



City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, August 14, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[24-0995](#) Safety & Licensing Committee Minutes from 7/24/24

Attachments: [S&L Minutes 7.24.24.pdf](#)

5. **Public Hearing/Appealances**

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 Safety and Licensing Committee held
Kim Williams addressed the committee

7/10/24	Safety and Licensing Committee <i>Motion failed 2/3</i>	recommended for approval
7/10/24	Safety and Licensing Committee <i>Approve a 60 day extension (commencing July 10th) for the licensee to complete remaining work to reopen the business and for the alcohol license to no longer be deemed abandoned. Motion failed 2/3.</i>	recommended for approval
7/10/24	Safety and Licensing Committee <i>Approve the non-renewal of the alcohol license in accordance with the findings of the attached report. Motion carried 3/2.</i>	recommended for approval
7/17/24	Common Council	referred to the Safety and Licensing Committee
7/24/24	Safety and Licensing Committee <i>Recommend approval of the non-renewal of the license. Motion Failed 2/3</i>	recommended for approval
7/24/24	Safety and Licensing Committee <i>Extend the license abandonment period to August 15th 2024. Motion Carried 3/2.</i>	recommended for approval
7/24/24	Safety and Licensing Committee <i>Further extend abandonment to August 31st. Motion Failed 2/3</i>	amended
8/7/24	Common Council	referred to the Safety and Licensing Committee

[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.

[24-1006](#) 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.

Attachments: [Gonzalez Mexican Grill LLC Class B Reserve Combo Redacted.pdf](#)

[24-1004](#) Class "B" Beer & Reserve "Class B" Liquor License application for Rivera Restaurants LLC d/b/a Mr. Frogs on the Ave, Vanessa Alvarado, Agent, located at 409 W. College Ave, contingent upon approval from the Health, Inspections, and Public Works departments.

Attachments: [Rivera Restaurants LLC 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.
Attachments: [May's Kitchen Redacted.pdf](#)
- [24-0987](#) 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.
Attachments: [Dollar General 6535 Redacted.pdf](#)
- [24-0989](#) 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.
Attachments: [Dollar General 21851 Redacted.pdf](#)
- [24-0986](#) 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.
Attachments: [Rye Restaurant Premise Amend. 2024.pdf](#)
- [24-0992](#) 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.
Attachments: [Trout Museum Premise Amend. 9.5.24.pdf](#)
- [24-0993](#) 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.
Attachments: [Fox Cities PAC Temp Premise Amend 8.21.24.pdf](#)
- [24-0994](#) 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.
Attachments: [Fox Cities PAC Temp Premise Amend 10.4.24.pdf](#)

[24-0988](#) 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](#)

[24-0990](#) Cigarette, Tobacco, and Electronic Vaping Device License application for Dolgencorp LLC d/b/a Dollar General #21851, John Greene, Agent, 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](#)

[24-1011](#) Cigarette, Tobacco, and Electronic Vaping Device License application for Swami LLC d/b/a Northland Amoco, Kanu Patel, Agent, located at 800 E. Northland Ave.

Attachments: [Northland Amoco Tobacco Redacted.pdf](#)

[24-1012](#) Cigarette, Tobacco, 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](#)

[24-1005](#) Temporary Class "B" Beer License application for St Joseph Parish, Michael Pusnik, Person in Charge, located at 404 W. Lawrence St, on August 18, 2024 from 10 a.m. to 5 p.m. for Flights & Bites event, 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

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

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, July 24, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Pledge of Allegiance

3. Roll call of membership

Aldersperson Schultz arrived at 5:31 p.m.

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

4. Approval of minutes from previous meeting

[24-0937](#)

Safety & Licensing Committee Minutes from 7/10/24

Attachments: [S&L Minutes 7.10.24.pdf](#)

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

Aye: 4 - Croatt, Siebers, Doran and Fenton

Absent: 1 - Schultz

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](#)

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

[24-0919](#)

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

Attachments: [ODH Appleton.Cambria App Redacted.pdf](#)

This Report Action Item was recommended for approval

[24-0920](#)

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

[24-0944](#) 2024 Legal & Admin. Services-CITY CLERK Mid-Year Report

Attachments: [2024 Legal-Admin CITY CLERK Mid Year Report \(FINAL\).pdf](#)

[24-0943](#) 2024 Fire Department Mid-Year Report

Attachments: [2024 Appleton Fire Department Mid-Year Report - 06-30-24.pdf](#)

[24-0936](#) 2024 Police Department Mid-Year Report

Attachments: [2024 APD Mid-Year report.pdf](#)

[24-0881](#)

Special Events

- Appleton Police Department, Mural Painting at APD, Elm St and Police Department, July 15th - July 19th 2024
- Appleton Downtown Inc, Light the Night Market - Summer, College Avenue, July 19th 2024
- Appleton Fox Cities Kiwanis Club, 46th Annual Appleton Car Show and Swap Meet, Pierce Park, July 21st 2024
- Appleton Parks and Recreation Department, Appleton Children's Parade, College Avenue and City Park, July 24th 2024
- Trout Museum of Art, Art at the Park, City Park, July 27th and 28th 2024
- Mile of Music Festival, College Avenue, Jones Park, Lawrence Lawn and Houdini Plaza, August 1st - August 4th 2024
- Appleton Parks and Recreation Department, Flicks & Sips, Jones Park Amphitheater, August 16th 2024

[24-0938](#)

Director's Report

1. City Clerk
 - Partisan Primary Election Reminders
2. Fire Chief
 - Hiring Update
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



DEPARTMENT OF
**LEGAL AND
ADMINISTRATIVE
SERVICES**

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

TO: Safety and Licensing Committee, Common Council

From: ACA Zak Buruin

Date: 6/21/24

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

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

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

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

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

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

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

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

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



CITY OF APPLETON

OFFICE OF THE CITY CLERK

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

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 28th, 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 30th 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 26th, 2024, before the Safety & Licensing Committee. The hearing will take place at 5:30 p.m. in the Council Chambers – 6th 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 kami.lynch@appletonwi.gov stating your intent to surrender the license and withdraw your renewal application. This option allows you to receive a refund for the alcohol license fee.

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

Respectfully,

Kami Lynch, City Clerk

Encl: Abandonment/Non-use of Alcohol License Letter



LEGAL & ADMINISTRATIVE
SERVICES DEPARTMENT

Office of the City Clerk

Kami Lynch, Clerk

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6443

July 28, 2023

Kim Williams

200 E Harding Drive

Appleton, WI 54915

Re: Abandonment/Non-Use of Alcohol License

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

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

Respectfully,

Kami Lynch
City Clerk

Retail Food Establishment Inspection Report

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

Inspection Information		
Inspection Type Routine	Inspection Date May 30, 2023	Total Time Spent

Equipment Temperatures	
Description walkin beer cooler pizza freezer	Temperature (Fahrenheit)

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

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

Comments:
<p>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.</p> <p>Re attach the faucet on the 4 compartment sink. (Faucet is onsite)</p> <p>Report will be mailed to 200 E. Harding Drive 54915</p>

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

Person in Charge

Sanitarian


Rick Williams


Michelle Roberts
(920) 832-6429

Retail Food Establishment Inspection Report

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

Inspection Information		
Inspection Type Routine	Inspection Date May 30, 2024	Total Time Spent

Equipment Temperatures	
Description walkin beer cooler pizza freezer	Temperature (Fahrenheit)

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

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

Comments:
<p>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.</p> <p>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.</p> <p>Report emailed to crystal.k.denton@gmail.com</p>

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

Person in Charge

Sanitarian


Kim Williams


Michelle Roberts
 (920) 832-6429

Form
AT-115

Renewal Alcohol Beverage License Application

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

License(s) Requested

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

License Fees	\$ 500
Publication Fee	\$ 20
Background Check	\$ 7
Total Fees	\$ 527

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) Kim Williams		
2. Trade Name or DBA Corner Pub		
3. Premises Address 1123 N. Mason St. Appleton WI 54914		
4. County Outagamie	5. Municipality Appleton	6. Aldermanic District 10
7. Mailing Address (if different from premises address) 200 E Harding Dr. Appleton WI 54915		
8. FEIN 456-0002312585-03	9. Wisconsin Seller's Permit Number 456-0002312585-03	
10. Premises Phone 920-450-8456	11. Premises Email none	
12. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body. 1123 North Mason Street - 110x230 sq ft. Tavern - 40x40 sq ft Basement storage		

Part B: Questions		
1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.		
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove
First Name	Last Name	
Phone	Title	<input type="checkbox"/> Add <input type="checkbox"/> Remove

Part B: Questions Cont.

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information Yes No

3. Does the licensee or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary Yes No

4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? Yes No

5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)? Yes No

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

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

Part C: For Corporate/LLC Applicants Only:

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104 Yes No

2. Agent Last Name	Agent First Name	Agent Phone Number
--------------------	------------------	--------------------

Part D: Attestation

Who must sign this application?

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

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

Signature <i>Kim Williams</i>	Date <i>3-11-24</i>	
Name (Last, First, M.I.) <i>Kim M. Williams</i>		
Title <i>owner</i>	Email	Phone <i>920-450-8456</i>

Part E: For Clerk Use Only

Date application was filed with clerk <i>3/11/2024</i>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Nathan Williams

From: Crystal Williams <crystal.k.denton@gmail.com>
Sent: Tuesday, June 4, 2024 3:02 PM
To: Nathan Williams
Subject: Fwd: Corner Pub
Attachments: image001.jpg; Inspection-Letter_05-30-2024.pdf

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

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

From: Michelle Roberts <Michelle.Roberts@appleton.org>
Date: Mon, Jun 3, 2024, 10:29
Subject: Corner Pub
To: crystal.k.denton@gmail.com <crystal.k.denton@gmail.com>

Attached is the notes from Electrical and Fire

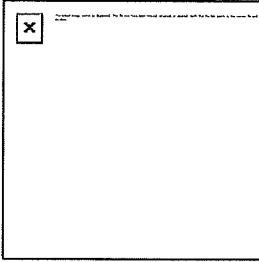
Below is the list of violations that I noticed at the Corner Pub on 1123 N Mason. A licensed electrical contractor will need to apply for a permit and perform the work. Once Kurt creates a CSR I will put the notes in. Let me know if you have any questions.

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

-Box extensions needed – 314.20

-Box fill – 314.16

Thank you,



Timothy Meyer

Electrical Inspector

City of Appleton, Community Development Department

100 N. Appleton Street, Appleton, WI 54911

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

Appleton.org



Appleton Fire Department Inspection Report

Business Information

Occupant Name: Corner Bar **Date Completed:** 05/30/2024
Address: 1123 N MASON ST **IFC Classification:** A2 - Assembly
Business Phone:
Occupant Suite:
City: APPLETON **State:** WI **Postal Code:** 54914

Contact Information

First Name Kim **Last Name** Williams
Cell Phone 920-450-8456

Inspection Information

Inspection Type: Routine

Violations

Complaint Reported Date	Violation Code	Violation Status	Re-Inspection Date	Description	Comments
12:29:26	603.2.2	Violation Noted - Schedule Recheck	06/26/2024	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	06/26/2024	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	06/26/2024	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=1MBznFpMIwiBixVvi4et2T-_0bvi8qAAe

Inspected by: DETERT, JEREMIAH

Date Completed: 05/30/2024

12:35:33	315.3.3	Violation Noted - Schedule Recheck	06/26/202 4	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
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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.



CITY OF APPLETON

MEMORANDUM

Date: 7/10/24
To: 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

1. 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.
2. 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.
5. 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.
7. 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.

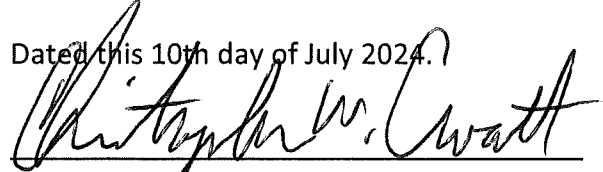
CONCLUSIONS OF LAW

1. 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.
2. 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.

Dated this 10th day of July 2024.



Alderman Chris Croatt
Chairperson, Safety and Licensing
Committee



DEPARTMENT OF
**LEGAL AND
ADMINISTRATIVE
SERVICES**

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
AS AMENDED ON JULY 24, 2024**

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. *This matter was referred back by the Common Council on July 17, 2024, and was taken up again at the July 24, 2024 Safety and Licensing Committee. (Amendments to original report are italicized 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

1. 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.

2. 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.
5. 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.
7. 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.

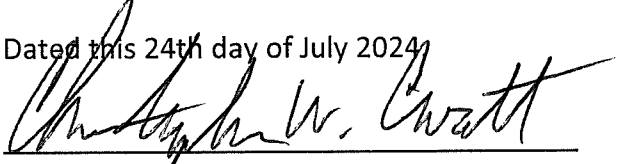
12. As of July 10, 2024, the licensed premises known as the Corner Pub continued to be closed to the public.
13. While the Corner Pub was closed to the public, no retail sales of alcohol beverages occurred.
14. Due to the catastrophic circumstances that the owner and family endured after the catastrophic 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

1. 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.
2. 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 has until August 15, 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 Municipal Code of the City of Appleton.
- ~~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 **EXTEND THE PERIOD BEFORE ABANDONEMENT CAN BE FOUND UNTIL AUGUST 15, 2024, for 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

Alderman Chris Croatt
Chairperson, Safety and Licensing
Committee

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- Class "A" Beer \$ _____
 Class "B" Beer \$ 100
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ 10,500
 "Class C" Liquor (wine only) \$ _____
- Deposit \$50

Fees	
License Fees	\$ <u>10,600</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>60</u>
Total Fees	\$ <u>10,667</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Carolina Gonzalez Ramirez</u>			
2. Business Trade Name or DBA <u>Gonzalez Mexican Grill LLC</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1031777483-04</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>6/27/2024</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>2190 S Memorial Dr</u>			
10. City <u>Appleton</u>		11. State <u>WI</u>	12. Zip Code <u>54915</u>
13. County <u>Outagamie</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District
16. Premises Phone <u>920-963-1102</u>	17. Premises Email		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, 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. <u>1324 sq. ft Restaurant, Bar, Patio, Kitchen, coolers and storage in the Basement.</u>			
20. Mailing Address (if different from premises address) <u>290 South Memorial Dr</u>			
21. City <u>Appleton</u>		22. State <u>WI</u>	23. Zip Code <u>54915</u>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

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

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Gonzalez Ramirez	Carolina	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 member of an LLC

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

Last Name Gonzalez Ramirez	First Name Carolina	M.I.
Title Sole owner	Email	Phone

Signature: Carolina Gonzalez Ramirez Date: 6/27/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7/16/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



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 S 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 X

AND/OR been convicted of a felony? Yes _____ No X

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

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

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

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

Name: Luis Santiago Hedezma
First name Middle Initial Last name

Address: _____
City State ZIP

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

Name: El Sabor Mexican 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 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 months ago.

10. Seating capacity: Inside 48 Outside 34

11. Operating hours (Inside the building): 11AM to 10 PM
Operating hours (Outdoor seating areas): 11AM to 10 PM

12. Employees/Staff

Number of floor personnel 2 Number of door checkers 1

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

- a. Gross floor building area of the premises to be licensed: 1,324 square feet.
b. Gross outdoor seating areas of the premises to be licensed: _____ square feet.
c. Below, identify the operational details of the proposed establishment:

The 1,324 in sq Ft include Resturant, Bar, Patio, Kitchen, Coolers and Storage in the basement.

Carolina Gonzalez
Signature

07/10/24
Date

Alcohol Beverage Appointment of Agent

Date

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

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

Part B: Agent Information			
1. Last Name Gonzalez Ramirez	2. First Name Carolina	3. M.I.	
4. Email		5. Phone	
6. Home Address 2425 N Skylark Dr			
7. City Appleton	8. State WI	9. Zip Code 54914	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

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

Continued →


Part D: Business Attestation

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

Last Name Gonzalez Ramirez		First Name Carolina		M.I.
Title Owner	Email		Phone	
Signature Carolina Gonzalez			Date 07/10/24	

Part E: Agent Attestation

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

Last Name Gonzalez Ramirez		First Name Carolina		M.I.
Signature 			Date 07/10/24	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

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

- Class "A" Beer \$ _____
 Class "B" Beer \$ 100
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ 10,560
 "Class C" Liquor (wine only) \$ _____
Deposit \$50

Fees	
License Fees	\$ 10,600
Background Check Fee	\$ 7
Publication Fee	\$ 60
Total Fees	\$10,667

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Rivera Restaurants LLC			
2. Business Trade Name or DBA Mr. Frogs on the Ave			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1031439664-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 02/07/2023	8. Wisconsin DFI Registration Number R085474
9. Premises Address 409 W College Ave			
10. City Appleton		11. State WI	12. Zip Code 54911
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District
16. Premises Phone (920) 277-1575		17. Premises Email vmalvaradol6@gmail.com	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, 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. Bar/tavern. Serving and consumption of alcohol inside and outside ^{in enclosed} of back of building. Alcohol will be stoed in coolers and large cooler in basement. <u>Approximately 2,600 sq ft.</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions		
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated OWI	Location Brown County	Trial Date 06/04/2009
Penalty Imposed Suspended DL		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Alvarado	Vanessa	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 member of an LLC

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

Last Name Alvarado	First Name Vanessa	M.I. M
Title Owner	Email	Phone
Signature <i>Vanessa Alvarado</i>		Date 07/18/20

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7/18/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



City of Appleton

Alcohol License Questionnaire

1. Name of Applicant: Vanessa M Alvarado

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

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:

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	M	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 / /

6. Name of person/corporation you are ^{renting} ~~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 *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 floor building area of the premises to be licensed: 2,600 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 Alvarado
Signature

7/18/2024
Date

Alcohol Beverage Appointment of Agent

Date

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) Rivera Restaurants LLC	
2. Business Trade Name or DBA Mr. Frogs on the Ave	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Alvarado	2. First Name Vanessa	3. M.I. M
4. Email		5. Phone
6. Home Address 4821 N Latitude Ln Unit C		
7. City Appleton	8. State WI	9. Zip Code 54913
10. Age		11. Drivers License/State ID Number
		12. Drivers License/State ID State of Issuance

Part C: Agent Questions

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

Continued →

Part D: Business Attestation

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

Last Name Alvarado		First Name Vanessa		M.I. M
Title Owner	Email		Phone	
Signature <i>Vanessa Alvarado</i>			Date 07/18/24	

Part E: Agent Attestation

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

Last Name Alvarado		First Name Vanessa		M.I. M
Signature <i>Vanessa Alvarado</i>			Date 07/18/20	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

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

- Class "A" Beer \$ _____ Class "B" Beer \$ 100
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 100
Background Check Fee	\$ 7
Publication Fee	\$ 60
Total Fees	\$ 167

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>May's Kitchen</u>			
2. Business Trade Name or DBA <u>lilac enterprise llc</u>			
3. FFIN		4. Wisconsin Seller's Permit Number <u>456-1030187229-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>10/18/2018</u>	8. Wisconsin DFI Registration Number <u>L063650</u>
9. Premises Address <u>1804 S. Lawe Street #204</u>			
10. City <u>Appleton</u>		11. State <u>WI</u>	12. Zip Code <u>54915</u>
13. County <u>Outagamie</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District
16. Premises Phone <u>(920) 939-6004</u>	17. Premises Email <u>lilacenterprise llc@gmail.com</u>		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, 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. <u>Product store in back and Refrigerator up front. Sold up front to common share area. #see attached sheet</u>			
20. Mailing Address (if different from premises address) <u>1226 Appleton street</u>			
21. City <u>menasha</u>		22. State <u>WI</u>	23. Zip Code <u>54952</u>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

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

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Vans	May	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 member of an LLC

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

Last Name Vans	First Name May	M.I. N
Title owner	Email	Phone
Signature 		Date 7/26/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7/31/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) May's Kitchen Lilacenterprise LLC	
2. Business Trade Name or DBA May's Kitchen	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Vang	2. First Name May	3. M.I. N
4. Email		5. Phone
6. Home Address 1226 Appleton Street		
7. City Menasha	8. State WI	9. Zip Code 54952
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance

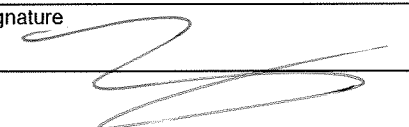
Part C: Agent Questions

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

Continued →

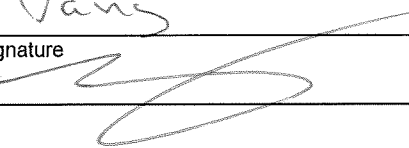
Part D: Business Attestation

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

Last Name <i>Vang</i>		First Name <i>May</i>	M.I. <i>N</i>
Title <i>owner</i>	Email	Phone	
Signature 		Date <i>7/26/24</i>	

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 <i>Vang</i>		First Name <i>May</i>	M.I. <i>N</i>
Signature 		Date <i>7/26/24</i>	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality Appleton
License Period 2024-2025

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

- | | |
|-----------------------------------------------------------------------|------------------------------------------------------------|
| <input checked="" type="checkbox"/> Class "A" Beer.....\$ <u>250</u> | <input type="checkbox"/> Class "B" Beer.....\$ _____ |
| <input checked="" type="checkbox"/> "Class A" Liquor....\$ <u>450</u> | <input type="checkbox"/> "Class B" Liquor.....\$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$ 700
Background Check Fee	\$ 21
Publication Fee	\$ 60
Total Fees	\$ 781

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) DOLGENCORP, LLC			
2. Business Trade Name or DBA DOLLAR GENERAL STORE # 6535			
3. FEIN		4. Wisconsin Seller's Permit Number 456-0000208845-05	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization TENNESSEE		7. Date of Organization 10/9/2008	8. Wisconsin DFI Registration Number
9. Premises Address 1320 W WISCONSIN AVE UNIT			
10. City APPLETON		11. State WI	12. Zip Code 54914-3287
13. County OUTAGAMIE		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: APPLETON	15. Aldermanic District
16. Premises Phone 9202680610		17. Premises Email tax-beerandwinelicense@dollargeneral.com	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, 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. 8419 SQ FT Shopping Center building consisting of sales area and stockroom. *see attached 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, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity DOLLAR GENERAL CORPORATION	4b. Business Entity FEIN
--------------------------------------------------------	--------------------------

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

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

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

Part C: Individual Information

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


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

Last Name	First Name	Title	Phone
BRINING	ZACHARY	LLC MANAGER	
TAYLOR	EMILY	LLC MANAGER	
GREENE	JOHN	AGENT	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name TAYLOR	First Name EMILY	M.I. C
Title LLC MANAGER	Email	Phone
Signature 		Date 4/23/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7/19/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)	
<input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number N/A
6. Describe the reason for appointing a successor agent, if successor is checked above. CHANGE OF MANAGER	

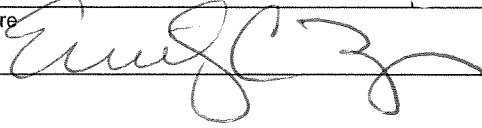
Part B: Agent Information			
1. Last Name GREENE	2. First Name JOHN	3. M.I.	
4. Email		5. Phone	
6. Home Address W145 LAKE SANDIA DR			
7. City KRAKOW	8. State WI	9. Zip Code 54547	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

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

Continued →

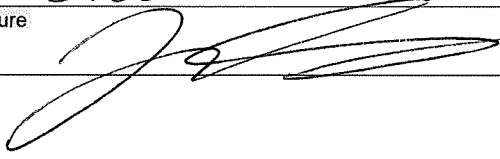
Part D: Business Attestation

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

Last Name TAYLOR		First Name EMILY	M.I. C
Title CFO/LLC MANAGER	Email		Phone
Signature 		Date	

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 GREENE		First Name John	M.I. E
Signature 		Date 4-15-24	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality Appleton
License Period 24-25

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

- Class "A" Beer.....\$ 250 Class "B" Beer.....\$ _____
 "Class A" Liquor....\$ 450 "Class B" Liquor.....\$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 700
Background Check Fee	\$ <u>0</u>
Publication Fee	\$ <u>60</u>
Total Fees	\$ <u>760</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) DOLGENCORP, LLC		
2. Business Trade Name or DBA DOLLAR GENERAL STORE # 21851		
3. FEIN	4. Wisconsin Seller's Permit Number 456-0000208845-05	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization TENNESSEE	7. Date of Organization 10/9/2008	8. Wisconsin DFI Registration Number
9. Premises Address 1010 W COLLEGE AVE		
10. City APPLETON	11. State WI	12. Zip Code 54914-5260
13. County OUTAGAMIE	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: APPLETON	15. Aldermanic District
16. Premises Phone 9206662773	17. Premises Email tax-beerandwinelicense@dollargeneral.com	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, 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. 6231 SQ FT Stand Alone building consisting of sales area and stockroom. *see attached 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, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

4a. Name of Business Entity DOLLAR GENERAL CORPORATION	4b. Business Entity FEIN
--------------------------------------------------------	--------------------------

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
BRINING	ZACHARY	LLC MANAGER	
TAYLOR	EMILY	LLC MANAGER	
GREENE	JOHN	AGENT	

Part D: Attestation

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

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

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

Last Name TAYLOR	First Name EMILY	M.I. C
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Title LLC MANAGER	Email	Phone
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Signature 	Date 4/23/2024
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Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7/19/24	License Number	Date License Granted	Date License Issued
--------------------------------------------------	----------------	----------------------	---------------------

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)
---------------------------------	-------------------------------------------------

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)	
<input checked="" type="checkbox"/> 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 # 21891	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number N/A
6. Describe the reason for appointing a successor agent, if successor is checked above. CHANGE OF MANAGER	

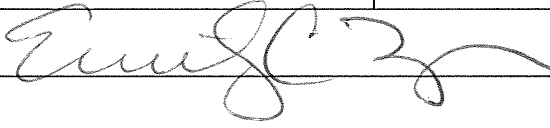
Part B: Agent Information			
1. Last Name GREENE	2. First Name JOHN	3. M.I.	
4. Email		5. Phone	
6. Home Address W145 LAKE SANDIA DR			
7. City KRAKOW	8. State WI	9. Zip Code 54547	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

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

Continued →


Part D: Business Attestation

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

Last Name TAYLOR		First Name EMILY	M.I. C
Title CFO/LLC MANAGER	Email		Phone
Signature 		Date	

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 GREENE		First Name John	M.I. E
Signature 		Date 4-15-24	

PA

Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!



Please allow 4 weeks for application processing

FEES ARE NON-REFUNDABLE

License Fee - \$10.00/event (CLCAGP)

Date Rec'd 7/19/24
 Total \$ 10
 Receipt #: 7197-6

SECTION 1 - ESTABLISHMENT INFORMATION

Name of Establishment <u>Rye Restaurant</u>	Establishment Phone Number <u>920 380 4745</u>
Address of Establishment <u>308 W. College Ave</u>	
Agent Name <u>Nick Morse</u>	Agent Phone Number (Required)

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

Is this Premises Amendment Permanent? YES NO

Please describe the change in premises: We would like to add to Rye's premise description the storage of wine, beer and alcohol in two locations. The first location for wine and beer located in a walk in cooler on the lower level of the Copperleaf hotel. The second location is a storage room in lower level of RYE for wine and alcohol.

continued here - Adding Lobby, including bar. Total Approximate square feet: 2200 for restaurant, Lobby Bar and storage. Including Copperleaf meeting rooms, guest rooms, Rye dining room, Rye Bar, and storage.

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized:

SECTION 3 - PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: [Signature] Date: 07 / 18 / 2024

FOR OFFICE USE ONLY

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

Main-1454²
 Tavern 757²

2211ft²

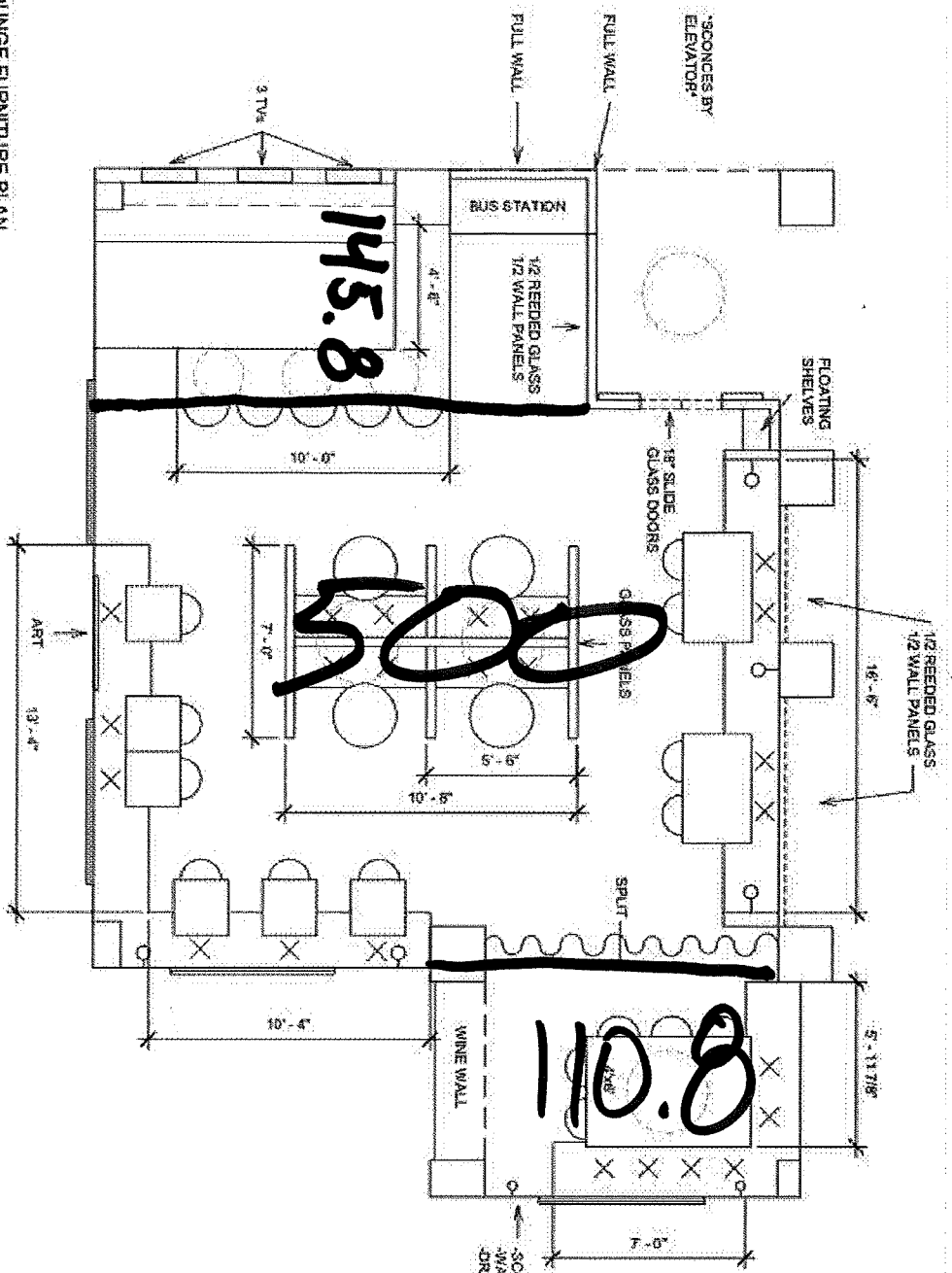


LISA & MELANIE
 RYE LOUNGE

No.	Description	Date

FURNITURE PLAN		Scale 1/4" = 1'-0"
Project number	Project Version	
Date	Issue Date	
Drawn by	KES	
Checked by	MLK	
A106		

① LOUNGE FURNITURE PLAN
 1/4" = 1'-0"



756.6



Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!

Please allow 4 weeks for application processing

FEES ARE NON-REFUNDABLE	
<input checked="" type="checkbox"/> License Fee - \$10.00/event (CLCAGP)	Date Recv'd <u>6/20/24</u> Total \$ <u>10</u> Receipt #: <u>7023-3</u>

SECTION 1 – ESTABLISHMENT INFORMATION

Name of Establishment <u>The Trout Museum of Art</u>	Establishment Phone Number <u>920-733-4089</u>
Address of Establishment <u>111 W. College Ave Appleton, WI 54911</u>	
Agent Name <u>Christina Turner</u>	Agent Phone Number (Required)

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

Is this Premises Amendment Permanent? YES NO

Please describe the change in premises: 9/5/24 event with outside bar and music. Will be utilizing Houdini Plaza stage for music. (100-150 guests)

If temporary, please specify the reason for the amendment: Party for museum. Guests will be members of the Contemporaries.

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: 9/5/2024 1pm-10pm

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: *Christina Turner* Date: 6/20/24

FOR OFFICE USE ONLY

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

Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!



Please allow 4 weeks for application processing

FEES ARE NON-REFUNDABLE

License Fee - \$10.00/event
(CLCAGP)

Date Recv'd 7/25/24
Total \$ 10
Receipt #: 7177-4

SECTION 1 - ESTABLISHMENT INFORMATION

Name of Establishment <u>Fox Cities Performing Arts Center</u>	Establishment Phone Number <u>920-730-3782</u>
Address of Establishment <u>400 W. College Ave, Appleton, WI 54911</u>	
Agent Name <u>Maria Van Loanen</u>	Agent Phone Number (Required)

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

Is this Premises Amendment Permanent? YES NO

Please describe the change in premises: We will be using our loading dock and staff parking lot area to host our Annual Partner Cookout, a yearly stewardship event to engage with our donors.

If temporary, please specify the reason for the amendment: We are hosting an outdoor cookout event!

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: Wednesday, August 21st 3:00pm - 9:00pm?

SECTION 3 - PENALTY NOTICE

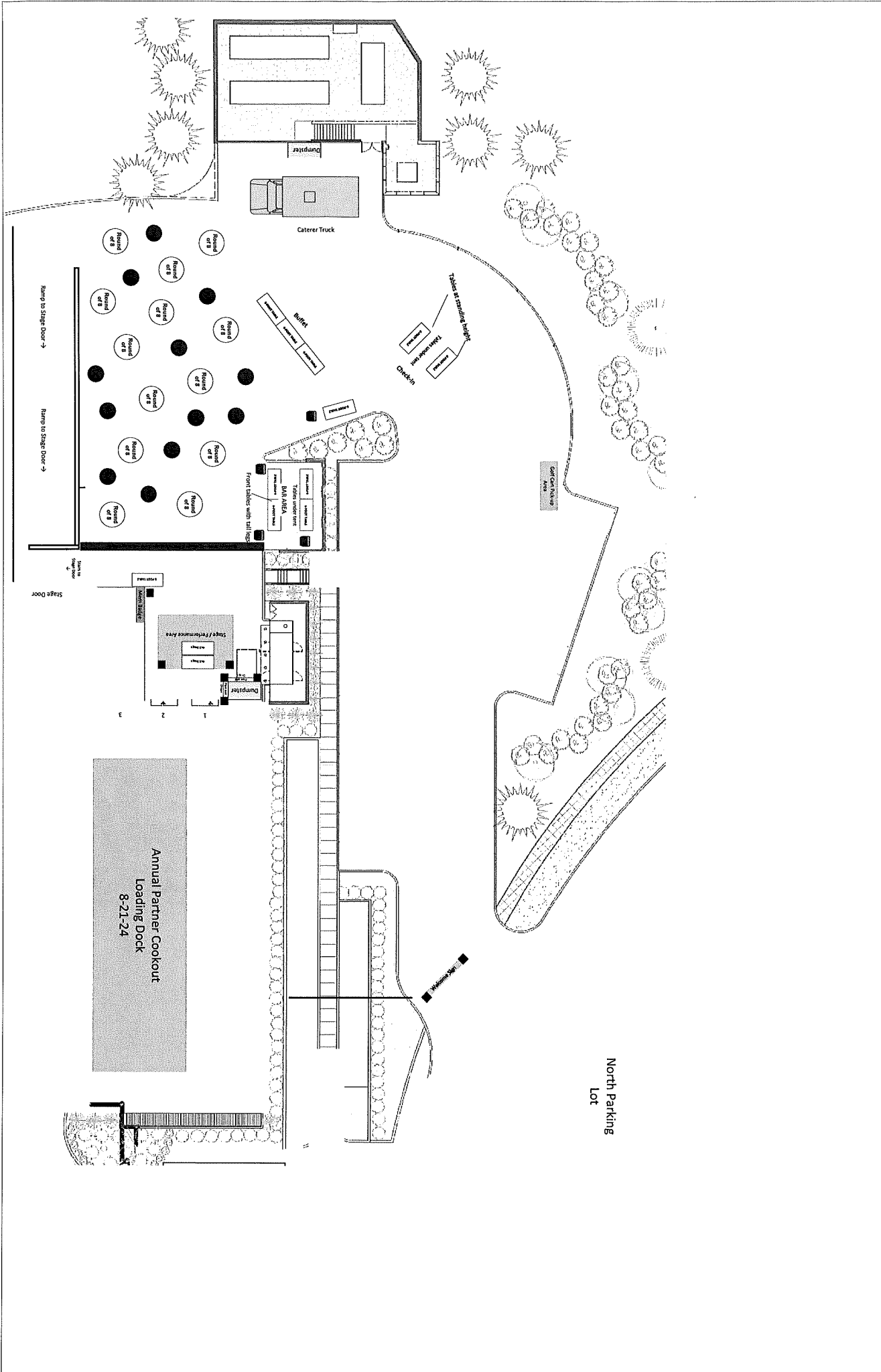
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Andrea Kuhlman Date: 7/23/2024

FOR OFFICE USE ONLY

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



Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!



Please allow 4 weeks for application processing

FEES ARE NON-REFUNDABLE

License Fee - \$10.00/event
(CLCAGP)

Date Recv'd 7/25/24
Total \$ 10
Receipt #: 7177-4

SECTION 1 – ESTABLISHMENT INFORMATION

Name of Establishment <u>Fox Cities Performing Arts Center</u>	Establishment Phone Number <u>920-730-3782</u>
Address of Establishment <u>400 W. College Ave, Appleton, WI 54911</u>	
Agent Name <u>Maria Van Laanen</u>	Agent Phone Number (Required)

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

Is this Premises Amendment Permanent? YES NO

Please describe the change in premises: We will be using our "Thrivent Plaza" area on the corner of Washington and Division streets as a 'beer garden' area where guests can enjoy cocktails and cuisine from food trucks.

If temporary, please specify the reason for the amendment: We are hosting a new annual fundraiser event, "a la CARTE" and using the outdoor area of our Plaza.

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: Friday, October 4
4:00pm - 10:00pm

SECTION 3 – PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Andrea Kuhlou Date: 7/25/2024

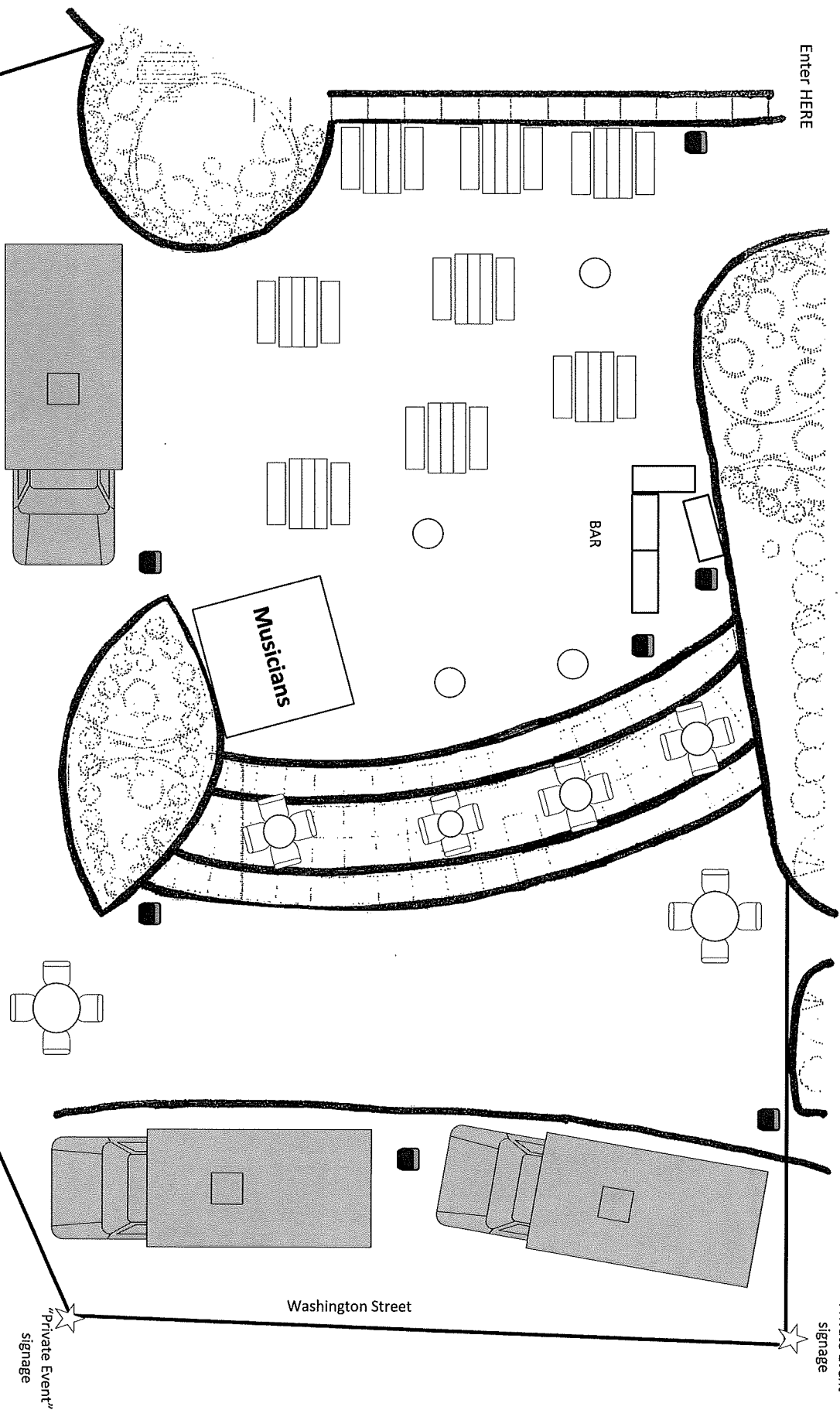
FOR OFFICE USE ONLY

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



PATHS Doors Closed

Enter HERE



"Private Event"
signage

Division Street

Musicians

BAR

Washington Street

"Private Event"
signage

"Private Event"
signage

"Private Event"
signage

a la CARTE
Thrivent Plaza
10-4-2024

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

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) Dolgencorp, LLC		
2. Business Trade Name or DBA Dollar General Store # 6535		
3. FEIN	4. Wisconsin Seller's Permit Number 456-0000208845-05	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
6. State of Organization KY	7. Date of Organization 10/9/2008	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 1320 W WISCONSIN AVE UNIT		
10. City APPLETON	11. State WI	12. Zip Code 54914-3287
13. County OUTAGAMIE	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: APPLETON	15. Aldermanic District
16. Mailing Address (if different from premises address) 100 MISSION RIDGE		
17. City GOODLETTSVILLE	18. State TN	19. Zip Code 37072
20. Premises Phone 9202680610	21. Premises Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	22. Website
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 Shopping Center building consisting of sales area and stock room		

Part B: Questions
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine
3. Is the applicant business owned by another business entity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:

S&L:
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.

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

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

Part E: For Clerk Use Only

Date application was filed with clerk 7/19/24	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

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. Drivers License/State ID State of Issuance

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. Yes No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

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)
 Limited Liability Company Corporation

4. Premises Address

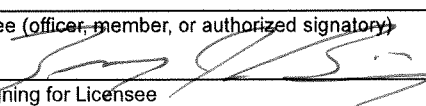
5. City

6. State
WI

7. Zip Code

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.

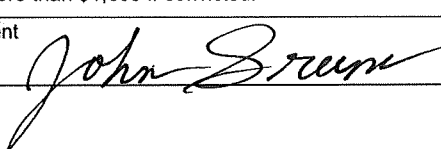
Signature of Licensee (officer, member, or authorized signatory) 

Date

Name of Person Signing for Licensee

Title

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent 

Date
5-7-24

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

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) Dolgencorp, LLC		
2. Business Trade Name or DBA Dollar General Store # 21851		
3. FEIN		4. Wisconsin Seller's Permit Number 456-0000208845-05
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
6. State of Organization KY	7. Date of Organization 10/9/2008	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 1010 W COLLEGE AVE		
10. City APPLETON	11. State WI	12. Zip Code 54914-5260
13. County OUTAGAMIE	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: APPLETON	15. Aldermanic District
16. Mailing Address (if different from premises address) 100 MISSION RIDGE		
17. City GOODLETTSVILLE	18. State TN	19. Zip Code 37072
20. Premises Phone 9206662773	21. Premises Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	22. Website
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. <div style="text-align: center; padding: 10px;"> 6231 Stand Alone building consisting of sales area and stock room </div>		

Part B: Questions
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine
3. Is the applicant business owned by another business entity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <u>DOLLAR GENERAL CORPORATION</u> 3b. FEIN of Parent Company: _____

S&L:
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.

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

Last Name	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:

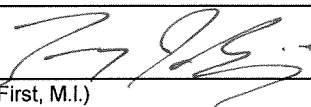
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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

Part E: For Clerk Use Only

Date application was filed with clerk 7/19/24	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

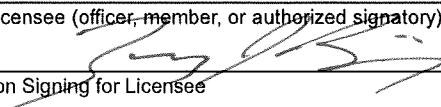
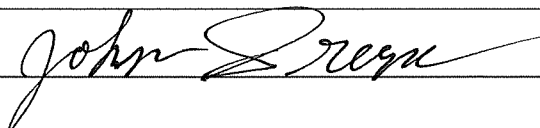
Date

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. Drivers License/State ID State of Issuance

Part B: Questions	
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	

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) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address		
5. City		6. State WI
		7. Zip Code

Part D: Attestations	
<p>READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.</p>	
Signature of Licensee (officer, member, or authorized signatory) 	Date
Name of Person Signing for Licensee	Title
<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.</p>	
Signature of Agent 	Date 5-7-24

**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) JALIYAN GAS LLC			
2. Business Trade Name or DBA Wisconsin Ace Rentals			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1026871620-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization Wisconsin		7. Date of Organization 1797 2009	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 111 W. Wisconsin Ave Appleton WI 54911			
10. City Appleton		11. State WI	12. Zip Code 54911
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City Seneca Ave		18. State	19. Zip Code
20. Premises Phone		21. Premises Email	22. Website
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. 2500 sq ft. Retail store with gas station			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ 3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

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

Last Name	First Name	Title	Phone
Patel	Nitesh	owner	

Part D: Attestation

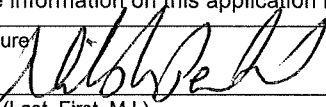
One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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	7/31/2024
Name (Last, First, M.I.)	Nitesh Patel		
Title	owner	Email	Phone

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
7/31/24			
License fees	Signature of Clerk/Deputy Clerk		

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

Date 7/31/2024

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name <u>PATEL</u>	2. First Name <u>Nitesh</u>	3. M.I.
4. Email		Phone
6. Home Address <u>4705 W. Wisconsin Ave</u>		
7. City <u>Appleton</u>	8. State <u>WI</u>	9. Zip Code <u>54913</u>
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part B: Questions
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) <u>JALIXON 303 LLC</u>		
2. Business Trade Name or DBA <u>Wisconsin Ave Party</u>		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address <u>111 W Wisconsin Ave</u>		
5. City <u>Appleton</u>	6. State <u>WI</u>	7. Zip Code <u>54911</u>

Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.	
Signature of Licensee (officer, member, or authorized signatory)	Date <u>7/31/24</u>
Name of Person Signing for Licensee <u>Nitesh Patel</u>	Title <u>7/31/24</u>
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent <u>Nitesh Patel</u>	Date <u>7/31/2024</u>

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)			Swami LLC		
2. Business Trade Name or DBA			NORTHLAND AMOCO		
3. FEIN		4. Wisconsin Seller's Permit Number			
		HS6-1025478226-03			
5. Entity Type (check one)					
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
6. State of Organization		7. Date of Organization		8. Wisconsin DFI Registration Number	
9. Premises Address (do not use PO Box)					
800 E NORTHLAND DR					
10. City			11. State	12. Zip Code	
Appleton			WI	54911	
13. County	14. Governing Municipality:	15. Aldermanic District			
OUTCUMI	<input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of:				
16. Mailing Address (if different from premises address)					
AIS					
17. City			18. State	19. Zip Code	
20. Premises Phone		21. Premises Email		22. Website	
920 733 6414		Kb Patel @ yahoo.com			
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.					
BUILDING. 1200 SP C. STORE & GAS STATION.					

Part B: Questions

1. What products will be sold at this business location? (check all that apply)		
<input checked="" type="checkbox"/> Cigarettes	<input checked="" type="checkbox"/> Tobacco Products	<input checked="" type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)		
<input checked="" type="checkbox"/> Over the counter	<input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____		
3b. FEIN of Parent Company: _____		

S&L: 8/14/24
CC: 8/21/24

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

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

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 <i>Kanu Patel</i>	Date <i>8-1-24</i>
Name (Last, First, M.I.) <i>PATEL KANU B</i>	
Title <i>owner</i>	Email
Phone 	

Part E: For Clerk Use Only

Date application was filed with clerk <i>AUG 01 2024</i>	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

Date
AUG 01 2024

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name PATEL	2. First Name KANU	3. M.I. B
4. Email	5. Phone	
6. Home Address 420 W Northland Ave		
7. City Appleton.	8. State WI	9. Zip Code 54911
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part B: Questions
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) Savami LLC		
2. Business Trade Name or DBA NORTHLAND AMOCO		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 800 E Northland Ave		
5. City Appleton.	6. State WI	7. Zip Code 54911

Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.	
Signature of Licensee (officer, member, or authorized signatory) Kanu Patel	Date 8-1-24
Name of Person Signing for Licensee KANU. B. PATEL	Title OWNER
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent Kanu Patel	Date 8-1-24

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 HUPG LLC			
2. Business Trade Name or DBA Richmond St - Cigo			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1026948637-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization Wisconsin		7. Date of Organization May 2009	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 1601 N. Richmond St			
10. City Appleton		11. State W.	12. Zip Code 54911
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City Same as above		18. State	19. Zip Code
20. Premises Phone	21. Premises Email		22. Website
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. 2500-59 foot retail space. with gas pumps.			

Part B: Questions
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____ 3b. FEIN of Parent Company: _____

Part C: Individual Information			
An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.			
List the full name, title, and phone number for each person below. Attach additional sheets if necessary.			
Last Name	First Name	Title	Phone
Patel	Nilesh	owner	
Patel	Mital		

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:	
<ul style="list-style-type: none"> 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
<i>Nilesh Patel</i>	7/31/24
Name (Last, First, M.I.)	
Nilesh Patel	
Title	
owner	

Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
AUG 01 2024			
License fees	Signature of Clerk/Deputy Clerk		

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

Date 8/1/24

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name <u>Radel</u>	2. First Name <u>Nitesh</u>	3. M.I.
4. Email	5. Phone	
Home Address <u>4705 W. Prairie Song Lane</u>		
7. City <u>Appleton</u>	8. State <u>WI</u>	9. Zip Code <u>54913</u>
10. Date	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part B: Questions
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) <u>Saikhupa LLC</u>		
2. Business Trade Name or DBA <u>Richmond St. Cites 2</u>		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address <u>1601 N. Richmond St</u>		
5. City <u>Appleton</u>	6. State <u>WI</u>	7. Zip Code <u>54911</u>

Part D: Attestations	
<p>READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.</p>	
Signature of Licensee (officer, member, or authorized signatory) <u>Nitesh Radel</u>	Date <u>7/31/2024</u>
Name of Person Signing for Licensee <u>Nitesh Radel</u>	Title <u>Owner</u>
<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.</p>	
Signature of Agent	Date

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: 7-29-2024

Town Village City of Appleton

County of OUTAQUAMIE

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 Aug 18th and ending Aug 18th and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name St. Joseph Parish

(b) Address 404 W LAWRENCE ST Appleton, WI, 54911
(Street) Town Village City

(c) Date organized 1868

(d) If corporation, give date of incorporation _____

(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:

(f) Names and addresses of all officers:

- ~~President~~ BR. RAY STADMEYER - PARISH PASTOR
~~Vice President~~ MICHAEL PUSNIK - FACILITY MGR.
 Secretary DANA SCHMIDT
 Treasurer ROGER SIMON

(g) Name and address of manager or person in charge of affair: MICHAEL PUSNIK

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 404 W. LAWRENCE STREET

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? ALL

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event FLIGHTS & BITES

(b) Dates of event AUG 18th

(c) Time(s) of event 10 AM - 5 PM

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer: Michael Pusnik
(Signature / Date)

St. Joseph Parish
(Name of Organization)

Date Filed with Clerk JUL 29 2024

Date Reported to Committee _____

Date Granted _____

License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____