7. Mailing Address (if	different from premises	s address)			
8. FEIN	Harding	9. Wisconsin Seller's Permit	<u>)115</u> Number		
456-0007	312585-0	53 456-00C	29319	<u>585-</u>	03
10. Premises Phone $920-450$	- 8451	11. Premises Email			
12. Entity Type (chec	k one)				
Sole Proprie		hip Limited Liability Company ach a floor plan if possible. If you do not			Nonprofit Organization
	North Masi	by your municipality, which may be found must be approved by the municipal gover ON Street - 110 K 2 Bacesement Starage	30 54 f	7. 70	vern-
40×40	SGFT &	3cesement storagt	U U		
	U				
Part B: Question		tners, officers, directors, or managing me	embers since vo	ır most rece	nt
application was	submitted?			•••••	
If yes to question 1 NEW members.	, please list the name	es, titles, and phone numbers of any cha	inged persons, a	nd attach Fo	orm AT-103 for all
First Name		Last Name			
Phone		Title			
- First Name		L set Nome		L	Add Remove
First Name		Last Name			
Phone		Title			Add Remove
First Name	<b></b>	Last Name			 
Dhono		Tilla		1	
Phone		Title			Add 🗌 Remove

Wisconsin Department of Revenue

Part B: Questions Cont.		
<ol> <li>Has any partner, officer, director, manag Form AT-103 including updated contact i etc? If yes, attach a new Form AT-103 re</li> </ol>	nformation, changes in address, crimi	nal history, interest restrictions,
<ol> <li>Does the licensee or any of its officers, d in any other alcohol beverage wholesaler explain using the space below. Attach ac</li> </ol>	or producer (e.g., brewer, brewpub, w	inery, distillery)? If yes, please
4. Have the partners, agent, or sole proprie	etor, satisfied the responsible beverage	e server training requirement
for this license period?		
<ol> <li>Is the person or business identified in Par (e.g., reporter of profit/loss from the sale permit for the business location, payer of</li> </ol>	of alcohol beverages on their income t	
6. Is the business indebted to any wholesa	ler beyond 15 days for beer or 30 day	rs for liquor? No
7. Does the applicant owe municipal prope	rty taxes, assessments, or other fees	? Yes 🖵 No
Part C: For Corporate/LLC Applicant 1. Has your designated agent changed sinc and attach Form AT-103 for that person a 2. Agent Last Name	e your most recent application? If yes	s, list the new agent name below Yes ∠ No Agent Phone Number
Part D: Attestation		
Who must sign this application?		
sole proprietor     one general partne	r of a partnership • one corporat	e officer • one managing member of an LLC
fully. I agree that I am acting solely on bel the license. Further, I agree that the rights a individual or entity. I agree to operate this I from state authorized wholesalers. I under deemed a refusal to allow inspection. Such any license issued contrary to Wis. Stat. C	half of the applicant business and not and responsibilities conferred by the lic business according to the law, includin stand that lack of access to any portic h refusal is a misdemeanor and groun Chapter 125 shall be void under pena s and affidavits in connection with this	each of the above questions completely and truth- on behalf of any other individual or entity seeking ense(s), if granted, will not be assigned to another g but not limited to, purchasing alcohol beverages on of a licensed premises during inspection will be ds for revocation of this license. I understand that ity of state law. I further understand that I may be application, and that any person who knowingly it not more than \$1,000 if convicted.
Signature	Da	ite 3-11-24
Name/(Last, First, M.I.)		
Title	Email	Phone
OWNER	920-450-8452	
······································		
Part E: For Clerk Use Only		
Date application was filed with clerk $3/11/2024$	Date reported to governing body	Date provisional license issued (if applicable)

Date license granted

Date license issued

License number

## **Nathan Williams**

From: Sent: To: Subject: Attachments:

2.3

Crystal Williams <crystal.k.denton@gmail.com> Tuesday, June 4, 2024 3:02 PM Nathan Williams Fwd: Corner Pub 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** <<u>Michelle.Roberts@appleton.org</u>> Date: Mon, Jun 3, 2024, 10:29 Subject: Corner Pub To: <u>crystal.k.denton@gmail.com</u> <<u>crystal.k.denton@gmail.com</u>>

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.

Å

-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,

 Image: Second system
 Timothy Meyer

 Electrical Inspector
 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 Address: 1123 N MASON ST

**Business Phone:** 

Date Completed: 05/30/2024 IFC Classification: A2 - Assembly

Occupant Suite:

City: APPLETON

Postal Code: 54914

#### **Contact Information**

First Name Kim Last Name Williams

State: W

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	

12:35:33 315.3.3

**Inspected by:** DETERT, JEREMIAH 5.3.3 Violation 06/26/202

4

Noted -

Schedule

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.



# **MEMORANDUM**

Date:	7/10/24
То:	Safety and Licensing Committee
From:	Kurt W. Craanen, Inspection Supervisor
Subject:	1123 N. Mason St, - Corner Pub

On May 30, 2024, an inspection was conducted at the owner's request at the Corner Pub, 1123 N. Mason St. This type of scheduled inspection, involving staff from the Health, Community Dev. and Fire Department staff, is common.

The condition of the property on May 30,2024, was such that it was not a habitable building. Inspections staff noted multiple life safety violations. The owner was instructed to hire licensed contractors to correct the code violations.

On June 6, 2024, an electrical permit was issued to Alan's Electric to correct electrical violations.

An inspection was scheduled for July 8, 2024. Staff from Community Dev., Health and Fire conducted inspections. Staff found multiple violations still existing at the property. These violations include:

- The ceiling has openings and gaps in several places that need to be properly sealed with gypsum board and fire caulk.
- Areas of walls and at door opening, have exposed wood studs.
- HVAC vent openings at wall lack grilles.
- Partitions in men's restroom lack support.
- No grab bars at toilets in restrooms.
- The gas furnace must be enclosed with a 2-hour rated ceiling and surrounding walls.
- Door to furnace room must be 1 ½ hour rated with a closer.

Based on the condition of the property and the multiple violations that still exist, staff does not support the renewal of the liquor license.

c: Zak Buruin

# IN THE CITY OF APPLETON, OUTAGAMIE COUNTY, STATE OF WISCONSIN, BEFORE THE SAFETY AND LICENSING COMMITTEE

#### IN RE THE ALCOHOL LICENSE OF KIM WILLIAMS

d/b/a Corner Pub 1123 North Mason Street Appleton, WI 54914

# **REPORT OF THE SAFETY AND LICENSING COMMITTEE TO THE COMMON COUNCIL OF THE CITY OF APPLETON**

The above matter came before the Safety and Licensing Committee of the Common Council of the City of Appleton on June 26, 2024, as a hearing on the refusal to renew the alcohol beverage license of Kim Williams. That hearing was continued on July 10, 2024.

A copy of this report shall be given to the licensee. If the licensee files an objection to this report with the City Clerk prior to the matter being decided by the Common Council, they will have an opportunity to present arguments supporting the objection to the Common Council, who shall determine whether the arguments shall be presented orally or in writing or both.

#### **FINDINGS OF FACT**

- Kim Williams ("Licensee"), doing business as Corner Pub, has a premises licensed by the City of Appleton for retail alcohol beverage sales located at 1123 North Mason Street in the city of Appleton, Wisconsin.
- Licensee was granted a Combination Retail License for Class "B" Fermented Malt Beverages and "Class B" Intoxicating Liquors for the 2023-24 alcohol licensing year.
- 3. On May 30, 2023, Appleton Health Department inspected the Corner Pub and found several significant areas in need of repairs that required multiple other city departments to

inspect and approve before the premises could be open to the public for the sale of alcohol beverages.

- 4. On July 28, 2023, Licensee was sent a letter from the City of Appleton Clerk regarding the potential of non-renewal based on failure to use the alcohol license for the purpose in which it was granted for a period of one (1) year from May 30, 2023, if the business is not open to the public.
- On March 11, 2024, Licensee applied to renew the aforementioned Combination Retail License for the 2024-25 alcohol licensing year.
- 6. On May 30, 2024, Appleton Health Department inspected the Corner Pub and reported that the business appeared to not be open to the public and noted that Fire and Inspections Departments have not approved the business to reopen.
- On or about May 31, 2024, notice of intention to refuse to renew the alcohol license ("Notice") for Corner Pub was sent to Licensee.
- 8. The Notice provided Licensee that the reason for non-renewal is that "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."
- 9. The Notice provided Licensee an opportunity for a hearing on the non-renewal of their alcohol license on June 26, 2024, at 5:30 p.m.
- 10. The Hearing occurred on June 26, 2024 and was continued on July 10, 2024
- 11. For the one (1) year period of time between May 30, 2023, and May 30, 2024, the licensed premises known as the Corner Pub was closed to the public.
- 12. As of July 10, 2024, the licensed premises known as the Corner Pub continued to be closed to the public.
- 13. While the Corner Pub was closed to the public, no retail sales of alcohol beverages occurred.

#### **CONCLUSIONS OF LAW**

- The Safety and Licensing Committee of the Common Council of the City of Appleton has proper jurisdiction to conduct hearing for refusal to renew alcohol beverage licenses based on noncompliance with Section 9-52(9) of the Municipal Code of the City of Appleton and Wis. Stat. §125.12.
- A violation of Section 9-52(9) of the Municipal Code of the City of Appleton is a municipal regulation adopted under Wis. Stat. §125.10 and is therefore a basis for refusing to renew an alcohol beverage license under Wis. Stat. §125.12.
- 3. The Safety and Licensing Committee concludes that the Licensee was not using its license to sell alcohol for the purpose of selling alcohol when it was closed to the public.
- 4. The Safety and Licensing Committee concludes that the Licensee d/b/a Corner Pub has ABANDONED their Combination Retail License in violation of Section 9-52(9) of the Municipal Code of the City of Appleton.

#### RECOMMENDATION

Based on the above Findings of Fact and Conclusions of Law, the Safety and Licensing Committee recommends that the Common Council of the City of Appleton **REFUSE TO RENEW** the Combination Retail License for Class "B" Fermented Malt Beverages and "Class B" Intoxicating Liquors issued to Kim Williams for the establishment known as the Corner Pub.

is 10th day of July 2024 Dated

Alderperson Chris Croatt Chairperson, Safety and Licensing Committee





CITY ATTORNEY'S OFFICE 100 North Appleton Street Appleton, WI 54911 p: 920.832.6423 f: 920.832.5962 www.appleton.org

TO: Appleton Common Council

From: ACA Zak Buruin

Date: July 15, 2024

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

In response to questions and concerns raised by members of the Safety and Licensing Committee regarding the renewal of the above noted alcohol beverage license, I have compiled the following information relevant to the inspection process in this case.

For background purposes, prior to the May 30, 2023 health inspection of the licensed premises, significant damage was done to the premises as a result of a water pipe breaking in the unit above the licensed premises. As a result, significant repairs were required before the premises could reopen for business. A specific list of code violations and necessary repairs were not provided because no inspections were requested or therefore carried out beyond that conducted by the Health Department. As noted in the Health Department's inspection report, the "Bar needs to be essentially put back together and have all departments sign off prior to reopening."

The Health Department inspection report was provided to the applicant following the inspection in 2023. While typically provided via email, this report was mailed to the licensee's address because no email address was provided. This included the notification of the various departments that would need to approve of the premises before it could be permitted to reopen.

The damage to the premises was such that ceiling rafters and wall studs were exposed and the can lighting was hanging down (among other things). The work that needed to be completed required obtaining appropriate permits. It is the request for these permits that notifies the Inspections Department of the need for the kind of inspections that were necessary in this case. My understanding is that no permits for any of the necessary repairs were requested until June 6, 2024, after the May 30 deadline to reopen and avoid the license being considered abandoned.

Most of the repairs needed required the services of a licensed contractor. A licensed contractor, had one or more been employed earlier in the process, would have been in a position to seek required permits and inspections, and would be more familiar with inspections requirements. Again, no permits were sought until permit for the electrical work was obtained on June 6, 2024. This was over a year after being told of the numerous inspections that would need to be passed, and over 10 months since being warned of the May 30, 2024 deadline to reopen and avoid

license abandonment.

In summary, the applicant in this matter was provided with information needed to comply with the City's requirements and was given significant time to do so. It is only as the deadline for abandonment passed that recognizable progress began to be made on bringing the property into compliance with the City's code. It is expected that a representative of the City's Inspections Department will be available at the upcoming meeting of the Common Council to answer any questions that may remain.

The Common Council has the discretion to allow more time before considering the alcohol license in question to be considered abandoned if good cause is shown.

It does not appear that the delays in progress or in the providing of information to the applicant in this matter were the result of any action or inaction on the part of the involved departments. Assertions that the relevant departments failed to timely inspect or provide inspection results are not factually supported and should not be treated as a basis for a finding of good cause to extend the deadline for abandonment.

Should the Council find good cause based upon information supported by the record, it may exercise its discretion as it sees fit.

# IN THE CITY OF APPLETON, OUTAGAMIE COUNTY, STATE OF WISCONSIN, BEFORE THE SAFETY AND LICENSING COMMITTEE

#### IN RE THE ALCOHOL LICENSE OF KIM WILLIAMS

d/b/a Corner Pub 1123 North Mason Street Appleton, WI 54914

# REPORT OF THE SAFETY AND LICENSING COMMITTEE TO THE COMMON COUNCIL OF THE CITY OF APPLETON <u>AS AMENDED ON JULY 24, 2024</u>

The above matter came before the Safety and Licensing Committee of the Common Council of the City of Appleton on June 26, 2024, as a hearing on the refusal to renew the alcohol beverage license of Kim Williams. That hearing was continued on July 10, 2024. <u>This</u> <u>matter was referred back by the Common Council on July 17, 2024, and was taken up again at</u> <u>the July 24, 2024 Safety and Licensing Committee. (Amendments to original report are italicized</u> and underlined or struck through)

A copy of this report shall be given to the licensee. If the licensee files an objection to this report with the City Clerk prior to the matter being decided by the Common Council, they will have an opportunity to present arguments supporting the objection to the Common Council, who shall determine whether the arguments shall be presented orally or in writing or both.

#### **FINDINGS OF FACT**

 Kim Williams ("Licensee"), doing business as Corner Pub, has a premises licensed by the City of Appleton for retail alcohol beverage sales located at 1123 North Mason Street in the city of Appleton, Wisconsin.

- Licensee was granted a Combination Retail License for Class "B" Fermented Malt Beverages and "Class B" Intoxicating Liquors for the 2023-24 alcohol licensing year.
- On May 30, 2023, Appleton Health Department inspected the Corner Pub and found several significant areas in need of repairs that required multiple other city departments to inspect and approve before the premises could be open to the public for the sale of alcohol beverages.
- 4. On July 28, 2023, Licensee was sent a letter from the City of Appleton Clerk regarding the potential of non-renewal based on failure to use the alcohol license for the purpose in which it was granted for a period of one (1) year from May 30, 2023, if the business is not open to the public.
- On March 11, 2024, Licensee applied to renew the aforementioned Combination Retail License for the 2024-25 alcohol licensing year.
- 6. On May 30, 2024, Appleton Health Department inspected the Corner Pub and reported that the business appeared to not be open to the public and noted that Fire and Inspections Departments have not approved the business to reopen.
- On or about May 31, 2024, notice of intention to refuse to renew the alcohol license ("Notice") for Corner Pub was sent to Licensee.
- 8. The Notice provided Licensee that the reason for non-renewal is that "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."
- 9. The Notice provided Licensee an opportunity for a hearing on the non-renewal of their alcohol license on June 26, 2024, at 5:30 p.m.
- 10. The Hearing occurred on June 26, 2024 and was continued on July 10, 2024
- 11. For the one (1) year period of time between May 30, 2023, and May 30, 2024, the licensed premises known as the Corner Pub was closed to the public.

- 12. As of July 10, 2024, the licensed premises known as the Corner Pub continued to be closed to the public.
- 13. While the Corner Pub was closed to the public, no retail sales of alcohol beverages occurred.
- 14. Due to the catastrophic circumstances that the owner and family endured after the catastrophic circumstances that destroyed the licensed establishment, the Safety and Licensing Committee finds good cause to extend the period of time before their alcohol license will be deemed "abandoned" under Section 9-52(9) of the Municipal Code of the City of Appleton. The license will not be "abandoned" under that section if the licensee is actually open for the retail sale of alcohol beverages on or before August 15, 2024.

#### **CONCLUSIONS OF LAW**

- The Safety and Licensing Committee of the Common Council of the City of Appleton has proper jurisdiction to conduct hearing for refusal to renew alcohol beverage licenses based on noncompliance with Section 9-52(9) of the Municipal Code of the City of Appleton and Wis. Stat. §125.12.
- A violation of Section 9-52(9) of the Municipal Code of the City of Appleton is a municipal regulation adopted under Wis. Stat. §125.10 and is therefore a basis for refusing to renew an alcohol beverage license under Wis. Stat. §125.12.
- 3. The Safety and Licensing Committee concludes that the Licensee was not using its license to sell alcohol for the purpose of selling alcohol when it was closed to the public.
- 4. <u>The Safety and Licensing Committee concludes that the Licensee has until August 15,</u> 2024, to be using their retail alcohol license for the purpose of selling alcohol beverages before the license will be considered "abandoned" under Section 9-52(9) of the <u>Municipal Code of the City of Appleton.</u>
- 5. The Safety and Licensing Committee concludes that the Licensee d/b/a Corner Pub has ABANDONED their Combination Retail License in violation of Section 9-52(9) of the Municipal Code of the City of Appleton.

#### RECOMMENDATION

Based on the above Findings of Fact and Conclusions of Law, the Safety and Licensing Committee recommends that the Common Council of the City of Appleton <u>EXTEND THE</u> <u>PERIOD BEFORE ABANDONEMENT CAN BE FOUND UNTIL AUGUST 15, 2024, for</u> **REFUSE TO RENEW** the Combination Retail License for Class "B" Fermented Malt Beverages and "Class B" Intoxicating Liquors issued to Kim Williams for the establishment known as the Corner Pub.

Dated this 24th day of July 2024 . Uwat

Alderperson/Chris Croatt Chairperson, Safety and Licensing Committee

Form AB-200	Alcoh	ol Beverage License Application		For Municipal Use Only Municipality License Period		
License(s) Requested: (	up to two boxes may b		Fees			
Class "A" Beer	\$ E Class "B" Beer \$_100		DLicense	Fees	\$ 10,600	
🗌 "Class A" Liquor	\$	"Class B" Liquor \$	Backgro	und Check Fee	\$ 7	
Class A" Liquor (cider o	only) \$ 🗹	Reserve "Class B" Liquor \$10,9	500 Publicat	ion Fee	\$ 60	
Glass C" Liquor (wine o	only) \$	Deposit 15	50 Total Fe	es	\$10,667	
Part A: Premises/Business Information          1. Legal Business Name (individual name if sole proprietorship)         Carolina       Jonzalez         2. Business Trade Name or DBA         Ganzalez       Mexican         3. FEIN         4. Wisconsin Seller's Permit Number         456 - 1631777483 - 04						
5. Entity Type (check one) Sole Proprietor 6. State of Organization Wisconsin 9. Premises Address	Partnership	$\begin{array}{c} \hline & \\ \hline \\ \hline$	Corporation 8. Wiscor	Nonpro	ofit Organization on Number	
10. City 13. County 0. Utasamit 16. Premises Phone	e	14. Governing Municipality: DCity of: Appleton 17. Premises Email			15 ic District	
920-963-1102 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. 1324 SQ - FT Restaurant, Bar, Patil, Kitchen, COO lers and storage in the Basement.						
$\frac{290}{21. \text{ City}}$						
Part B: Questions			WI	-1244	12	
<ul> <li>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.</li> </ul>						
Law/Ordinance Violated		Location		Trial Date		
Penalty Imposed		,	Was sentence co	mpleted?	Yes No	
Law/Ordinance Violated	<u>Privilit Innovember 2017</u>	Location		Trial Date	·	
Penalty Imposed Was s			Was sentence co	mpleted?	Yes No	

wisconsin Department of Reve

ź

2. Are charges for any offenses pending a beverages.	against the business? Exc	lude traffic off	fenses unless re	elated to alcohol 🔲 Ye	s 🔽 No		
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 its individuals or entities a restricted inve If yes, provide the name of the restrict</li> </ol>	stor with any interest in a	n alcohol bev	erage produce	rs, or other related • or distributor? 🔲 Ye	s No		
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business entity? ) of the business entity ov	vners below. A	Attach additiona	· · · · · · · · · · · · · · · · · · ·	s No		
4a. Name of Business Entity		4b. Business E	Entity FEIN				
<ol> <li>Have the partners, agent, or sole propr this license period? Submit proof of col</li> </ol>	ietor satisfied the respons	ible beverage	server training	requirement for	s 🗆 No		
6. Is the applicant business indebted to a	•						
7. Does the applicant business owe past	due municipal property ta:	xes, assessme	ents, or other fe	es? 🏼 Ye	s 🔽 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 comp	s, and agent of a corporation	or nonprofit org	ons in the applica ganization, all par	nt business or businesses lisi tners of a partnership, and all	ed in Part B, members,		
Include Form AB-100 for each person listed be	low. Corporations and LLCs	munt appaint a	n agent hy includi	ng Form AB 101			
	······	1					
Last Name	First Name	T1	tie	Phone			
	······	T1					
Last Name	First Name	T1	tie		-		
Last Name	First Name	T1	tie		-		
Last Name	First Name	T1	tie				
Last Name Gonzalez Ramirez Part D: Attestation	First Name Caroling	T1	tie		-		
Last Name Gonzalez Ramirez Part D: Attestation One of the following must sign and attest	First Name Caroling to this application:	Tit Z	tle Dwner	Phone	-		
Last Name Gonzalez Ramirez 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 bu 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 understand that I may be prosecuted for subm ingly provides materially false information on t	First Name Caroling Caroling to this application: I partner of a partnership ler penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol bever spection will be deemed a re ny license issued contrary to itting false statements and af his application may be requi	• ONE C • ONE C wered each of t any other indivi- assigned to ar ages from state fusal to allow in Wis. Stat. Cha fidavits in conne- red to forfeit no	tle <b>DUNC</b> orporate officer the above questi- idual or entity ser- nother individual e authorized who nspection. Such apter 125 shall be ection with this a	Phone     Phone     Phone     Phone     Phone     one member of ar     ons completely and truthfully.     eking the license. Further, I a     or entity. I agree to operate t     lesalers. I understand that la     refusal is a misdemeanor and     e void under penalty of state     oplication, and that any perso     00 if convicted.	I agree that gree that the his business ck of access grounds for law. I further n who know-		
Last Name Gunzalez Ramirez 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 bu rights and responsibilities conferred by the lica 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 subm	First Name Caroling Caroling to this application: I partner of a partnership ler penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol bever spection will be deemed a re ny license issued contrary to itting false statements and af his application may be requi	• one converse of the second s	tle <b>DUNC</b> orporate officer the above questi- idual or entity ser- nother individual e authorized who nspection. Such apter 125 shall be ection with this a	Phone     Phone     Phone     Phone     Phone     one member of ar     ons completely and truthfully.     eking the license. Further, I a     or entity. I agree to operate t     lesalers. I understand that la     refusal is a misdemeanor and     e void under penalty of state     oplication, and that any perso     00 if convicted.	I agree that gree that the his business ck of access I grounds for law. I further		
Last Name Gonzalez Ramirez 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 bu 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 understand that I may be prosecuted for subm ingly provides materially false information on t	First Name Caroling Caroling to this application: I partner of a partnership ler penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol bever spection will be deemed a re ny license issued contrary to itting false statements and af his application may be requi	• ONE C • ONE C wered each of t any other indivi- assigned to ar ages from state fusal to allow in Wis. Stat. Cha fidavits in conne- red to forfeit no	tle <b>DUNC</b> orporate officer the above questi- idual or entity ser- nother individual e authorized who nspection. Such apter 125 shall be ection with this a	Phone     Phone     Phone     Phone     Phone     one member of ar     ons completely and truthfully.     eking the license. Further, I a     or entity. I agree to operate t     lesalers. I understand that la     refusal is a misdemeanor and     e void under penalty of state     oplication, and that any perso     00 if convicted.	I agree that gree that the his business ck of access grounds for law. I further n who know-		
Last Name Gonzalez Ramirez 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 bur 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 and understand that I may be prosecuted for submingly provides materially false information on to Last Name Gonzalez Rame Title Sole burlet	First Name Caroling Caroling to this application: I partner of a partnership ler penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol bever py license issued contrary to itting false statements and af his application may be requi	• one converse of the second s	tle <b>DUNC</b> orporate officer the above questi- idual or entity ser- nother individual e authorized who nspection. Such rapter 125 shall be ection with this and t more than \$1,0	Phone     P	I agree that gree that the his business ck of access grounds for law. I further n who know-		
Last Name Gonzalez Ramirez 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 bur 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 and understand that I may be prosecuted for subm ingly provides materially false information on to Last Name Gonzalez Ramie Signature	First Name Caroling Caroling to this application: I partner of a partnership for penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol bever spection will be deemed a re ny license issued contrary to itting false statements and af his application may be requi	• one c • one c wered each of t any other indivi- e assigned to ar- rages from state- fusal to allow in Wis. Stat. Cha fidavits in conne- red to forfeit no lame- Loc Licc	orporate officer the above questi- idual or entity ser- nother individual e authorized who nspection. Such apter 125 shall be ection with this ap- t more than \$1,0	Phone     P	I agree that gree that the his business ck of access grounds for law. I further n who know-		
Last Name Gonzalez Ramirez 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 bur 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 and understand that I may be prosecuted for submingly provides materially false information on to Last Name Gonzalez Rame Title Sole burlet	First Name Caroling to this application: I partner of a partnership ler penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol bever py license issued contrary to itting false statements and af his application may be requi	• one c • one c wered each of t any other indivi- e assigned to ar- rages from state- fusal to allow in Wis. Stat. Cha fidavits in conne- red to forfeit no lame- Loc Licc	tle <b>DUNC</b> orporate officer the above questi- idual or entity ser- nother individual e authorized who nspection. Such rapter 125 shall be ection with this and t more than \$1,0	Phone     P	I agree that gree that the his business ck of access grounds for law. I further n who know-		
Last Name         Gonzalez       Ramirez         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 burghts 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 understand that I may be prosecuted for submingly provides materially false information on t Last Name         Gonzalez       Ramie         Gonzalez       Ramie         Part E: For Clerk Use Only       Date Application Was Filed With Clerk	First Name Caroling Caroling to this application: I partner of a partnership for penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol bever spection will be deemed a re ny license issued contrary to itting false statements and af his application may be requi	• one c • one c wered each of t any other indivi- e assigned to ar- rages from state- fusal to allow in Wis. Stat. Cha fidavits in conne- red to forfeit no lame- Loc Licc	orporate officer the above questi- idual or entity ser- nother individual e authorized who nspection. Such apter 125 shall be ection with this ap- t more than \$1,0	Phone     P	I agree that gree that the his business ck of access I grounds for law. I further n who know-		
Last Name Gonzalez Ramirez 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 bur 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 and understand that I may be prosecuted for submingly provides materially false information on to Last Name GONZALEZ Ramie Sole BUNEC Signature Carolly a Gonzal Part E: For Clerk Use Only	First Name Caroling to this application: I partner of a partnership er penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol bever ispection will be deemed a re ny license issued contrary to itting false statements and af his application may be requi	• one c • one c wered each of t any other indivi- e assigned to ar- rages from state- fusal to allow in Wis. Stat. Cha fidavits in conne- red to forfeit no lame- Loc Licc	tle During the above questing idual or entity seen nother individual e authorized who nspection. Such a apter 125 shall be ection with this apter t more than \$1,0 Date License	Phone     P	I agree that gree that the his business ck of access I grounds for law. I further n who know-		

# **City of Appleton** Alcohol License Questionnaire

1. Name of Applicant: Carolina Gonzalez Ramirez
2. Name of Business: Gonzalez Mexican Grill LLC
(Check Applicable Box(s) to identify primary business activity)
Restaurant
Tavern/Night Club/Wine Bar
Microbrewery/Brewpub
Painting/Craft Studio
Other (describe)
3. Address of Business: 2190 5 Memorial Dr Appleton WI 54915
4. Have you or any member of your organization ever been convicted of a misdemeanor or
ordinance violation? Yes No
AND/OR been convicted of a felony? Yes No
If yes to either question, please explain in detail below:
5. List all partners, shareholders or investors of your business. Include full name, middle

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

Carolina		Gonzalez Ramirez	
First name	M.I.	Last name	Date of Birth / /
First name	M.I.	Last name	Date of Birth / /
First name	M.I.	Last name	Date of Birth
First name	M.I.	Last name	Date of Birth

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

Santi Last name ezna Name: Middle Initial First name

City

State

ZIP

Address:

. ...

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

Name: El Sabor Mexicon Grill (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** *V* 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. 1

10. Seating capacity: Inside	18 o	outside 3	4
<b>11. Operating hours</b> (Inside the buil <b>Operating hours</b> (Outdoor seating <b>Determine the seater seat</b>	ding): <b>11AM +</b> 1g areas): <b>11 AM +</b>	0 10 pm	1
12. Employees/Staff Number of floor personnel	Number of	f door checkers	<u> </u>
13. In general, state the size and op	erational details of tl	he proposed es	tablishment:
<ul> <li>a. Gross <u>floor building area</u> of th</li> <li>b. Gross <u>outdoor seating</u> areas of</li> <li>c. Below, identify the operational</li> </ul>	the premises to be lic details of the propos	ensed: ed establishme	square feet.
The 1,324 in 50	Ft inclyde	Restur	and, Bar,
The 1,324 in slp Patio, Kitchen, Cui basment.	olers and	Storage	in the
basment.			
Carolina Gon	zalez	-	<u>07/10/24</u> Date

Signature

Forn	n	

Agent Type (check one)	
Original (no fee)	Successor (\$10 fee for municipal licensees only)

			2000 - 100 -	Sec. Sec. Sec. Sec.
Part A: Business Info	rmation			
1. Legal Business Name (ind	ividual name if sole proprietor)			
Gonzalez	Mexican Grill	LLC		
2. Business Trade Name or I	DBA		2 marsh 1	A.,
Carolina	Gonzclez Rami	rez		
3. Entity Type (check one)	Limited Liability Compan		🗌 Nor	nprofit Organization
4. Alcohol Beverage Business Authorization (check one)		5. If successor agent, provide	State Permit or M	unicipal Retail License Number
Municipal Retail I	License 🔲 State Permit			
6. Describe the reason for ap	ppointing a successor agent, if successo	or is checked above.		
				,

1. Last Name	2. First Name	3. M.I.
Gonzalez Romirez	Caroling	
. Email		5. Phone
_		
2425 N SKylark Dr		
2425 N SKylark Dr	8. State 9. Zip Code	10. Age
6. Home Address 2425 N 5Kylark Dr 7. City A <i>poleton</i>	8. State 9. Zip Code WF 54914	10. Age

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement?	🗌 No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ?	🗌 No
3. Have you been a Wisconsin resident for at least 90 continuous days?	🗌 No

 $Continued \rightarrow$ 

#### Part D: Business Attestation READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted. Last Name First Name M.I. *lamirez* Gonza <sup>a</sup>aroline Title Email Phone Dune Signature 17/10/24 10070 กต Part E: Agent Attestation

# READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	Romirez	First Name		M.I.
Signature	Mill		Date 07/10/24	]

AB-101 (N. 03-24)

Form AB-200	Alcohol Beverage LicenseMunicipality Application200Application					leton	
	<u>(</u>			_		<u> </u>	20
License(s) Reques	ted: (up to two boxes may	be checked)				Fees	
Class "A" Beer .	\$	Class "B" Beer	\$10	<u></u>	License Fe	es	\$ 10,600
Class A" Liquor	\$	"Class B" Liquor	\$		Backgrour	d Check Fee	
"Class A" Liquor	(cider only) \$ 🖬	Reserve "Class B"	Liquor \$ <u>10</u>	,560	Publication	n Fee	\$ 60
Glass C" Liquor	(wine only) \$		Deposit J	450	Total Fees	\$10,667	
D. ( A. D							
	s/Business Informatior me (individual name if sole prop		yan yang sang sang sang sang sang sang sang s				
-	taurants LLC	p					
2. Business Trade Na	me or DBA						
Mr. Frogs (	on the Ave						····
3. FEIN			4. Wisconsin 456-10				
5. Entity Type (check		······					fit Organization
Sole Proprie		Limited Liability			rporation		fit Organization
6. State of Organizati	on	7. Date of Organizatio	n		8. Wisconsi R0854	n DFI Registrati	on Number
WI		02/07/2023			R0854	/4	
9. Premises Address	ege Ave						
10. City					11. State	12. Zip Code	
Appleton					WI	54911	
13. County		14. Governing Municip	ality: 🔽 City	Town	Village	15. Alderman	c District
Outagamie	and the second se	of: <u>Appletor</u>	1				
16. Premises Phone		17. Premises Email			18. We	bsite	
(920) 277-		vmalvarado16					
are kept. Describ only on the prem Bar/tavern back of bu	btion - Describe the building or e all rooms within the building, ises described in this applicatio . Serving and co ilding. Alcohol	including living quarters on. Attach a map or diag onsumption o will be sto	a. Authorized a ram and addition of alcoh	ilcohol beve ional sheets 101 in i	erage activities if necessar side at	es and storage o y. nd outsi	de of enclose
20. Mailing Address (	if different from premises addre	ess)					
21. City			<u></u>		22. State	23. Zip Code	<u>.</u>
					nije na stalje na		
Part B: Questio		<u>e estre i que de comprese de seix</u>	halan di si kan da bata ta b		<u>n (na state na state</u> Hana N I		<u>na kana di saka i</u>
violating federal	s (sole proprietorship, partn or state laws or local ordina tails of violation below. Atta	ances? Exclude traffic	c offenses un	or corpora iless relate	ed to alcoho	onvicted of bl beverages.	🖌 Yes 🗌 N
Law/Ordinance Violat		Location	- 10003301 y.			rial Date	
OWI	cu	Brown Coun	ty				4/2009
Penalty Imposed							
Suspended DI	ച			vvas sen	tence comp	oleted?	✓ Yes 🗌 N
Law/Ordinance Violat		Location			T	rial Date	
Development							
Penalty Imposed				Was sen	tence comp	oleted?	🗌 Yes 🗌 N

Γ

For Municipal Use Only

<ol> <li>Are charges for any offenses pending a beverages.</li> </ol>	gainst the business	? Exclude traffic of	offenses unl	ess related to alc	ohol 🗌 Yes	s 🖌 No
If yes, describe the nature and status of	pending charges u	sing the space be	elow. Attach	additional sheets	as needed.	
<ol> <li>Is the applicant business or any of its or individuals or entities a restricted inves If yes, provide the name of the restricted</li> </ol>	tor with any interes	st in an alcohol be	everage pro	ducer or distribut	related or? 🛄 Ye	s 🗹 No
4. Is the applicant business owned by ano	ther husiness entity	0			🏳 Ye	s 🔽 No
If yes, provide the name(s) and FEIN(s)	of the business en	tity owners below	Attach add	litional sheets as	needed.	
4a. Name of Business Entity		4b. Busines	s Entity FEIN	<u></u>		
5. Have the partners, agent, or sole propri this license period? Submit proof of con	etor satisfied the re	sponsible bevera	ge server tr	aining requiremer	nt for 🔽 Ye	s 🗌 No
<ul><li>6. Is the applicant business indebted to ar</li></ul>						
7. Does the applicant business owe past of						
						The second s
Part C: Individual Information List the name, title, and phone number for each		ing the following pe	nitions in the	applicant business	or husingsas list	red in Part B
Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compa	s, and agent of a corp any. Attach additional	oration or nonprofit sheets if necessary	organization,	all partners of a pa	rtnership, and all	members,
Include Form AB-100 for each person listed be		LLCs must appoin		including Form AB-	1	
Last Name	First Name		Title		Phone	
Alvarado	Vanessa		Owner			
Part D: Attestation						
One of the following must sign and attest	to this application:					
	I partner of a partne	•	e corporate		e member of ar	
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 an understand that I may be prosecuted for submi- ingly provides materially false information on t	isiness and not on be ense(s), if granted, wil to, purchasing alcoho spection will be deem ny license issued con itting false statements	half of any other in Il not be assigned to beverages from s hed a refusal to allo trary to Wis. Stat. ( and affidavits in co	dividual or er o another ind state authoriz w inspection Chapter 125 onnection with	ntity seeking the lice ividual or entity. I a ed wholesalers. I u . Such refusal is a r shall be void under n this application, a	ense. Further, I a agree to operate nderstand that la nisdemeanor and penalty of state nd that any perso	this business ack of access d grounds for law. I further
Last Name	· · · · · · · · · · · · · · · · · · ·	First Name			N	A.I.
Alvarado		Vanessa			<u> </u>	M
Title	Email				Phone	
Owner	<u>,</u>		Data			
Jonessa Awarado		111 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Date	07/3	18/20	
Part E: For Clerk Use Only			: · · · · ·	1		•
Date Application Was Filed With Clerk Licens	e Number		Date L	icense Granted	Date License	Issued
Signature of Clerk/Deputy Clerk			<b></b>	Date Provisional	License Issued (	if applicable)



# **City of Appleton** Alcohol License Questionnaire

1.	Name	of Ap	plicant:	Vanessa	Μ	Alvarado	С

2. Name of Business: Rivera Restaurants LLC DBA Mr. Frogs on the Ave

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

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

3. Address of Business: 409 W College Ave, Appleton WI 54911

If yes to either question, please explain in detail below: OWI conviction in June of 2009

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

Vanessa	Μ	Alvarado	
First name	M.I.	Last name	Date of Birth / /
First name	M.I.	Last name	Date of Birth / /
First name	M.I.	Last name	Date of Birth / /
First name	M.I.	Last name	Date of Birth

renting

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

Name: Julia		Morales		
First name	Middle Initial	Last name		
Address: 1625 Coolidge Ct		Appleton	WI	54915
	· · · · · · · · · · · · · · · · · · ·	City	State	ZIP

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

location? Name: Mr. 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** X 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? 1/31/24 months ago.

10. Seating capacity: Inside 120 Outside 80

- 11. Operating hours (Inside the building): Monday thru Sunday 11am to 2am Operating hours (Outdoor seating areas): Monday thru Sunday 11am to 2am
- 12. Employees/Staff

   Number of floor personnel
   5

  Number of door checkers
   2

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

- a. Gross <u>floor building area</u> of the premises to be licensed: <u>2,600</u> square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 2,500 square feet.
- c. Below, identify the operational details of the proposed establishment:

This establishment is a bar/tavern. Bar will be open all week from 11am to 2am.

Vanessa Alvanado 

Signature

7/18/2024

Date

Form AB-101

Agent Type (check one)		
Original (no fee)	Successor (\$10 fee for municipal licensees only)	

Part A: Business Information	<b>)n</b>		
1. Legal Business Name (individual n	ame if sole proprietor)		
Rivera Restaurants	LLC		
2. Business Trade Name or DBA			
Mr. Frogs on the Av	е		
3. Entity Type (check one)	Limited Liability Company	Corporation	Nonprofit Organization
4. Alcohol Beverage Business Author	ization (check one)	5. If successor agent, provide St	ate Permit or Municipal Retail License Number
Municipal Retail License			
6. Describe the reason for appointing	a successor agent, if successor	is checked above.	

1. Last Name	2. First Nam	e		3. M.I.
Alvarado Vanessa			M	
4. Email	L	5. Phone		
6.HomeAddress 4821 N Latitude Ln Uni	t C			
7. City	8. State	9. Zip Code	10. Age	
	WI	54913		
Appleton				
Appleton 11. Drivers License/State ID Number		12. Drivers License	State ID State of Iccuanc	e

Part C: Agent Questions	
<ol> <li>Have you satisfied the responsible beverage server training requirement?</li> <li>Submit proof of completion.</li> </ol>	No No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?	🗌 No
3. Have you been a Wisconsin resident for at least 90 continuous days? Ves See instructions for exceptions.	🗌 No

### Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named
corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol
beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act
on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further,
I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that
any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000
if convicted.

Last Name		First Name			M.I.
Alvarado		Vanessa			М
Title	Email			Phone	
Owner					
Signature Donena Awarah	1		Date	07/18/24	ł

### Part E: Agent Attestation

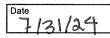
READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name		M.I.
Alvarado	Vanessa		М
Signature		Date	
Umessa Awonado		07/3	18/20

Form AB-200	Alcoh	ol Beverage Lic Application	ense		For Muni- Municipality APPUH License Period 24 -	-
License(s) Reques	ted: (up to two boxes may	be checked)			Fees	
Class "A" Beer .	\$	Class "B" Beer	. \$ 100	License	Fees	\$ 100
	\$ <sup>0</sup> □				und Check Fee	\$ 1
Class A" Liquor	(cider only) \$	] Reserve "Class B" Liquo	or \$	Publicati	on Fee	\$ 60
Class C" Liquor	(wine only) \$			Total Fe	es	\$ 167
1. Legal Business Na May's 2. Business Trade Na	s/Business Information me (individual name if sole prop Kit (LeN me or DBA La prise II c	prietorship) 4. Wi		er's Permit Numb		
5. Entity Type (check Sole Proprie 6. State of Organizati	etor Dartnership	Limited Liability Corr 7. Date of Organization 1018/201	npany [			
10. City	S. Lawc Str Letin	ret #200	1	11. State	12. Zip Code	
are kent Describ		including living quarters. Auth n. Attach a map or diagram a wd Refrigation we	ILC@g rages are pr horized alcoh nd additiona p front	niait.cm oduced, sold, stor ol beverage activ I sheets if necess Sold L	/ebsite red, or consumed,	and related records
	if different from premises addres	· 500 0.11001	ed sh	eet		
1224 Apr 21. City Men	asha			22. State	23. Zip Code 549.52	
violating federal	ns s (sole proprietorship, partne or state laws or local ordina tails of violation below. Attac	nces? Exclude traffic offer	nses unless			Yes DNo
Law/Ordinance Violat		Location	<b>j ·</b>		Trial Date	
Penalty Imposed			Wa	as sentence cor	npleted?	Yes No
Law/Ordinance Violat	ed	Location	1		Trial Date	
Penalty Imposed			Wa	as sentence cor	npleted?	Yes No

2. Are charges for any offenses pending beverages.	against the busine	ess? Exclude tra	affic offe	enses unless related to	alcohol 🔲 Yes 🕂 No
If yes, describe the nature and status	of pending charges	s using the spa	ce belov	w. Attach additional sh	eets as needed.
2. In the applicant business or any of its	officere directore	waanahaya ay			
3. Is the applicant business or any of its individuals or entities a restricted inv If yes, provide the name of the restricted inv	estor with any inter	rest in an alcoh	ol beve	rage producer or dist	ributor? 🗌 Yes 🖌 No
<ol> <li>Is the applicant business owned by an If yes, provide the name(s) and FEIN</li> </ol>	nother business ent	tity?		ttach additional shoets	
4a. Name of Business Entity				ntity FEIN	
5. Have the partners, agent, or sole prop this license period? Submit proof of c	ompletion				🗌 Yes 📈 No
<ul><li>6. Is the applicant business indebted to</li><li>7. Does the applicant business owe pas</li></ul>					
Part C: Individual Information					
List the name, title, and phone number for ea					
Question 4: sole proprietor, all officers, director managers, and agent of a limited liability com				anization, all partners of a	a partnership, and all members,
Include Form AB-100 for each person listed b		nd LLCs must ap			
Last Name	First Name		Titl	e	Phone
Vans	May		0	wher	
Part D: Attestation					
One of the following must sign and attes	t to this application:	:			
sole proprietor     one gener	al partner of a partr	nership	one co	orporate officer •	one member of an LLC
READ CAREFULLY BEFORE SIGNING: Ur I am acting solely on behalf of the applicant rights and responsibilities conferred by the li according to the law, including but not limited to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for sub- ingly provides materially false information on	business and not on b cense(s), if granted, v d to, purchasing alcol inspection will be dee any license issued co mitting false statemen	behalf of any oth will not be assign hol beverages fro emed a refusal to ontrary to Wis. S hts and affidavits	er individ ed to an om state allow in tat. Chap in conne	dual or entity seeking the other individual or entity, authorized wholesalers spection. Such refusal is oter 125 shall be void ur oction with this application	e license. Further, I agree that the I agree to operate this business I understand that lack of access a misdemeanor and grounds for inder penalty of state law. I further n, and that any person who know-
Last Name		First Name			MIN
Vang Title Owner	Email		¥_		Phone
owner					
Signature				Date	-
				7/26/24	1
Part E: For Clerk Use Only Date Application Was Filed With Clerk Licen	nse Number			Date License Granted	Date License Issued
7/31/24					
Signature of Clerk/Deputy Clerk				Date Provisio	onal License Issued (if applicable)

Form



Age	nt Type (check one)	
Ø	Original (no fee)	Successor (\$10 fee for municipal licensees only)

Part A: Business Info	rmation		
1. Legal Business Name (indi	ividual name if sole proprietor)		
May's fort	total lilacenter	prise 11c	
2. Business Trade Name or D		1.02	
May's K	Kitchen		
3. Entity Type (check one)	Limited Liability Company	y 🗌 Corporation	Nonprofit Organization
4. Alcohol Beverage Business	s Authorization (check one)	5. If successor agent, provide Sta	ate Permit or Municipal Retail License Number
Municipal Retail L	License 🔲 State Permit		
6. Describe the reason for app	pointing a successor agent, if successo	r is checked above.	

	3. M.I.
May	N
•	5 Phone
8. State 9. Zip Code	10. Age
WI 54950	2
12. Drivers License	e/State ID State of Issuance
-	8. State 9. Zip Code WI 54952

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Yes Submit proof of completion.	<b>∑</b> №
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire?</i>	🗌 No
3. Have you been a Wisconsin resident for at least 90 continuous days?	🗌 No

 $\textit{Continued} \rightarrow$ 

### Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Vanc	First Name	M.I.
Title ) Owner	Email	Phone
Signature		7/26/24

### Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name		M.I.
Signature	j	Date 7/24/24	
		* *	

Form AB-200	Alcol	nol Beverage License Application		E L	lunicipality Appleto icense Period 2024 - 2	
License(s) Request	ted: (up to two boxes may	be checked)			Fees	
• Class "A" Beer	\$ <u>250</u>	] Class "B" Beer\$	_ Lic	ense Fe	es	\$ 700
• "Class A" Liquor	\$ <u>450</u>	] "Class B" Liquor\$	_ Ba	ckgroun	d Check Fee	\$ 21
Glass A" Liquor (	(cider only) \$ [	Reserve "Class B" Liquor \$	_ Pu	blication	Fee	\$60
Glass C" Liquor (	(wine only) \$		То	tal Fees		\$ 781
1. Legal Business Na	s/Business Informatior me (individual name if sole pro me or DBA DOLLAR GENE	prietorship) DOLGENCORP, LLC				
3. FEIN		4. Wisconsin Seller	r's Permit	Number	456-0000208	845-05
5. Entity Type (check		Limited Liability Company	] Corpo	ration	Nonpro	fit Organization
6. State of Organizatio	on TENNESSEE	7. Date of Organization 10/9/2008	8. \	Visconsir	DFI Registrati	on Number
9. Premises Address	1320 W WISCONSIN AV	L E UNIT				
10. City APPLETO	N		11. WI	State	12. Zip Code	54914-3287
13. County OUTAG	AMIE	14. Governing Municipality: City City of: APPLETON	Town	Village	15. Aldermani	c District
16. Premises Phone	9202680610	17. Premises Email tax-beerandwinelicense@dollargene	ral.com	18. Web	site	
are kept. Describe	e all rooms within the building,	buildings where alcohol beverages are prod including living quarters. Authorized alcohol on. Attach a map or diagram and additional s	l beverag	e activitie	s and storage o	

8119 SQET Shopping Center building consisting of sales area and stockroom. \*see allowed cover sheet

20. Mailing Address (if different from premises address)	100 MISSION RIDGE, ATTN:	TAX DEPT			
21. City GOODLETTSVILLE		22. State TN	23. Zip Code	37072	
Part B: Questions					
1. Has the business (sole proprietorship, partners violating federal or state laws or local ordinance	es? Exclude traffic offenses un			Yes	🖌 No
If yes, list the details of violation below. Attach a	additional sheets if necessary.				
Law/Ordinance Violated	Location		Trial Date		
Penalty Imposed		Was sentence co	mpleted?	Yes	🗌 No
Law/Ordinance Violated	Location		Trial Date		
Penalty Imposed		Was sentence co	mpleted?	Yes	🗌 No
		* · · · · · · · · · · · · · · · · · · ·	****		

For Municipal Use Only

					6535	
2. Are charges for any offenses pending a beverages.	against the busine	ss? Exclude traffic	offenses unle	ess related to alc	ohol 🗌 Ye	s 🖌 No
If yes, describe the nature and status o	f pending charges	using the space be	low. Attach a	dditional sheets	as needed.	
<ol> <li>Is the applicant business or any of its of individuals or entities a restricted inves If yes, provide the name of the restricted</li> </ol>	tor with any intere	st in an alcohol bev	erage produ	vners, or other re cer or distributor?	lated ? [] Ye	ns 🖌 No
<ol> <li>Is the applicant business owned by and If yes, provide the name(s) and FEIN(s</li> </ol>	other business ent	ity?	v. Attach addi	tional sheets as	needed.	s 🗌 No
4a. Name of Business Entity DOLLAR GEN	ERAL CORPORAT	ION 4b. Busines	s Entity FEIN		nn <u>e</u>	
<ol> <li>Have the partners, agent, or sole propr this license period? Submit proof of co</li> <li>Is the applicant business indebted to a</li> <li>Does the applicant business owe past</li> <li>Part C: Individual Information</li> <li>List the name, title, and phone number for each Question 4: sole proprietor, all officers, directo managers, and agent of a limited liability comp</li> </ol>	mpletion ny wholesaler bey due municipal proj n person or entity hol rs, and agent of a co	ond 15 days for be perty taxes, assess ding the following pos rporation or nonprofit	er or 30 days ments, or oth sitions in the ap organization, a	for liquor/wine?. ner fees?		es 🖌 No es 🖌 No red in Part B,
Include Form AB-100 for each person listed be	low. Corporations a		t an agent by ir	ncluding Form AB-1		
Last Name BRINING	First Name ZACHARY		Title LLC MANAG	ER	Phone	·
TAYLOR	EMILY		LLC MANAG	ER	1	
GREENE	JOHN		AGENT		-1	
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera	to this application: al partner of a parti		e corporate c	fficer • one	e member of a	n LLC
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant b rights and responsibilities conferred by the lic according to the law, including but not limited to any portion of a licensed premises during i revocation of this license. I understand that a understand that I may be prosecuted for subm ingly provides materially false information on t	usiness and not on ense(s), if granted, v l to, purchasing alco nspection will be dee ny license issued co nitting false statemer	behalf of any other in will not be assigned to hol beverages from s emed a refusal to allo ontrary to Wis. Stat. o hts and affidavits in co be required to forfeit n	ndividual or en o another indiv state authorize ow inspection. Chapter 125 s onnection with	ity seeking the lice vidual or entity. I a d wholesalers. I u Such refusal is a r hall be void under this application, ar	ense. Further, I a gree to operate nderstand that lanisdemeanor an penalty of state nd that any pers	agree that the this business ack of access d grounds for law. I further on who know-
Last Name TAYLOR		First Name EMILY				И.I. С
Title LLC MANAGER	Email				Phone	
Signature	2~~		Date 4/2	3/2024	1	
Part E: For Clerk Use Only	-0		I			
	~~~		·····	-	1	
Date Application Was Filed With Clerk Licen	se Number		Date Lic	cense Granted	Date License	

 Agent Type (check one)

 Original (no fee)

 Successor (\$10 fee for municipal licensees only)

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor)			
DOLGENCORP, LLC			
2. Business Trade Name or DBA			
dollar general store # $6535$			
3. Entity Type (check one)			
✓ Limited Liability Company	y Corporation Nonprofit Organization		
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or Municipal Retail License Number		
Municipal Retail License 🔲 State Permit	N/A		
6. Describe the reason for appointing a successor agent, if successo	r is checked above.		
CHANGE OF MANAGER	· · · · ·		

Part B: Agent Information					
1. Last Name	2.	First Name			3. M.I.
GREENE		JOHN			
4. Email			hanna ( <u>1999) - 1999</u>	5. Phone	
6. Home Address W145 LAKE SANDIA DR				L	
7. City		8. State	9. Zip Code	10. Age	
KRAKOW		WI	54547		
11. Drivers License/State ID Number			12. Drivers License/	State ID State of Issuan	ce

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

 $Continued \rightarrow$ 

### Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	Hr.Annakanana Anna ang ang ang ang ang ang ang ang ang	First Name			M.I.
TAYLOR		EMILY			С
Title	Email	•		Phone	
CFO/LLC MANAGER	)				
Signature			Date	kut U	
- comp of			I		

### Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
GIEENE	Sobr	E
Signature	Date L	4-15-24

Form	
Α	B-200

# Alcohol Beverage License Application

For Municipal Use Only	
Viunicipality	
App Leten	
License Period	
24-25	

License(s) Requested: (up to two boxes ma	ay be checked)	Fees	
• Class "A" Beer\$ <u>250</u>	Class "B" Beer\$	License Fees	\$ 700
• "Class A" Liquor\$ <u>450</u>	"Class B" Liquor\$	Background Check Fee	\$ <sup>-</sup> O
"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) DOLGENCORP, LLC	)		
2. Business Trade Name or DBA DOLLAR GENE	RAL STORE # 21851			
3. FEIN	4. Wisconsin	Seller's Pe	ermit Number	456-0000208845-05
5. Entity Type (check one)				
Sole Proprietor Partnership	Limited Liability Company	🗌 Co	orporation	Nonprofit Organization
6. State of Organization TENNESSEE	7. Date of Organization 10/9/2008	3	8. Wisconsi	n DFI Registration Number
9. Premises Address 1010 W COLLEGE AVE				
10. City APPLETON			11. State VVI	12. Zip Code 54914-5260
13. County OUTAGAMIE	14. Governing Municipality: City of: <u>APPLETON</u>	Town	Village	15. Aldermanic District
16. Premises Phone 9206662773	17. Premises Email tax-beerandwinelicense@dolla	rgeneral.c	om 18. We	bsite
<ol> <li>Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application 6231-SQ FT-Stand Alone building consisting of \$See alfamed wover SNE</li> </ol>	including living quarters. Authorized a on. Attach a map or diagram and addi of <del>sales area and stockroom</del>	alcohol bev tional sheel	erage activitie s if necessar	es and storage of records may occu
20. Mailing Address (if different from premises addre	ss) 100 MISSION RIDGE, ATTN:	TAX DEP	Т	
21. City GOODLETTSVILLE			22. State TN	23. Zip Code 37072
Part B: Questions				
1. Has the business (sole proprietorship, partn violating federal or state laws or local ordina	nces? Exclude traffic offenses un			
If yes, list the details of violation below. Attac	ch additional sheets if necessary.			
Law/Ordinance Violated	Location		T	rial Date
Penalty Imposed		Was ser	ntence comp	oleted? Yes N
Law/Ordinance Violated	Location	•	Т	rial Date
Penalty Imposed	L	Was ser	itence com	leted? Yes N

					21851	
2. Are charges for any offenses pending a beverages.	against the busines	s? Exclude traffic o	ffenses unle	ess related to alc	cohol 🔲 Yes	V No
If yes, describe the nature and status of	pending charges i	using the space belo	ow. Attach a	additional sheets	as needed.	
<ol> <li>Is the applicant business or any of its o individuals or entities a restricted invest If yes, provide the name of the restricte</li> </ol>	or with any interes	t in an alcohol beve	rage produ	cer or distributor	elated ?	V No
<ol> <li>Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)</li> </ol>	other business entit ) of the business e	ty? ntity owners below.	Attach addi	itional sheets as	needed.	No No
4a. Name of Business Entity DOLLAR GENE	RAL CORPORAT	ION 4b. Business	Entity FEIN		a da an	
<ol> <li>5. Have the partners, agent, or sole propri this license period? Submit proof of cor</li> <li>6. Is the applicant business indebted to an</li> <li>7. Does the applicant business owe past of</li> <li>Part C: Individual Information</li> </ol>	npletion	ond 15 days for beer erty taxes, assessn	r or 30 days nents, or oth	for liquor/wine?.	✔ Yes 	V No
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 cor any. Attach additiona	poration or nonprofit o I sheets if necessary.	rganization, a	all partners of a pa	rtnership, and all n	l in Part B, nembers,
Include Form AB-100 for each person listed bel				ncluding Form AB-	···· } ·····	
Last Name	First Name		Fitle LC MANAG	ED	Phone	
BRINING	ZACHARY	L.		EK	1	
TAYLOR	EMILY	L	LC MANAG	ier		
GREENE	JOHN	Α	GENT			
Part D: Attestation						
One of the following must sign and attest	to this application:					
	l partner of a partn	ership • one	corporate o	fficer • one	e member of an l	_LC
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 ar understand that I may be prosecuted for subm ingly provides materially false information on the	er penalty of law, I h usiness and not on b ense(s), if granted, w to, purchasing alcoh ispection will be dee ny license issued coi itting false statement	ave answered each o ehalf of any other ind ill not be assigned to nol beverages from sta med a refusal to allow ntrary to Wis. Stat. Ch as and affidavits in con	ividual or ent another indiv ate authorize r inspection. napter 125 sl nection with	ity seeking the lice vidual or entity. I a d wholesalers. I u Such refusal is a r hall be void under this application, ar	ense. Further, I ag gree to operate th nderstand that lac nisdemeanor and penalty of state la nd that any person	ree that the is business < of access grounds for w. I further
Last Name TAYLOR		First Name EMILY			M.I C	•
Title LLC MANAGER	Emai			١	Phone	
Signature Cuil 2			Date 4/2	3/2024	<u>I</u>	
Part E: For Clerk Use Only						
Date Application Was Filed With Clerk Licens	se Number		Date Lic	ense Granted	Date License Is	sued
Signature of Clerk/Deputy Clerk				Date Provisional I	License Issued (if a	ipplicable)

Form AB-101

Agent Type (check one)		
Original (no fee)	Successor (\$10 fee for municipal licensees only)	

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	
DOLGENCORP, LLC	
2. Business Trade Name or DBA	
dollar general store # $\partial I S $	
3. Entity Type (check one)	Corporation Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or Municipal Retail License Number
🗹 Municipal Retail License 🛛 🗌 State Permit	N/A
6. Describe the reason for appointing a successor agent, if successor	r is checked above.
CHANGE OF MANAGER	

Part B: Agent Information		
1. Last Name	2. First Name	3. M.I.
GREENE	JOHN	
4. Email		5. Phone
6.HomeAddress W145 LAKE SANDIA DR		
7. City .	8. State 9. Zip Code	10. Age
KRAKOW	WI 54547	
11. Drivers License/State ID Number	12. Drivers License/Sta	te ID State of Issuance

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

Continued  $\rightarrow$ 

### Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name			M.I.
TAYLOR		EMILY			С
Title	Email	•		Phone	
CFO/LLC MANAGER					
Signature	~		Date		
and	$\leq$				
	0				

### **Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name John	MI.E
Signature		Date 4-15-24

S.A.

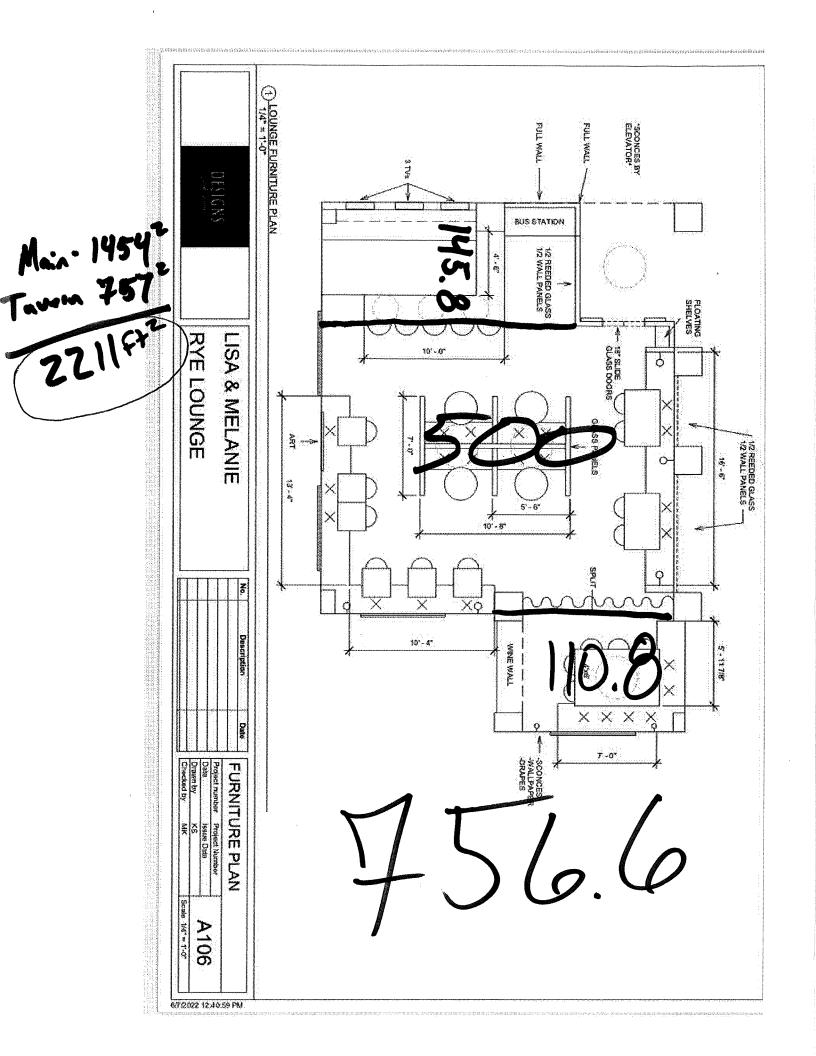
# Alcohol License Premises Amendment Request Form



\*Please allow 4 weeks for application processing\*

FEES ARE NON-REFUNDABL	
	Date Recv'd 7 / 19 / 24
License Fee - \$10.00/event	Total \$
(CLCAGP)	Receipt #: 7147-6

SECTION 1 – ESTABL	ISHMENT IN	NFORM <i>A</i>	ATION						
Name of Establishment	٠			Establishment Phone N					
Rye Res	taurant	-		920 380	4745				
Address of Establishmer	••	Ve							
Agent Name	More			Agent Phone Number (	Required)				
SECTION 2 - PREMIS	ES AMEND	MENT -	A drawing/diagram of the	proposed area must be sut	omitted with this appli	cation			
Is this Premises Amen	the second second second		YES NO						
Please describe the char	ıge in premis		Ne would lit	ke to add	to Ryes	premije			
description t	he stor	and .	of wine, beer	and alcohol	in two loca	tions. The first			
location for win	e and by	ur lo	icated in a wa	Ik in cooler on	the lower leve	) of the Copperlant			
						wine and alrohol.			
continued he	Ne (	Fillinc	Lobby includ	ing bar. Total	Approxim	ale square feets			
2200 for	nestaur	sount.	LANKI Bar a	nd storage. Inc	Luting Cripp	or Lest meeting			
rooms, quest h	oomstra	Me c	fining hoom, Ri	e Bar and st	NC3rly Lupp	a Leaf meeting			
			) that this premises amen		ge.				
Hitting Tanga Pierre									
<u> </u>	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·			
SECTION 3 - PENALT	Y NOTICE								
-			the Municipal Code of th y time by the Common Co		gree that any licens	e granted under this			
Inder pendity of law I a	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.									
	K K		ion provided in this appli	cation is true and correc					
Signature of Applicant	1 <b>X</b>		tion provided in this appli	cation is true and correc		knowledge and belief. / <u> B / 2024</u>			
	1 <b>X</b>	, mtormat		cation is true and correc					
Signature of Applicant FOR OFFICE USE ON Department	1 <b>X</b>	Deny	tion provided in this appli	ication is true and correc					
Signature of Applicant FOR OFFICE USE ON Department Police	LY	MY							
Signature of Applicant FOR OFFICE USE ON Department	LY	MY							
Signature of Applicant FOR OFFICE USE ON Department Police	LY	MY							
Signature of Applicant FOR OFFICE USE ON Department Police Fire	LY	MY							
Signature of Applicant FOR OFFICE USE ON Department Police Fire Health	LY	MY							
Signature of Applicant FOR OFFICE USE ON Department Police Fire Health Community Development	LY	MY							
Signature of Applicant FOR OFFICE USE ON Department Police Fire Health Community Development Inspections	LY	MY							
Signature of Applicant FOR OFFICE USE ON Department Police Fire Health Community Development Inspections Finance	LY	MY							
Signature of Applicant FOR OFFICE USE ON Department Police Fire Health Community Development Inspections Finance Public Works Safety and Licensing Date:	LY	Deny	Staff Member	Reason		1 18 / 2024			



			e Premises Ar		1	<u>CASH OR CHECK ONLY!</u>
Appleton	<u>*Please allov</u>	<u>v 4 weeks f</u> processing	for application *	FEES ARE NON-RE	Date Re .00/event Total \$	#: 7023-3
SECTION 1 - ESTAB	LISHMENT IN	IFORMAT	ION			
Name of Establishment	At MU	seun	n of Art	Establishment Phone P 920-733	<sup>1umber</sup> -4089	
	llege t	tre	Appliton	WI 5491		
Agent Name Christing		Ner		Agent Phone Number (		
Is this Premises Ame	SES AMEND			proposed area must be sul	omitted with this appli	<i>cation</i> "
					. 1 - 1	
Please describe the cha	ange in premis	ses:	1/5/24 0	ing Houd	outsid	e par
and mu	<u>SIC.</u>	WIII	be utiliz	ing Houd	ini Maz	a stage
			D-150 9V1			
		1 1		)		
			<b>D</b>		<u></u>	
NIL DE M	ecify the reaso	on for the a	mendment: <u>FUV</u> )F the C	ty for n ontempora	Wellm Wils.	. Guests
				dment will be utilized:		
	9/5/2	2024	· lepm-	IDPM		
SECTION 3 - PENAL			, 			
I certify that I am famili application may be sus	ar with Section		•	e City of Appleton and a ouncil.	gree that any licens	e granted under this
application may be sus	ar with Section pended for ca	use at any	time by the Common C	ouncil.		-
application may be sus Under penalty of law, I	ar with Section pended for ca swear that[the	use at any	time by the Common C		t to the best of my	knowledge and belief.
application may be sus Under penalty of law, I Signature of Applicar	ar with Section pended for ca swear that the nt:	use at any	time by the Common C	ouncil.	t to the best of my	-
application may be sus Under penalty of law, I Signature of Applicar FOR OFFICE USE OI	ar with Section pended for ca swear that the nt:	use at any pinformatic	time by the Common Connerovided in this appl	ouncil. ication is true and correc ]	t to the best of my	knowledge and belief.
application may be sus Under penalty of law, I Signature of Applicar	ar with Section pended for ca swear that the nt:	use at any pinformatic	time by the Common C	ouncil.	t to the best of my	knowledge and belief.
application may be sus Under penalty of law, I Signature of Applicar FOR OFFICE USE Of Department	ar with Section pended for ca swear that the nt:	use at any pinformatic	time by the Common Connerovided in this appl	ouncil. ication is true and correc ]	t to the best of my	knowledge and belief.
application may be sus Under penalty of law, I Signature of Applicar FOR OFFICE USE OI Department Police	ar with Section pended for ca swear that the nt:	use at any pinformatic	time by the Common Connerovided in this appl	ouncil. ication is true and correc ]	t to the best of my	knowledge and belief.
application may be sus Under penalty of law, I Signature of Applicar FOR OFFICE USE OI Department Police Fire	ar with Section pended for ca swear that the nt:	use at any pinformatic	time by the Common Connerovided in this appl	ouncil. ication is true and correc ]	t to the best of my	knowledge and belief.
application may be sus Under penalty of law, I Signature of Applicar FOR OFFICE USE OI Department Police Fire Health	ar with Section pended for ca swear that the nt:	use at any pinformatic	time by the Common Connerovided in this appl	ouncil. ication is true and correc ]	t to the best of my	knowledge and belief.
application may be sus Under penalty of law, I Signature of Applicar FOR OFFICE USE OI Department Police Fire Health Community Development	ar with Section pended for ca swear that the nt:	use at any pinformatic	time by the Common Connerovided in this appl	ouncil. ication is true and correc ]	t to the best of my	knowledge and belief.
application may be sus Under penalty of law, I Signature of Applicar FOR OFFICE USE OI Department Police Fire Health Community Development Inspections	ar with Section pended for ca swear that the nt:	use at any pinformatic	time by the Common Connerovided in this appl	ouncil. ication is true and correc ]	t to the best of my	knowledge and belief.
application may be sus Under penalty of law, I Signature of Applicar FOR OFFICE USE OI Department Police Fire Health Community Development Inspections Finance	ar with Section pended for ca swear that the nt:	use at any	time by the Common Connerovided in this appl	ouncil. ication is true and correc ]	t to the best of my	knowledge and belief.
application may be sus Under penalty of law, I Signature of Applicar FOR OFFICE USE OI Department Police Fire Health Community Development Inspections Finance Public Works	ar with Section pended for ca swear that the nt:	Deny	time by the Common Connerovided in this appletion of the common Connerovided in this appletion of the common connerovided in this appletion. Staff Member	Reason	t to the best of my	knowledge and belief.

Retrun to the Office of the City Clerk, 100 N Apoleton St Apoleton, WE S-1911.

# Alcohol License Premises Amendment Request Form

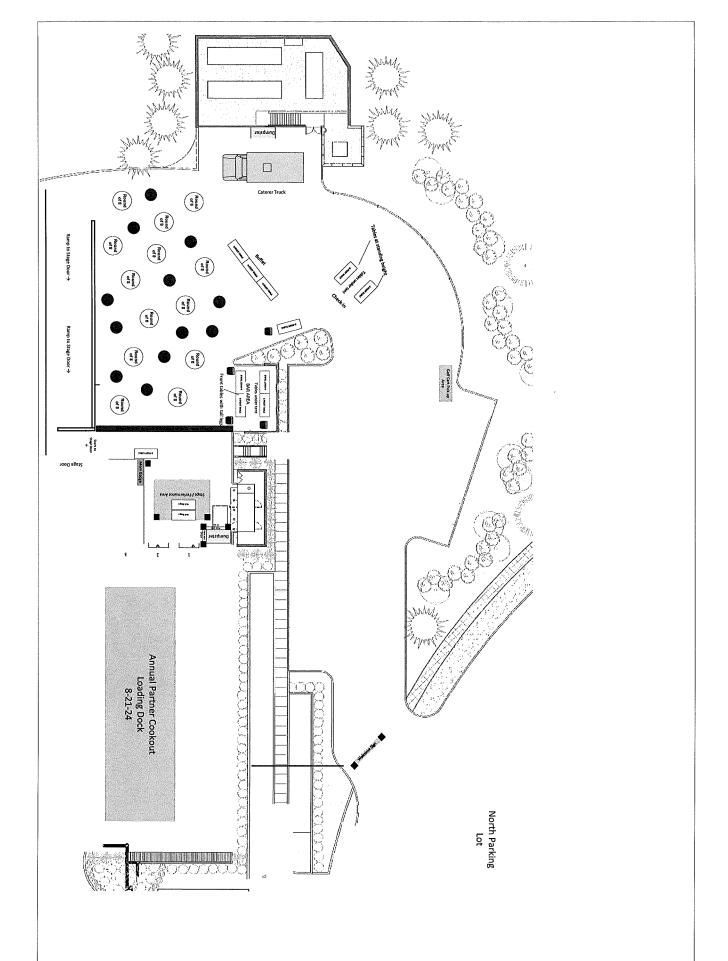


\*Please allow 4 weeks for application processing\*

### FEES ARE NON-REFUN

FEES ARE NON-REFUNDABL	E
	Date Recv'd 712524
License Fee - \$10.00/event	Total \$
(CLCAGP)	Receipt #: 7177-4

SECTION 1 - ESTABL	ISHMENT IN	IFORMA	TION	14.4 1			
Name of Establishment				Establishment Phone N			
Fox Cities Perfo Address of Establishmer	irming A	rts Ce	nter	920 - 730 - 3	3182		
Address of Establishmer	nt O		<b>_</b>				
400 W. College	Hve, Hp	pleton	WI 54911				
Agent Name   Agent Phone Number (Reduired)							
Maria Van Li		ACNIT		References and a second se			
			A drawing/diagram of the p	roposed area must be sub	omitted with this applic	cation	
Is this Premises Amen	ament Pern	hanent?					
Please describe the char	nge in premis	es: <u>W</u> f	e will be us	sing our la	bading doc	k and	
Staff parkin	iq lot c	rrea	to host our	Annual	Partner (	bokowt, a	
uparty ston	in colshi	1 lile	ent to engage	: with our	donors.		
Jun 19 Jun	action					***************************************	
Large	949-5494-449-94949494						
<u>If temporary</u> , please spe	cify the reaso	on for the	amendment: <u>We arr</u>	e hosting a	n outdoor	· cookout	
event!	2			J			
If temporany please list	the date(s) ar	nd time(s)	that this premises amendr	nent will be utilized	Nednesday, H	August 21st	
Z'an - Gian	- <b>*</b>	14 11110(0)					
3:00pm - 9:00	pm <u>j</u>						
SECTION 3 - PENALI	Y NOTICE	an a					
-			the Municipal Code of the		gree that any licens	e granted under this	
application may be susp	ended for ca	use at any	y time by the Common Cou	incil.			
Under penalty of law, I s	wear <sub>i</sub> that the	e informat	ion provided in this applic	ation is true and correc	t to the best of my	knowledge and belief.	
Signature of Applican	had	nea	Viller			12312024	
Signature of Applican					Date:	$\frac{1}{2}$	
FOR OFFICE USE ON		Deres	Cloff Manala an	Bernsen			
Department Police	Approve	Deny	Staff Member	Reason			
Fire							
Health							
Community Development							
Inspections							
Finance							
Public Works							
Safety and Licensing Date:			Recommendation:	Common Council Date:		Recommendation:	
Date sent for Review	Date Approve	d	Date Issued	Expiration Date	License Number	L	
///	/	_J	//	//			



# Alcohol License Premises Amendment Request Form

Ø

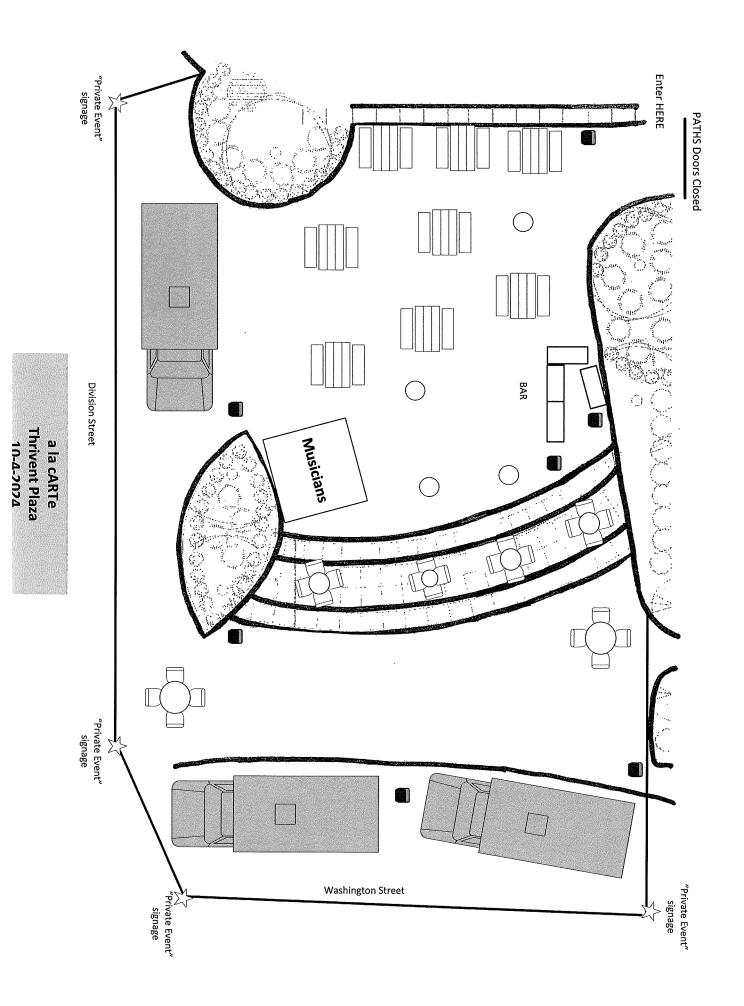


\*Please allow 4 weeks for application processing\*

### FEES ARE NON-REFUNDA

ES ARE NON-REFUNDABL	
/	Date Recv'd 7/25/24
License Fee - \$10.00/event	Total \$
(CLCAGP)	Receipt #: 7177-4

SECTION 1 - ESTABL	SHMENT I	NFORM/	ATION	e al ante este de la seconda de la second		
Name of Establishment		~		Establishment Phone I	Number	
Fox Cities Pe	<i>A formine</i>	g fr	ts Center	920-730-3-	782	
Address of Establishmer		Dor	pleton, WI 54	9.11		
Agent Name	je mu	1 ripl	noon, with or	Agent Phone Number	(Required)	
Maria Van I	ganen	-		Agene i none i alla a	inclotion)	
SECTION 2 - PREMIS	ES AMEND	MENT -	A drawing/diagram of the	proposed area must be sul	bmitted with this appli	cation'
Is this Premises Amen	dment Pern	nanent?				
		<b>-</b> .		lising our Division stre		laza" area
						_
garden' are	a when	e qu	lests can en	joy cocktails	and Cuisi	ine from
Food trucks				,		
				co los aluna o		0
<u>If temporary</u> , please spe	cify the reaso	on for the	amendment: WP a	re nosting u	. new any	IVac
fundraiser eu	ent, "a	la c	ARIe" and u	sing the outd	oor area. Of	iual Four Plaza.
			····		Taralan Da	John 4
<u>If temporary,</u> please list	the date(s) a	nd time(s	) that this premises amer	ndment will be utilized:	riday, uc	tojjer /
4:00pm - 10:0				10000 A		10-10-
SECTION 2 DEMAN	VNOTICE					
SECTION 3 – PENALI		9.52 of	the Municipal Code of t	he City of Appleton and a	area that any licens	a granted under this
-			y time by the Common C		igree that any licens	e granted under this
Under penalty of law, I s	wear that the	e informat	tion provided in this app	lication is true and correc	t to the best of my	knowledge and belief.
	1	(	VIDA			
Signature of Applican		ua_	Run lon		Date:/	1 <u>2512024</u>
FOR OFFICE USE ON						
Department	Approve	Deny	Staff Member	Reason		
Police						
Fire						
Health						
Community Development						
Inspections						
Finance						
Public Works						
Safety and Licensing Date:	•	A	Recommendation:	Common Council Date:		Recommendation:
Date sent for Review	Data Annualia		Data lasuad		1 1 1 N N 1	1
	Date Approve	a	Date Issued	Expiration Date	License Number	



Form	
CTV-1	00

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

FOR CLERKS ONLY Municipality Appleton License Period JULY 1 2024 - JUNE 30 2025

Part A: P	remises/Busines	ss Informatio	on				\$100	
1. Legal Business Name (individual name if sole proprietor)						]		
Dolgencorp, LLC								
2. Business	Trade Name or DBA							
Dollar Gei	neral Store # 6535	5						
3. FEIN				4. Wisconsin Se	ller's Permit I	Number		
, 1				456-0000208	845-05			
	e (check one)			_				
	e Proprietor	L Pa	artnership	🖌 Lim	ited Liability			prporation
6. State of C	Drganization		7. Date of Organiza	ition		8. Wisconsin I	OFI Registration Num	ıber
KY			10/9/2008					
9. Premises	Address (do not use F	PO Box) 1320	W WISCONSIN AV	/F UNIT				
					T	1		
10. City					11. State	12. Zip Code	F 404 4 0007	
	APPLETON				<u> </u> WI		54914-3287	
13. County	OUTAGAMIE	-	Municipality: Cil	ty 🔲 Town	🗌 Village	15. Aldermani	c District	
40 14-18-1		of <u>: APPL</u>						
I I	Address (if different fro	om premises ado	iress)					
	ION RIDGE							· ·
17. City					18. State TN	19. Zip Code 37072		
GOODLET			04	•				
20. Premise			21. Premises Emai			22. Website		
	680610		TAX-BEERANDV			1		· · · · · · · · ·
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.								
	8119 S	hopping Ce	nter buildina	consisting c	of sales ar	ea and stoo	k room	
<b>.</b>								
Part B: 0	uestions							

i art D. Questions		
1. What products will be sold at this I ☑ Cigarettes	ousiness location? (check all that apply)	Electronic Vaping Devices
2. How will cigarettes, tobacco, and/o ☑ Over the counter	or electronic vaping devices be sold? (check all th	hat apply)
If yes, provide the name and FEIN CTV-101 for all of the parent comp	y another business entity?	
531.		

CTV-100 (N. 2-24)

Council:

### 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.

BRINING	ZACHARY	CEO/LLC MANAGER	
TAYLOR	EMILY	CFO/LLC MANAGER	
GREENE	JOHN	DISTRICT MANAGER	

### Part D: Attestation

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

• sole proprietor • one general partner of a partnership

one corporate officer
 one managing member of an LLC

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. (<u>https://witobaccocheck.org</u>).
- 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 forfeit not more than \$1,000.

Signature	Date 4/22	e 2/2024	
Name (Last, Eirst, M.I.) BRINING, ZACHARY, J			
Title	Email		Phone
LLC MANAGER			

Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Form CTV-102 CTV-102 CTV-102 CTV-102	Device	Date	
Agent Type (check one): 🗹 Original 🗌 Change			
Part A: Agent Information			
1. Last Name GREENE 2. First Name JOHN			3. M.I. E
4. Email	5. Phone		
6. Home Address W145 LAKE SANDIA DR			
7. City KRAKOW	8. State WI	9. Zip Code 54137	
10. Date of Birth 11. Drivers License/State ID Number 12. D	rivers License	e/State ID State o	of Issuance
Part B: Questions			
<ol> <li>Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device Lic Questionnaire</i>? Submit a completed Form CTV-101 with this form.</li> <li>If this is a change of agent, please describe the reason for the agent change. Attach additional completed form CTV-101 with this form.</li> </ol>		🛛 Ye	es 🗌 No
Part C: Business Information         1. Legal Business Name (individual name if sole proprietor)         DOLGENCORP, LLC         2. Business Trade Name or DBA         DOLLAR GENERAL STORE #         3. Entity Type (check one)         Imited Liability Company         Corporation         4. Premises Address			
5. City	6. State WI	7. Zip Code	
Part D: Attestations	I		
<b>READ CAREFULLY BEFORE SIGNING:</b> I, the Licensee, authorize the above-named individual to act for liability company with full authority and control of the premises and of all business relative to cigarettes, to devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act or successor agent, I rescind all previous agent appointments for this premises. Further, I understand that statements and affidavits in connection with this application, and that any person who knowingly pro- application may be required to forfeit not more than \$1,000 if convicted.	bacco produ n behalf of th I may be pro	icts, and/or election and entity. If I am a psecuted for sub-	ronic vaping appointing a mitting false
Signature of Licensee (officer, member, or authorized signatory)	Date		
Name of Person Signing for Licensee	Title		
<b>READ CAREFULLY BEFORE SIGNING:</b> I, the <b>Agent</b> , herby accept this appointment as agent for the all company and assume full responsibility for the conduct of all business relative to sales of cigarettes, to devices conducted on the premises for the above-named business. I further understand that I may be p and affidavits in connection with this form, and that any person who knowingly provides materially false to forfeit not more than \$1,000 if convicted.	bacco produce rosecuted for	cts, and/or electi submitting false	ronic vaping statements
Signature of Agent John Source	Date 5	-7-29	/
CTV-102 (N. 2-24)	L		artment of Revenu

FOR CLERKS ONLY

Municipality Appleton

License Period JULY 1 2024 - JUNE 30 2025

Part A: Premises/Business Information \$100						
1. Legal Business Name (individual name if sole	proprietor)				φ100	
Dolgencorp, LLC						
2. Business Trade Name or DBA						
Dollar General Store # 21851						
3. FEIN		4. Wisconsin Se	ller's Permit	Number		
		456-0000208	845-05			
5. Entity Type (check one)						
Sole Proprietor	Partnership		nited Liability			rporation
6. State of Organization	7. Date of Organiza	ation		8. Wisconsin I	OFI Registration Num	ber
KY	10/9/2008					
9. Premises Address (do not use PO Box)	0 W COLLEGE AVE					
10. City APPLETON			11. State	12. Zip Code	E4014 E200	
		· · · · · · · · · · · · · · · · · · ·		45 Aldensen	54914-5260	
I OUTAGAMIE	ng Municipality: 🔲 Ci	ty 🔲 Town	🗌 Village	15. Aldermani	C District	
6 of the standard of APF 16. Mailing Address (if different from premises a						
100 MISSION RIDGE						
17. City			18. State	19. Zip Code		
GOODLETTSVILLE			TN	37072		
20. Premises Phone	21. Premises Ema		1	22. Website	-	<u></u>
9206662773	TAX-BEERANDV				М	
23. Premises Description - Describe the building						old and stored
Describe all rooms including living quarters,	if used, for the sales	and/or storage of	cigarettes, to	bacco products,	and electronic vapin	g devices and
records. Cigarettes, tobacco products, and e Attach a floor plan if possible.	lectronic vaping devi	ces may be sold a	and stored OI	NLY on the pren	nises described in thi	s application.
6231 Stand Alone building consisting of sales area and stock room						

Part B: Questions				
1. What products will be sold at this	s business location? (check all that apply)			
🗹 Cigarettes	☑ Tobacco Products	Electronic Vaping Devices		
2. How will cigarettes, tobacco, and	d/or electronic vaping devices be sold? (check all that	apply)		
Over the counter	Vending machine			
3. Is the applicant business owned	by another business entity?	🗹 Yes 🔲 No		
If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.				
3a. Name of Parent Company: DOLLAR GENERAL CORPORATION				
3b. FEIN of Parent Company.				
531:				

Council.

### Part C: Individual Information

21851

An Individual Questionnaire, Form CTV- any parent company indicated in Part B all members and agents of a limited liab	101, must be completed and attached to a . Such persons include: sole proprietor, a ility company.	this application for each person Il officers and agents of a corpo	involved in the applicant business and ration, all partners of a partnership, and		
List the full name, title, and phone r	number for each person below. Attac	h additional sheets if necess	sary.		
Last Name	lame First Name Title Phone				
BRINING	ZACHARY	CEO/LLC MANAGER	'(		
TAYLOR	EMILY	CFO/LLC MANAGER			
GREENE	JOHN	DISTRICT MANAGER			

### Part D: Attestation

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

sole proprietor
 • one general partner of a partnership

one corporate officer
 one manag

• one managing member of an LLC

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. (<u>https://witobaccocheck.org</u>).
- 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 forfeit not more than \$1,000.

Signature		Date 4/22/2024	
Name (Last, First, M.I.) BRINING, ZACHARY, J			
Title	Email		Phone
LLC MANAGER	1		

Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
7/19/24			
License fees	Signature of Clerk/Deputy Clerk		

Form	
CTV-1	02

Date
------

gent Type (check one):  Original Ch			
Part A: Agent Information			
I. Last Name GREENE	2. First Name JOE	IN	3. M.I. E
I. Email		5. Phone	
			-
W145 LAKE SANDIA DR			
′. City KRAKOW		8. State WI	9. Zip Code 54137
0. Date of Birth 11. Drivers License/State ID Nu	mber	12. Drivers Licens	se/State ID State of Issuance
Part B: Questions			
<ol> <li>Have you completed Form CTV-101, Cigarette, Toba Questionnaire? Submit a completed Form CTV-101</li> <li>If this is a change of agent, please describe the reas</li> </ol>	with this form.		🛛 Yes 🗌 N
Part C: Business Information 1. Legal Business Name (individual name if sole proprietor)			
DOLGENCORP, LLC			
2. Business Trade Name or DBA			
DOLLAR GENERAL STORE #			
B. Entity Type (check one) ☑ Limited Liability Company	и П с	orporation	
Premises Address			
5. City		6. State	7. Zip Code
		WI	·
Part D: Attestations			<u></u>
<b>READ CAREFULLY BEFORE SIGNING:</b> I, the Licensee, at liability company with full authority and control of the premise devices conducted therein. I certify that I am authorized by t successor agent, I rescind all previous agent appointments statements and affidavits in connection with this application application may be required to forfeit not more than \$1,000 i	es and of all business relative to he entity to authorize this indivi for this premises. Further, I und n, and that any person who kn f convicted.	cigarettes, tobacco produ dual to act on behalf of t lerstand that I may be pr owingly provides materi	ucts, and/or electronic vapin he entity. If I am appointing osecuted for submitting fals
Signature of Licensee (officer, member, or authorized signatory	()	Date	
Name of Person Signing for Licensee	>	Title	
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby company and assume full responsibility for the conduct of a devices conducted on the premises for the above-named bu and affidavits in connection with this form, and that any pers	Il business relative to sales of c siness. I further understand tha	sigarettes, tobacco produ t I may be prosecuted fo	icts, and/or electronic vapir r submitting false statemen
to forfeit not more than \$1,000 if convicted.			
	m	Date 2	-7-24

Form CTV-100 Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY Municipality Apple License Period 2 C

Part A: Premises/Business	Information			
1. Legal Business Name (individual r	e de la compara de la construcció de la compara de la c		anger di serijaji je	
JALIYAN GA	4 LLC			
2. Business Trade Name or DBA				
Wisconsin Ale	Ron Osa			
3, FEIN	ju · · · · /	4. Wisconsin Sell	er's Permit	Number
		456-1	10368:	71620-02
5. Entity Type (check one)		150 1	VAUD	110000-0-0-
Sole Proprietor	Partnership	🗌 Limil	ted Liability	y Company 🗌 Corporation
6. State of Organization	7. Date of Organiza	ation		8. Wisconsin DFI Registration Number
12/12 chapter	May 0	200 9		
9. Premises Address (do not use PC	Box)		,	· ·
111. Jal Jalimon	nsin Ave	Appleto	M	WY 54911
10. City			11. State	12. Zip Code
Appletim			WI	54911
13. County	14. Governing Municipality: 📈 Cit	y 🗌 Town [	] Village	15. Aldermanic District
What same	of: HPDIcton	-		
16. Mailing Address (if different from	premises address)			•
	4		•	
17. City Serve Co	apove		18. State	19. Zip Code
Jera	- Same			
20. Premises Phone	21. Premises Emai	il		22. Website
<ul> <li>23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.</li> <li>2500.59 M. Petcall, Star W.M. Gors Star M.M. Gors Star M.M.</li> </ul>				
Part B: Questions				
1. What products will be sold at				
Cigarettes	X Tobacco	Products		Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)				
3. Is the applicant business own	ed by another business entity	?		Yes 🗌 No
3. Is the applicant business owned by another business entity?				
3a. Name of Parent Company	/:			
1				

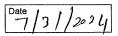
Part C: Individual Information	n an		
			n involved in the applicant business and bration, all partners of a partnership, and
List the full name, title, and phone i	number for each person below. Attac	ch additional sheets if neces	ssary.
Last Name	First Name Title Phone		
Pate /	Nilesh	Owner	
•	,		

Part D: Attestation		
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership	• one corporate officer	• one managing member of an LLC
READ CAREFULLY BEFORE SIGNING:		
I understand and agree to the following:		
I will only purchase cigarettes, tobacco, and vapor produce Department of Revenue, unless I also hold the proper discussion of the proper discussion of the properties o		
I will not purchase or exchange products from another re	etailer, including transferring exist	ing stock to a new owner.
<ul> <li>I will provide tobacco sales training that has been approv (<u>https://witobaccocheck.org</u>).</li> </ul>	ved by the Wisconsin Department	of Health Services to my employees.
I will not sell single cigarettes.		
I will not sell, give, or otherwise provide cigarettes, tobac	cco, or any nicotine products to m	inors.
I will keep product invoices on the licensed premises for enforcement. Failure to comply with this will result in crim		
<ul> <li>I will not sell cigarettes or roll-your-own (RYO) tobacco pr of certified tobacco manufacturers and brands.</li> </ul>	oducts unless listed on the Wisco	nsin Department of Justice's directory
Further, under penalty provided by law, I state that this applie to operate this business according to law and that the right assigned to another. Any lack of access to any portion of a inspection. Such refusal is a misdemeanor and grounds for false information on this application may be required to for	s and responsibilities conferred b licensed premises during inspect revocation of this license. Any pers	y the license(s), if granted, cannot be ion will be deemed a refusal to permit
Signature	Date 7/3	1/2024
Name (Last, First, M.I.) Name (Last, First, M.I.) Pate		
Title OWNEN Email		Phone

Part E: For Clerk Use Only			
Date application was filed with clerk $\frac{7}{3}$	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk	·	

Form CTV-102

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



Agent Type (check one): - Original Change				
Part A: Agent Information				
1. Last Name	2. First Name / 1			3. M.I.
PATEL	MILESG			
4. Emáil	-	- Phone		
6. Home Address			- 10-	
4705 W. Pravilicson	bone		· ·····	
7. City		8. State,	9. Zip Code	13
10. Date of Dials. 11. Drivers License/State ID Number	12.	Drivers Licens	e/State ID State o	f Issuance
				······
Part B: Questions				
1. Have you completed Form CTV-101, Cigarette, Tobacco, a				
Questionnaire? Submit a completed Form CTV-101 with th			/	s 🗌 No
2. If this is a change of agent, please describe the reason for	the agent change. Attach addit	ional sheets	if necessary.	
Part C: Business Information				
1. Legal Business Name (individual name if sole proprietor)				
JALIYON BO CHC.				
2. Business Trade Name or DBA				
Inlicenzin the Panty				
3. Entity Type (check one)	Corporation	1		
4. Premises Address				
111. W. W. Working Are				
5. City		6. State	7. Zip Code	
HPP/Plon		Wj	5491,	,
Part D: Attestations				
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize	the above-named individual to act	for the above-	named corporatio	n or limited
liability company with full authority and control of the premises and o	of all business relative to cigarettes,	tobacco produ	icts, and/or electr	onic vaping
devices conducted therein. I certify that I am authorized by the entiil successor agent, I rescind all previous agent appointments for this	premises. Further, I understand that	on benair of ti at I may be pro	osecuted for subr	nitting false
statements and affidavits in connection with this application, and application may be required to forfeit not more than \$1,000 if convic	that any person who knowingly pr	ovides materia	ally false informa	tion on this
Signature of Licensee (officer, member, or authorized signatory)		Date		
Signature of Licensee (onicer, member, or authorized signatory)		7/	31/24	
Name of Person Signing for Licensee		Title	12,120.	
Nilesh fatel	······································		131/24	
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accep	t this appointment as agent for the	above-named	corporation or lim	ited liability
company and assume full responsibility for the conduct of all busin devices conducted on the premises for the above-named business.	I further understand that I may be	prosecuted fo	r submitting false	statements
and affidavits in connection with this form, and that any person who to forfeit not more than \$1,000 if convigted.	knowingly provides materially fals	e information	on this form may	be required
Signature of Agent		Date	10.0	^
NV.16 NV2 SI		17/3	1/020	1
CTV-102 (R. 4-24)		· · //	Wisconsin Depa	/ rtment of Revenue

. .

	FOR CLERKS ONLY
Municip	ality
License	pputon
License	24-25

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) Swame	LLC		
2. Business Trade Name or DBA NORthlund AMO			
3. FEIN 4. Wisconsin 5	Seller's Permit I		78226-03
5. Entity Type (check one)	mited Liability		Corporation
6. State of Organization 7. Date of Organization		8. Wisconsin DFI	I Registration Number
9. Premises Address (do not use PO Box) 800 E NORTHI	mo i	we	
10. City Appleten	11. State	12. Zip Code	54911
10. City APPI-etem 13. County OUHGAMI 14. Governing Municipality: City Town of:	Village	15. Aldermanic E	District
16. Mailing Address (if different from premises address)			
17. City	18. State	19. Zip Code	
20. Premises Phone 9.20 723 CULU Kbpytel LQ	1ahora	22. Website	
<ul> <li>920 733 62114 Kb P4fet Lev</li> <li>23. Premises Description - Describe the building or buildings where cigarettes, tobacc</li> <li>Describe all rooms including living quarters, if used, for the sales and/or storage records. Cigarettes, tobacco products, and electronic vaping devices may be so Attach a floor plan if possible.</li> </ul>	o products, and	d electronic vaping	
BULDING. 1200 SP C.S	tope a	f cars	Stution
Part B: Questions			
1. What products will be sold at this business location? (check all that appl	у)		estronia Vaning Devices

Cigarettes	Tobacco Products	Electronic vaping Devices
2. How will cigarettes, tobacco	, and/or electronic vaping devices be sold? (check all th	hat apply)
3. Is the applicant business ow	rned by another business entity?	mpany members in Part C, and attach Form
3a. Name of Parent Compan 3b. FEIN of Parent Compan		
SàL: 8/14/24 CC: 8/21/24		

### Part C: Individual Information

An Individual Questionnaire, Form CT any parent company indicated in Part E all members and agents of a limited lia	Such persons include: sole proprietor	to this application for each perso all officers and agents of a corp	on involved in the applicant business and pration, all partners of a partnership, and	
List the full name, title, and phone	number for each person below. Atta	ach additional sheets if neces	Ssary.	
Last Name First Name Title Phone				
PATEL	KANU	owner		
•				

#### Part D: Attestation One of the following must sign and attest to this application: sole proprietor · one general partner of a partnership · one corporate officer · one managing member of an LLC 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 forfeit not more than \$1,000. Signature Date 1110 8-1-24 Name (Last, First, M.I.) 7E1 ß Title Email Phone Owne

Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk	<u>I</u>	

orm CTV-102		cco, and Electronic Vap ppointment of Agent	ing Device	AUG 0 1 202
gent Type (check	one): 🔲 Original	Change		
Part A: Agent In	formation			3. M.I.
1. Last Name	DATEI	2. First Name	10	<sup>3</sup> Milli
4. Email	PATEL		5. Phone	
6. Home Address	120 W Northi	ind one		
7 City	pl-tur.		Wi	9. Zip Code 526911
10. Date of Birth	11. Drivers License/State	e ID Number	12. Drivers License/	State ID State of Issuance
Part B: Questio	uns			
1 Have you comp	leted Form CTV-101, Cigarett	e, Tobacco, and Electronic Vaping Devic V-101 with this form	ce License - Individ	dual ⊡Yes □No
		he reason for the agent change. Attach a		
2. If this is a shar	30 0. 230	-		
Part C: Busine	ss Information			
1. Legal Business N	ame (individual name if sole propri	Swami LLe		
2. Business Trade N	lame or DBA	Junit Co-		
		Mand Amolo		
3. Entity Type (chec	k one)	ompany	ration	
4. Premises Addres				
5. City			6. State	7. Zip Code
	Appilen.	1	ha	54911
Part D: Attesta	itions			
liability company v devices conducte successor agent, statements and a	with full authority and control of the d therein. I certify that I am author	prese, authorize the above-named individual opremises and of all business relative to cigar ized by the entity to authorize this individual intments for this premises. Further, I understa pplication, and that any person who knowin \$1,000 if convicted.	to act on behalf of th and that I may be pro	e entity. If I am appointing a secuted for submitting false
		1	Date 🖇	- 1-24
Name of Person Si	gning for Licensee	KANU. B. PATEL	Title	- 1-24 WMer
company and ass devices conducte and affidavits in c	LY BEFORE SIGNING: I, the Age sume full responsibility for the con	ent, herby accept this appointment as agent for duct of all business relative to sales of cigare named business. I further understand that I m any person who knowingly provides material	ay be prosecuted for ly false information o	submitting false statements
Signature of Agent	La	cem part	Date 🖇	- 1-2y
L			······································	Wisconsin Department of Rever

та **с** 

Wisconsin Department of Revenue

Form CTV-100

(

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

FOR CLERKS ONLY	
Municipality	
Appleton	
License Period	
24-25	

Part A: Premises/Business Information          1. Legal Business Name (individual name if sole proprietor)         Sai       144-069       2.LC-         2. Business Trade Name or DBA       1         Richmberg       54 - GBO	
Sai 144-089 LLC 2. Business Trade Name or DBA it	
3. FEIN 4. Wisconsin Seller's Permit Number	
456-1026948637-02.	
5. Entity Type (check one)	
Sole Proprietor Partnership R Limited Liability Company Corporat	on
6. State of Organization 7. Date of Organization 8. Wisconsin DFI Registration Number	
9. Premises Address (do not use PO Box)	
1601. N. fichmed St	
10. City 11. State 12. Zip Code	
Appleton W, 54911	
13. County , 14. Governing Municipality: X City Town Village 15. Aldermanic District	
O'WER SEMIC of Apple ON	
16. Mailing Address (if different from premises address)	
17. City Jare as about 18. State 19. Zip Code	
20. Premises Phone 21. Premises Email 22. Website	
<ul> <li>23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this app Attach a floor plan if possible.</li> <li>25. Sont Sont for the sale for the sale of the sale of</li></ul>	es and ication.
Part B: Questions	
	nindes provider
1. What products will be sold at this business location? (check all that apply)         Cigarettes       Cigarettes         Cigarettes       Cigarettes	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)	
Øver the counter     Vending machine	
3. Is the applicant business owned by another business entity?	No
If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach For CTV-101 for all of the parent company's members, partners, or officers.	m
3a. Name of Parent Company:	
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 i	number for each person below. Attac	h additional sheets if neces	ssary.
Last Name	First Name	Title	Phone
Patel	Allesh.	aviner.	
Pate/	$m_{j}+u/.$		

#### Part D: Attestation

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

- sole proprietor
   one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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. (<u>https://witobaccocheck.org</u>).
- · 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.

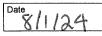
Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of 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 of this application may be required to forfeit not more than \$1,000.

Signature Date Nam Title Fm

Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		1

Form CTV-102

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



Agent Type (check one): 🛛 Original 🗌 Change			
Part A: Agent Information			
1. Last Mame 2. First Name			3. M.I.
4 Er <sup>-2</sup> "	5 Dhone		
HADS WE Prainie Song have	- 		
Appleton	8. State	9. Zip Code 5249	P13
10. Dati 11. Drivers License/State ID Number 12.	Drivers Licens	e/State ID State	of Issuance
Part B: Questions	-		
Annu Environment of the second s		/idual 	es 🗍 No
2. If this is a change of agent, please describe the reason for the agent change. Attach addi		, <u> </u>	
		in necessary.	
Part C: Business Information			
1. Legal Business Name (individual name if sole proprietor)			
2. Business Trade Name or DBA			
E chmod ST. UTS 2			
3./Entity Type (check one)	n		
4. Premises Address 1601. N. Aichmondst			
5. City Appleton	6. State⊾ √)	7. Zip Code 549	·))
Part D: Attestations			
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act liability company with full authority and control of the premises and of all business relative to cigarettes devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act successor agent, I rescind all previous agent appointments for this premises. Further, I understand the statements and affidavits in connection with this application, and that any person who knowingly p application may be required to forfeit not more than \$1,000 if convicted.	, tobacco produ t on behalf of th at I may be pro	icts, and/or elect ne entity. If I am osecuted for sub	ronic vaping appointing a mitting false
Signature of Licerisee (officer, member or authorized signatory)	Date /	31/20.	24,
Name of Person Signing for Licensee	Title	vner,	
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept this appointment as agent for the company and assume full responsibility for the conduct of all business relative to sales of cigarettes, devices conducted on the premises for the above-named business. I further understand that I may be and affidavits in connection with this form, and that any person who knowingly provides materially fals to forfeit not more than \$1,000 if convicted.	tobacco produ prosecuted for	cts, and/or elect submitting false	ronic vaping statements
Signature of Agent	Date		

Wisconsin Department of Revenue

### Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event + \$7 (applicant background investigation fee)	Application Date: 1-29-2024
Town Village X City of Appleton	County of BUTH BAMIE
The named organization applies for: (check appropriate box(es).) A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.	
A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats. at the premises described below during a special event beginning ACG 13P and ending ACG 18P and agrees	
at the premises described below during a special event beginning, to comply with all laws, resolutions, ordinances and regulations (sta and/or wine if the license is granted.	
<b>1. Organization</b> (check appropriate box) → □ Bona fide Club □ Veteran's Orga	
ch. 181, Wis. S	itats.
(a) Name $\overline{}$ , $\underline{}$	RAL Thostown 10) = EVQ11
(c) (Street) (Street)	Town Village City
(c) Date organized	
(d) If corporation, give date of incorporation	
<ul> <li>(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: box: </li> <li>(f) Names and addresses of all officers:</li> </ul>	
President TSR, RAY STHD	MEVEL - PARISH TASTOR
	E- FACILITY MER.
Secretary DANA SCHMIDT	
Treasurer ROCER STMON	AMIRITAZ 1, 1, 2, 2, 11 11
(g) Name and address of manager or person in charge of affair	MICHHEL PUSNIK
(	
2. Location of Premises Where Beer and/or Wine Will Be So Beverage Records Will be Stored:	ld, Served, Consumed, or Stored, and Areas Where Alcohol
(a) Street number 404 W, LAWRENCE STREET	
(b) Lot	Block
(c) Do premises occupy all or part of building?	
(d) If part of building, describe fully all premises covered under to cover:	this application, which floor or floors, or room or rooms, license is
3. Name of Event (a) List name of the event KICHTS & BITES	
(b) Dates of event 1206 18 th	
(c) Time(s) of event $16 RM - 5$	418)
DECLAR	
An officer of the organization, declares under penalties of law that to best of his/her knowledge and belief. Any person who knowingly p may be required to forfeit not more than \$1,000.	he information provided in this application is true and correct to the provides materially false information in an application for a license
Mil 1 Picto	C.E.C. Bank
Officer	(Name of Organization)
Date Filed with Clerk JUL 2 9 2024	Date Reported to Committee
Date Granted	License No.
	COA Dept. Approval: Police Fire Health
AT-315 (R. 9-19) COA Version 2024	Wisconsin Department of Revenue