



City of Appleton

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

Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, August 28, 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

[24-1106](#) Safety & Licensing Committee Minutes from 08/14/2024

Attachments: [S&L Minutes 08-14-24.pdf](#)

5. **Public Hearing/Appealances**

6. **Action Items**

[24-1145](#) Request to Adopt the Outagamie County Hazard Mitigation Plan

Attachments: [Memo for Appleton Hazard Mitigation Plan Resolution Outagamie County 2024 Sample Resolution.pdf](#)
[Res. No. 7--2024-25 HMP Adoption.pdf](#)

[24-1146](#) Request to Update the Appleton Municipal Code Chapter 5

Attachments: [Memo for Chapter 5 Emergency Management Ordinance Updates.pdf](#)
[0733 - CH 5 EMERGENCY MGMT - CURRENT.pdf](#)
[0733 - CH 5 EMERGENCY MGMT - REVISION VERSION.pdf](#)
[0733 - CH 5 EMERGENCY MGMT - FINAL VERSION.pdf](#)

[24-1109](#) Class "B" Beer and Reserve "Class B" Liquor License application for Gtone Management Group LLC d/b/a Pickleball Kingdom Appleton, Abhilash Reddy Kattpalli, Agent, located at 2411 S. Kensington Dr, contingent upon approval from the Community Development, Health, and Inspections departments.

Attachments: [Gtone Management LLC Pickleball Kingdom Reserve Class B Combo Redacted](#)

[24-1111](#) Class "B" Beer and "Class B" Liquor Temporary Premise Amendment application for Henry J. Grishaber LLC d/b/a Hank & Karen's Pub & Grill, Henry J. Grishaber, Agent, located at 1937 E. John St, on September 29, 2024 from 10 a.m. to 6 p.m. for Annual Car Show special event, contingent upon approval from all departments.

Attachments: [Hank & Karen's Temp Premise Amend. 9.29.24.pdf](#)

[24-1070](#) Cigarette, Tobacco, and Electronic Vaping Device License application for B&S Distributing LLC d/b/a EVapor of Appleton, Shawn Sumnicht, Agent, located at 1725 S. Oneida St.

Attachments: [EVapor Tobacco Oneida St App.pdf](#)

[24-1071](#) Cigarette, Tobacco, and Electronic Vaping Device License application for B&S Distributing LLC d/b/a EVapor of Appleton, Shawn Sumnicht, Agent, located at 2929 N. Richmond St. #3.

Attachments: [EVapor Tobacco Richmond St App.pdf](#)

[24-1129](#) Cigarette, Tobacco, and Electronic Vaping Device License application for Top Dogz Vape Shop LLC d/b/a Top Dogz Vape Shop, Jennifer Peters, Agent, located at 1347 W. Wisconsin Ave.

Attachments: [Top Dogz Vape Shop CTV Redacted.pdf](#)

[24-1117](#) Pet Store License renewal application for Petco #1656, Samantha Garcia, Applicant, located at 3829 E. Calumet St., contingent on approval from the Police, Fire, and Community Development departments.

Attachments: [Petco 1656 2024 Renewal Redacted.pdf](#)

[24-1112](#) Temporary Class "B" Beer License application for Creative Downtown Appleton Inc., located at 333 W. College Ave Ste 100, Jennifer Stephany, Person in Charge, on September 20, 2024 from 6 p.m. to 10 p.m. for Movie Night in Houdini Plaza special event, contingent on approvals from the Health and Fire departments.

Attachments: [Temp B Creative DT Appleton 9.20.24.pdf](#)

[24-1110](#) Temporary Class "B" Beer and "Class B" Wine License application for Catalpa Health, Cynthia Sommer, Person in Charge, at 10 E College Ave on September 14, 2024 from 6 p.m. to 10 p.m. for Pop! Special Event, contingent upon approvals from the Fire and Health departments.

Attachments: [Temp B Catalpa Health 9.14.24 Redacted.pdf](#)

[24-1127](#) Temporary Class "B" Beer License application for Heart of the Valley Lions Club, Jon Schinke, Person in Charge, for Sol Dance Music Festival on September 7, 2024 from 12 p.m. to 10 p.m., located at Jones Park, 301 W. Lawrence St, contingent on approval from the Fire and Health departments.

Attachments: [Temp B Sol Dance Music Fest 9.7.24 Redacted.pdf](#)

7. Information Items

[24-1107](#) Special Events

- The Mission Church, Worship Service, Pierce Park, August 18th 2024
- People of Progression, Culture in the Valley, Jones Park, August 18th 2024
- Outagamie County Republican Party, Corn Roast, Pierce Park, August 28th 2024
- Trout Museum of Art, The Contemporaries Launch Party, Houdini Plaza, September 5th 2024
- WIJAM LLC, Sol Dance Music Festival, Jones Park, September 7th 2024
- The Megan Kelley Foundation, WI Lights of Hope A Recovery Celebration & Memorial, Pierce Park, September 8th, 2024
- Appleton Downtown Inc, Movie Night, Houdini Plaza, September 20th 2024

[24-1108](#) Directors 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, August 14, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

The meeting was called to order at 5:31 p.m. by Chairperson Croatt.

2. Pledge of Allegiance

3. Roll call of membership

Aldersperson Schultz arrived at 5:36 p.m.

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

4. Approval of minutes from previous meeting

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

[24-0995](#)

Safety & Licensing Committee Minutes from 7/24/24

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

Siebers moved, seconded by Fenton, 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](#)
[8-14-24 Corner Pub S&L Findings of Fact.pdf](#)

Motion to approve the renewal of the alcohol license. Passed 4/1

Siebers moved, seconded by Fenton, that the Alcohol License be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 4 - Croatt, Siebers, Fenton and Schultz

Nay: 1 - 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, Siebers seconded, to approve the balance of the agenda. The motion carried by the following vote:

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

[24-1006](#)

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](#)

This Report Action Item was recommended for approval

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

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

Fenton moved, seconded by Siebers, that the meeting be adjourned at 5:55 p.m. Roll Call. Motion carried by the following vote:

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



CITY OF APPLETON

MEMORANDUM

Date: August 21, 2024
To: Alderperson Chris Croatt, Chair, Safety and Licensing Committee
Members of the Common Council
From: Cassidy Walsh, Emergency Management Coordinator
Subject: Request to Adopt Outagamie County Hazard Mitigation Plan

The State of Wisconsin has endured billions of dollars in damages over the past three decades as a result of various disasters including severe weather, major snowstorms, and powerful tornadoes. While the costs of each disaster may vary greatly, the impact is always the hardest at the local level, impacting our communities the most.

Hazard mitigation breaks the cycle of damage and repair by reducing or eliminating the long-term risk to human life and property caused by the potential hazards. Therefore, the City of Appleton participated jointly in the planning process with Outagamie County and other local unites of government to prepare a Hazard Mitigation Plan. A copy of the plan permanently resides in the Outagamie County Emergency Management Office.

The plan has received approval from the Wisconsin Emergency Management and the Federal Emergency Management Agency (FEMA). Once formally approved by the City of Appleton, a copy will be placed on file with the Appleton City Clerk and Emergency Management Coordinator.

Attached you will find a resolution outlining the continued adoption of the plan. I am requesting that the committee recommend approval of Outagamie County's Hazard Mitigation Plan for those portions of the City of Appleton located in Outagamie County. The full plan can be found here, [Outagamie County Hazard Mitigation Plan](#).

Appendix B: Sample Adoption Resolution

(LOCAL GOVERNMENT, INCLUDING SPECIAL DISTRICTS), (STATE)

RESOLUTION NO. _____

A RESOLUTION OF (LOCAL GOVERNMENT) ADOPTING THE (TITLE AND DATE OF MITIGATION PLAN)

WHEREAS the (local governing body) recognizes the threat that natural hazards pose to people and property within (local government); and

WHEREAS the (local government) has prepared a multi-hazard mitigation plan, hereby known as (title and date of mitigation plan) in accordance with federal laws, including the [Robert T. Stafford Disaster Relief and Emergency Assistance Act](#), as amended; the [National Flood Insurance Act of 1968](#), as amended; and the [National Dam Safety Program Act](#), as amended; and

WHEREAS (title and date of mitigation plan) identifies mitigation goals and actions to reduce or eliminate long-term risk to people and property in (local government) from the impacts of future hazards and disasters; and

WHEREAS adoption by the (local governing body) demonstrates its commitment to hazard mitigation and achieving the goals outlined in the (title and date of mitigation plan).

NOW THEREFORE, BE IT RESOLVED BY THE (LOCAL GOVERNMENT), (STATE), THAT:

Section 1. In accordance with (local rule for adopting resolutions), the (local governing body) adopts the (title and date of mitigation plan). While content related to (local government) may require revisions to meet the plan approval requirements, changes occurring after adoption will not require (local government) to re-adopt any further iterations of the plan. Subsequent plan updates following the approval period for this plan will require separate adoption resolutions.

ADOPTED by a vote of ____ in favor and ____ against, and ____ abstaining, this ____ day of _____, _____.

By: _____ (print name)

ATTEST: By: _____ (print name)

APPROVED AS TO FORM: By: _____ (print name)

Resolution No. 7—2024-25 – Public Safety Committee. Authorize and approve of the “Outagamie County Hazard Mitigation Plan 2024-2029” as an official plan and revisions to meet the Plan approval requirements after adoption will not require Outagamie County to re-adopt any further iterations of the Plan and that subsequent plan updates following the approval period for this Plan will require separate resolutions.

Supervisor Patience moved, seconded by Supervisor Lamers, for adoption.

ROLL CALL: 27 yes, 9 absent. RESOLUTION NO. 7—2024-25 IS ADOPTED.

VOTE RESULTS

27 YES 0 NO 0 ABSTAIN 9 ABSENT

Resolution No. 7—2024-25

Public Safety Committee. Authorize and approve of the “Outagamie County Hazard Mitigation Plan 2024-2029” as an official plan and revisions to meet the Plan approval requirements after adoption will not require Outagamie County to re-adopt any further iterations of the Plan and that subsequent plan updates following the approval period for this Plan will require separate resolutions. ✔ **Passed With Majority of Full Membership**

1 THOMPSON	YES	13 WEGAND	ABSENT	25 JANKE	YES
2 JOHNSON	ABSENT	14 HERMES	ABSENT	26 WEINBERG	YES
3 SMITH	YES	15 MacDONALD	ABSENT	27 CULBERTSON	YES
4 PATIENCE	YES	16 SCHROEDER	ABSENT	28 MONFILS	YES
5 GABRIELSON	YES	17 CROATT	ABSENT	29 WINTERFELDT	YES
6 KOSTELNY	YES	18 SPEARS	YES	30 NEJEDLO	YES
7 HAMMEN	YES	19 HEISER	YES	31 CLEGG	YES
8 LAWRENCE	YES	20 MITCHELL	YES	32 THYSSEN	ABSENT
9 KRUEGER	YES	21 CUFF	YES	33 VANDERHEIDEN	YES
10 LAMERS	YES	22 HAGEN	YES	34 RETTLER	YES
11 FERGUSON	ABSENT	23 KLEMP	YES	35 KOURY	YES
12 McCABE	YES	24 THIEDE	ABSENT	36 LAUTENSCHLAGER	YES



RESOLUTION NO.: 7—2024-25

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

MAJORITY

1 Outagamie County recognizes the threat that natural hazards pose to people and property
2 within Outagamie County. The Outagamie County Emergency Management Department
3 has prepared a multi-hazard mitigation plan, hereby known as “Outagamie County Hazard
4 Mitigation Plan 2024-2029” (the Plan) in accordance with federal laws, including the
5 Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended; the
6 National Flood Insurance Act of 1968, as amended; and the National Dam Safety Program
7 Act, as amended. The Outagamie County Hazard Mitigation Plan 2024-2029 identifies
8 mitigation goals and actions to reduce or eliminate long-term risk to people and property
9 in Outagamie County from the impacts of future hazards and disasters. Adoption of the
10 Plan by the Outagamie County Board of Supervisors demonstrates its commitment to
11 hazard mitigation and achieving the goals outlined in the Plan.
12

13 NOW THEREFORE, the undersigned members of the Public Safety Committee recommend
14 adoption of the following resolution.

15 BE IT RESOLVED, that the Outagamie County Board of Supervisors does authorize and approve
16 of the “Outagamie County Hazard Mitigation Plan 2024-2029” as an official plan, which can be reviewed
17 in the Legislative Services Office, the County Clerk’s Office, or the Emergency Management Department,
18 and

19 BE IT FURTHER RESOLVED, that the Outagamie County Board of Supervisors does approve
20 that while content related to Outagamie County may require revisions to meet the Plan approval
21 requirements, changes occurring after adoption will not require Outagamie County to re-adopt any further
22 iterations of the Plan and that subsequent plan updates following the approval period for this Plan will
23 require separate resolutions, and

24 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy of
25 this resolution to the Outagamie County Emergency Management Director.

26 Dated this 14th day of May 2024

Respectfully submitted,

PUBLIC SAFETY COMMITTEE

Katrin Patience

Katrin Patience

Christine Lamers

Christine Lamers

Michael Smith

Michael Smith

Timothy Hermes

Jeremy Thyssen

Duly and officially adopted by the County Board on: May 14, 2024

Signed: *Dan Galvin*
Board Chairperson

Jill King
County Clerk

Approved: *5.15.24*

Vetoed: _____

Signed: *[Signature]*
County Executive

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CITY OF APPLETON

MEMORANDUM

Date: August 21, 2024
To: Alderperson Chris Croatt, Chair, Safety and Licensing Committee
Members of the Common Council
From: Cassidy Walsh, Emergency Management Coordinator
Subject: Request to Update Municipal Code Chapter 5 Emergency Management

The purpose of this memo is to highlight the update from the archived State Statute 166 to the current State Statute 323 on Emergency Management, and grammatical corrections.

Original Ordinance Language:

Attachment *0733 – CH 5_EMERGENCY MGMT - CURRENT*

Modified Ordinance Language:

Attachment with the changes tracked *0733 – CH 5_EMERGENCY MGMT – REVISION VERSION*

This attachment is the requested version with the edits accepted *0733 – CH 5_EMERGENCY MGMT – FINAL VERSION*

Summary of Changes:

1. 2009 WI Act 42 repealed and replaced Chapter 166.
2. Grammatical changes were made to remove all gender references.
3. Grammatical change Shall to May reflects accurate actions made by the Emergency Management Coordinator.

EMERGENCY MANAGEMENT

Chapter 5

Emergency Management

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*State law reference(s)--Emergency powers, W.S.A.; emergency management, W.S.A. §166.01 et seq.

APPLETON CODE

EMERGENCY MANAGEMENT

Sec. 5-1. Purpose of chapter.

In order to prepare the City to cope with emergencies resulting from enemy action and natural or manmade disasters, it is declared to be necessary to establish an organization for emergency management, as set out in W.S.A. §166.01, conferring upon the persons specified in this chapter the powers and duties provided by this chapter.

(Ord 98-74, §1, (I)(1)), 8-8-74; Ord 113-06, §1, 9-26-06)

State law reference(s) - Similar provision, W.S.A. §166.01.

Sec. 5-2. Definitions.

The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

Civil defense means all measures undertaken by or on behalf of the City to prepare for and minimize the effect of enemy action upon the civilian population.

Emergency management includes civil defense and means all measures undertaken by or on behalf of the City to prepare for and minimize the effects of enemy action and natural or manmade disasters upon the civilian population and to effectuate emergency repairs or the emergency restoration of vital public utilities and facilities destroyed or damaged by such action or disaster.

Enemy action means hostile action by a foreign power which threatens the security of the City.

(Ord 113-06, §1, 9-26-06)

Cross reference - Definitions and rules of construction generally, §1-2.

State law reference - Similar definitions, W.S.A. §166.02.

Sec. 5-3. Powers and duties of Common Council and Mayor.

(a) The Common Council shall adopt an effective program of emergency management consistent with the State plan of emergency management. The Common Council may appropriate funds and levy taxes for this program.

(b) Emergency Management Coordinator shall be appointed by the Mayor as head of Emergency Management Services, subject to the confirmation of the Common Council.

(c) The Safety and Licensing Committee shall be designated as the committee of jurisdiction to act as an emergency management committee. The Committee shall retain policy-making and rule-making powers in the establishment and development of emergency management plans and programs.

(d) During the continuance of state of emergency proclaimed by the Governor, the Common Council may employ the Organization for Emergency Management and the facilities and other resources of that organization to cope with the problems of the emergency.

(Ord 98-74, §1 (II)(1) - (4)), 8-8-74; Ord 113-06, §1, 9-26-06)

Cross reference - Boards, committees, commissions, §2-51, et seq.

Sec. 5-4. Organization for Emergency Management.

(a) There shall be an Organization for Emergency Management which will coordinate resources and efforts during City-declared emergencies. Lead members of the organization include: the Mayor, the City Attorney, the Police Chief, the Fire Chief, the Director of Public Works, the Health Officer and the Emergency Management Coordinator.

(b) All officers and employees, together with those volunteer forces enrolled to aid them during a disaster, and all groups, organizations and persons who may by agreement or operation of law be charged with duties incident to the protection of life and property during disasters shall constitute the Emergency Management Organization.

(c) In preparing and executing the Emergency Management Program, the services, equipment, supplies and facilities of the existing departments and agencies of the counties and city shall be utilized to the maximum extent practicable, and the officers and personnel of such departments and agencies are directed to cooperate with and extend such services and facilities as are required by them.

(d) In order to ensure that in the event of an emergency all facilities of emergency management are extended to the fullest to meet such an emergency, the following responsibilities have been assigned to specific department heads named as Directors of Emergency Management Services:

- (1) Police Chief – Director of police services;
- (2) Director of Public Works – Director of engineering;
- (3) Health Officer – Director of public health services;
- (4) Fire Chief – Director of fire and rescue;

(e) Other department heads not specifically named will fulfill emergency and non-emergency duties as assigned under the City of Appleton Emergency Operations Plan. Nothing in this section shall have construed to limit the Emergency Management Coordinator from immediately commencing organizational and planning programs as required by the

APPLETON CODE

City's Emergency Operations Plan adopted by the Common Council.

(Ord 113-06, §1, 9-26-06)

State law reference – Emergency government, W.S.A. §166.01 et seq.

Sec. 5-5. Emergency Management Coordinator.

There shall be an Emergency Management Coordinator designated for the City. He/She shall have the duties and responsibilities of the City head of Emergency Management Services.

(Ord 98-74, §(II)(5)), 8-8-74; Ord 113-06, §1, 9-26-06)

Sec. 5-6. Deputy Emergency Management Coordinator.

(a) The Mayor may appoint a Deputy Emergency Management Coordinator.

(b) The Deputy Emergency Management Coordinator will operate under the administrative direction of the Emergency Management Coordinator.

(Ord 98-74, §1(II)(6)), 8-8-74; Ord 113-06, §1, 9-26-06)

Sec. 5-7. Powers and duties of the Emergency Management Coordinator

The Emergency Management Coordinator shall:

- (1) Coordinate the City Emergency Management Organization;
- (2) Develop, promulgate and integrate into the county plan, emergency management plans for the operating services of the City;
- (3) Coordinate participation of the City in such emergency management training programs and exercises as may be required on the county or state level.
- (4) Coordinate the City emergency management training programs and exercises;
- (5) Perform such other duties relating to emergency management as may be required by the Organization for Emergency Management.
- (6) The duties of the Emergency Management Coordinator shall parallel those of the county Head of Emergency Management Services and he/she shall coordinate with the appropriate county Head of Emergency Management Services for the proper operation of the program within the appropriate county jurisdiction

(Ord 98-74, §1(III), 8-8-74; Ord 113-06, §1, 9-26-06)

Sec. 5-8. Incident management.

In order to ensure that in the event of an emergency that all responding agencies have the ability to operate in a coordinated manner, utilizing a recognized management processes, incident management objectives, common terminology, common communication procedures and equipment designations, the City of Appleton formally recognizes and adopts the use of the Incident Command System (ICS) and the National Incident Management System (NIMS).

(Ord 113-06, §1, 9-26-06)

Sec. 5-9. Funding of emergency management program.

(a) The cost of equipment and services related directly to the implementation of the City Emergency Management Program shall be through the City budget.

(b) All monies received as revenues derived from federally subsidized programs shall revert to the City as appropriate.

(Ord 98-74, §1(V)(2), (3)), 8-8-74; Ord 113-06, §1, 9-26-06)

Sec. 5-10. Violations.

(a) It shall be unlawful for any person willfully to obstruct, hinder or delay any member of the emergency management organization in the enforcement of an order, rule, regulation or plan issued pursuant to the authority contained in this chapter.

(b) It shall be unlawful for any person to represent himself/herself as a member of an emergency management organization unless such person is a bona fide member of the appropriate organization.

(Ord 113-6, §1, 9-26-06)

(The next page is 429.)

EMERGENCY MANAGEMENT

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Emergency Management

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*State law reference(s)--Emergency powers, W.S.A.; emergency management, W.S.A. [§323.01166-01](#) et seq.

Supp #65

Supp #65

EMERGENCY MANAGEMENT

Sec. 5-1. Purpose of chapter.

In order to prepare the City to cope with emergencies resulting from ~~a disaster, or imminent threat of a disaster~~~~enemy action and natural or manmade disasters~~, it is declared to be necessary to establish an organization for emergency management, as set out in W.S.A. ~~§323.01 (2021-22 and as updated thereafter)~~~~166-01~~, conferring upon the persons specified in this chapter the powers and duties provided by this chapter. (Ord 98-74, §1, (I)(1)), 8-8-74; Ord 113-06, §1, 9-26-06)

State law reference(s) - Similar provision, W.S.A. ~~§323.01~~~~166-01~~.

Sec. 5-2. Definitions.

~~Unless otherwise specified in this chapter or the context clearly indicates otherwise, the words, terms, and phrases shall have the meaning prescribed by W.S.A. § 323.02 (2021-22 and as updated thereafter). The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:~~

~~**Civil defense** means all measures undertaken by or on behalf of the City to prepare for and minimize the effect of enemy action upon the civilian population.~~

~~**Emergency management** includes civil defense and means all measures undertaken by or on behalf of the City to prepare for and minimize the effects of a disaster or imminent threat of a disaster ~~enemy action and natural or manmade disasters~~ upon the civilian population and to effectuate emergency ~~and to make repairs or to restore infrastructure or critical systems~~ the emergency restoration of vital public utilities and facilities destroyed or damaged by ~~a~~ such action or disaster.~~

~~**Enemy action** means hostile action by a foreign power which threatens the security of the City.~~

(Ord 113-06, §1, 9-26-06)

Cross reference - Definitions and rules of construction generally, §1-2.

State law reference - ~~Similar definitions~~, W.S.A. ~~§323.02~~~~166-02~~.

Sec. 5-3. Powers and duties of Common Council and Mayor.

(a) The Common Council shall adopt an effective program of emergency management consistent with the State plan of emergency management. The Common Council may appropriate funds and levy taxes for this program.

(b) Emergency Management Coordinator shall be appointed by the Mayor as head of Emergency Management Services, subject to the confirmation of the Common Council.

(c) The Safety and Licensing Committee shall be designated as the committee of jurisdiction to act as an emergency management committee. The Committee shall retain policy-making and rule-making powers in the establishment and development of emergency management plans and programs.

(d) During the continuance of state of emergency proclaimed by the Governor, the Common Council may employ the Organization for Emergency Management and the facilities and other resources of that organization to cope with the problems of the emergency. (Ord 98-74, §1 (II)(1) – (4)), 8-8-74; Ord 113-06, §1, 9-26-06)

Cross reference - Boards, committees, commissions, §2- 51, et seq.

Sec. 5-4. Organization for Emergency Management.

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(a) There shall be an Organization for Emergency Management which will coordinate resources and efforts during City-declared emergencies. Lead members of the organization include: the Mayor, the City Attorney, the Police Chief, the Fire Chief, the Director of Public Works, the Health Officer, and the Emergency Management Coordinator.

(b) All officers and employees, together with those volunteer forces enrolled to aid them during a disaster, and all groups, organizations and persons who may by agreement or operation of law be charged with duties incident to the protection of life and property during disasters shall constitute the Emergency Management Organization.

(c) In preparing and executing the Emergency Management Program, the services, equipment, supplies and facilities of the existing departments and agencies of the counties and city shall be utilized to the maximum extent practicable, and the officers and personnel of such departments and agencies are directed to cooperate with and extend such services and facilities as are required by them.

(d) In order to ensure that in the event of an emergency all facilities of emergency management are extended to the fullest to meet such an emergency, the following responsibilities have been assigned to specific department heads named as Directors of Emergency Management Services:

- (1) Police Chief – Director of police services;
- (2) Director of Public Works – Director of engineering;
- (3) Health Officer – Director of public health services;
- (4) Fire Chief – Director of fire and rescue;

(e) Other department heads not specifically named will fulfill emergency and non-emergency duties as assigned under the City of Appleton Emergency Operations Plan. Nothing in this section shall have construed to limit the Emergency Management Coordinator from immediately commencing organizational and planning programs as required by the City's Emergency Operations Plan adopted by the Common Council.

(Ord 113-06, §1, 9-26-06)

State law reference – Emergency government, W.S.A. §~~323.14166-01~~ et seq.

Sec. 5-5. Emergency Management Coordinator.

There shall be an Emergency Management Coordinator designated for the City: ~~They~~He/She who shall have the duties and responsibilities of the City head of Emergency Management Services.

(Ord 98-74, §(II)(5)), 8-8-74; Ord 113-06, §1, 9-26-06) Sec.

5-6. Deputy Emergency Management Coordinator.

(a) The Mayor may appoint a Deputy Emergency Management Coordinator.

(b) The Deputy Emergency Management Coordinator will operate under the administrative direction of the Emergency Management Coordinator.
(Ord 98-74, §1(II)(6)), 8-8-74; Ord 113-06, §1, 9-26-06)

Sec. 5-7. Powers and duties of the Emergency Management Coordinator

The Emergency Management Coordinator shall:

- (1) Coordinate the City Emergency Management Organization;
- (2) Develop, promulgate and integrate into the county plan, emergency management plans for the operating services of the City;

EMERGENCY MANAGEMENT

(3) Coordinate participation of the City in such emergency management training programs and exercises as may be required on the county or state level.

(4) Coordinate the City emergency management training programs and exercises;

(5) Perform such other duties relating to emergency management as may be required by the Organization for Emergency Management.

(6) The duties of the Emergency Management Coordinator shall parallel those of the county Head of Emergency Management Services. [The Emergency Management Coordinator](#) ~~and they/he/she shall~~ may coordinate with the appropriate county Head of Emergency Management Services for the proper operation of the program within the appropriate county jurisdiction
(Ord 98-74, §1(III), 8-8-74; Ord 113-06, §1, 9-26-06)

Sec. 5-8. Incident management.

In order to ensure that in the event of an emergency that all responding agencies have the ability to operate in a coordinated manner, utilizing a recognized management processes, incident management objectives, common terminology, common communication procedures and equipment designations, the City of Appleton formally recognizes and adopts the use of the Incident Command System (ICS) and the National Incident Management System (NIMS).
(Ord 113-06, §1, 9-26-06)

Sec. 5-9. Funding of emergency management program.

(a) The cost of equipment and services related directly to the implementation of the City Emergency Management Program shall be through the City budget.

(b) All monies received as revenues derived from federally subsidized programs shall revert to the City as appropriate.
(Ord 98-74, §1(V)(2), (3)), 8-8-74; Ord 113-06, §1, 9-26-06)

Sec. 5-10. Violations.

(a) It shall be unlawful for any person willfully to obstruct, hinder or delay any member of the emergency management organization in the enforcement of an order, rule, regulation or plan issued pursuant to the authority contained in this chapter.

(b) It shall be unlawful for any person to represent himself/herself as a member of an emergency management organization unless such person is a bona fide member of the appropriate organization.
(Ord 113-6, §1, 9-26-06)

EMERGENCY MANAGEMENT

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*State law reference(s)--Emergency powers, W.S.A.; emergency management, W.S.A. §323.01 et seq.

EMERGENCY MANAGEMENT

Sec. 5-1. Purpose of chapter.

In order to prepare the City to cope with emergencies resulting from a disaster, or imminent threat of a disaster, it is declared to be necessary to establish an organization for emergency management, as set out in W.S.A. §323.01 (2021-22 and as updated thereafter), conferring upon the persons specified in this chapter the powers and duties provided by this chapter.
(Ord 98-74, §1, (I)(1)), 8-8-74; Ord 113-06, §1, 9-26-06)

State law reference(s) - Similar provision, W.S.A. §323.01.

Sec. 5-2. Definitions.

Unless otherwise specified in this chapter or the context clearly indicates otherwise, the words, terms, and phrases shall have the meaning prescribed by W.S.A. § 323.02 (2021-22 and as updated thereafter). (Ord 113-06, §1, 9-26-06)

Cross reference - Definitions and rules of construction generally, §1-2.

State law reference - W.S.A. §323.02.

Sec. 5-3. Powers and duties of Common Council and Mayor.

(a) The Common Council shall adopt an effective program of emergency management consistent with the State plan of emergency management. The Common Council may appropriate funds and levy taxes for this program.

(b) Emergency Management Coordinator shall be appointed by the Mayor as head of Emergency Management Services, subject to the confirmation of the Common Council.

(c) The Safety and Licensing Committee shall be designated as the committee of jurisdiction to act as an emergency management committee. The Committee shall retain policy-making and rule-making powers in the establishment and

development of emergency management plans and programs.

(d) During the continuance of state of emergency proclaimed by the Governor, the Common Council may employ the Organization for Emergency Management and the facilities and other resources of that organization to cope with the problems of the emergency. (Ord 98-74, §1 (II)(1) – (4)), 8-8-74; Ord 113-06, §1, 9-26-06)

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(a) There shall be an Organization for Emergency Management which will coordinate resources and efforts during City-declared emergencies. Lead members of the organization include: the Mayor, the City Attorney, the Police Chief, the Fire Chief, the Director of Public Works, the Health Officer, and the Emergency Management Coordinator.

(b) All officers and employees, together with those volunteer forces enrolled to aid them during a disaster, and all groups, organizations and persons who may by agreement or operation of law be charged with duties incident to the protection of life and property during disasters shall constitute the Emergency Management Organization.

(c) In preparing and executing the Emergency Management Program, the services, equipment, supplies and facilities of the existing departments and agencies of the counties and city shall be utilized to the maximum extent practicable, and the officers and personnel of such departments and agencies are directed to cooperate with and extend such services and facilities as are required by them.

(d) In order to ensure that in the event of an emergency all facilities of emergency

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management are extended to the fullest to meet such an emergency, the following responsibilities have been assigned to specific department heads named as Directors of Emergency Management Services:

- (1) Police Chief – Director of police services;
- (2) Director of Public Works – Director of engineering;
- (3) Health Officer – Director of public health services;
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(e) Other department heads not specifically named will fulfill emergency and non-emergency duties as assigned under the City of Appleton Emergency Operations Plan. Nothing in this section shall have construed to limit the Emergency Management Coordinator from immediately commencing organizational and planning programs as required by the City's Emergency Operations Plan adopted by the Common Council.

(Ord 113-06, §1, 9-26-06)

State law reference – Emergency government, W.S.A. §323.14 et seq.

Sec. 5-5. Emergency Management Coordinator.

There shall be an Emergency Management Coordinator designated for the City who shall have the duties and responsibilities of the City head of Emergency Management Services. (Ord 98-74, §(II)(5)), 8-8-74; Ord 113-06, §1, 9-26-06) Sec.

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(a) The Mayor may appoint a Deputy Emergency Management Coordinator.

(b) The Deputy Emergency Management Coordinator will operate under the administrative direction of the Emergency Management Coordinator.

(Ord 98-74, §1(II)(6)), 8-8-74; Ord 113-06, §1, 9-26-06)

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The Emergency Management Coordinator shall:

- (1) Coordinate the City Emergency Management Organization;
- (2) Develop, promulgate and integrate into the county plan, emergency management plans for the operating services of the City;
- (3) Coordinate participation of the City in such emergency management training programs and exercises as may be required on the county or state level.
- (4) Coordinate the City emergency management training programs and exercises;
- (5) Perform such other duties relating to emergency management as may be required by the Organization for Emergency Management.
- (6) The duties of the Emergency Management Coordinator shall parallel those of the county Head of Emergency Management Services. The Emergency Management Coordinator may coordinate with the appropriate county Head of Emergency Management Services for the proper operation of the program within the appropriate county jurisdiction (Ord 98-74, §1(III), 8-8-74; Ord 113-06, §1, 9-26-06)

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incident management objectives, common terminology, common communication procedures and equipment designations, the City of Appleton formally recognizes and adopts the use of the Incident Command System (ICS) and the National Incident Management System (NIMS).
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Sec. 5-10. Violations.

(a) It shall be unlawful for any person willfully to obstruct, hinder or delay any member of the emergency management organization in the enforcement of an order, rule, regulation or plan issued pursuant to the authority contained in this chapter.

(b) It shall be unlawful for any person to represent himself/herself as a member of an emergency management organization unless such person is a bona fide member of the appropriate organization.
(Ord 113-6, §1, 9-26-06)

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)

- | | |
|---|--|
| <input type="checkbox"/> Class "A" Beer \$ _____
<input type="checkbox"/> "Class A" Liquor \$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ <u>100</u>
<input type="checkbox"/> "Class B" Liquor \$ _____
<input checked="" type="checkbox"/> Reserve "Class B" Liquor \$ <u>10,500</u>
<div style="text-align: center; margin-top: 10px;">Deposit \$50</div> |
|---|--|

Fees	
License Fees	\$ 10,600
Background Check Fee	\$ 28
Publication Fee	\$ 60
Total Fees	\$ 10,688

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>GTONE MANAGEMENT GROUP LLC</u>			
2. Business Trade Name or DBA <u>PICKLEBALL KINGDOM APPLETON</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1031784563-04</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>ILLINOIS</u>		7. Date of Organization <u>07/15/2024</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>2411 S. KENSINGTON DR</u>			
10. City <u>APPLETON</u>		11. State <u>WI</u>	12. Zip Code <u>54915-4188</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		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>APPROX: 31000 SQ FT, FRONT PATIO & the ENTIRE building</u>			
20. Mailing Address (if different from premises address) <u>2515 BELLFLOWER LN</u>			
21. City <u>SUN PRAIRIE</u>		22. State <u>WI</u>	23. Zip Code <u>53590</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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
KATTPALLI	ABHILASH REDDY	Partner	
SIRIPURAPU	RAMACHANDRA BHUSHAN KUMAR	Partner	
NOOTEPALLI	MARSA REDDY	Partner	
SINGIREDDY	CHANDRANANTH REDDY	Partner	

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 KATTPALLI		First Name ABHILASH REDDY		M.I.
Title MANAGER / MEMBER		Email	Phone	
Signature <i>K. Abhilash Reddy</i>			Date 07/27/2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7/30/24	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: ABHILASH REDDY KATTPALLI

2. Name of Business: PICKLEBALL KINGDOM APPLETON

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

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

3. Address of Business: 2411 South Kensington Drive, Appleton, WI

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

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

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

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

<u>ABHILASH REDDY</u>		<u>KATTPALLI</u>		
First name	M.I.	Last name		
<u>RAMA CHANDRA BUSHAN KUMAR</u>		<u>STRIPURAPU</u>		
First name	M.I.	Last name		Date of Birth
<u>NARSA REDDY</u>		<u>NOUTIPALLI</u>		
First name	M.I.	Last name		Date of Birth
<u>CHANDRAKANTH REDDY</u>		<u>SENGIREDDY</u>		
First name	M.I.	Last name		Date of Birth

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

Name: KENSINGTON PROPERTIES LLC

First name Middle Initial Last name

c/o commercial Horizons LLC

Address: 1175 Lombardi Avenue #400 GREENBAY WI 54304

City State ZIP

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

Name: Best buy & recreational sports facility for pickleball Kingdom
(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?
_____ months ago.

10. Seating capacity: Inside _____ Outside _____

11. Operating hours (Inside the building): 5 AM - 1 AM
Operating hours (Outdoor seating areas): 5 AM - 1 AM

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: 31000 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: 1000 square feet.
- c. Below, identify the operational details of the proposed establishment:

Pickleball facility, corporate events, birthday parties
NFL Games highlights

K. Abhilash Reddy
Signature

07/30/2024
Date

Alcohol Beverage Appointment of Agent

Date
07/30/2024

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

Part B: Agent Information			
1. Last Name KATTPALLI	2. First Name ABHILASH REDDY	3. M.I.	
4. Email		5. Phone	
6. Home Address 2515 Bellflower Ln			
7. City Sun Prairie	8. State WI	9. Zip Code 53590	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 KATTPALLI		First Name ABHILASH REDDY	M.I.
Title Partner	Email		Phone
Signature K. Abhilash Reddy		Date 07/30/2024	

Part E: Agent Attestation

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

Last Name KATTPALLI		First Name ABHILASH REDDY	M.I.
Signature K. Abhilash Reddy		Date 07/30/2024	

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 8/15/24

Total \$ 10

Receipt #: 7277-3

SECTION 1 - ESTABLISHMENT INFORMATION

Name of Establishment <u>Hank & Karen's Pub & Grill</u>	Establishment Phone Number <u>920-731-1265</u>
Address of Establishment <u>1937 E. JOHN ST., APPLETON WI 54915</u>	
Agent Name <u>Hank Grishaber</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: _____

If temporary, please specify the reason for the amendment: Annual Car Show

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: Sunday, Sept. 29th, 2024 FROM: 10AM TO 6PM

SECTION 3 - PENALTY NOTICE

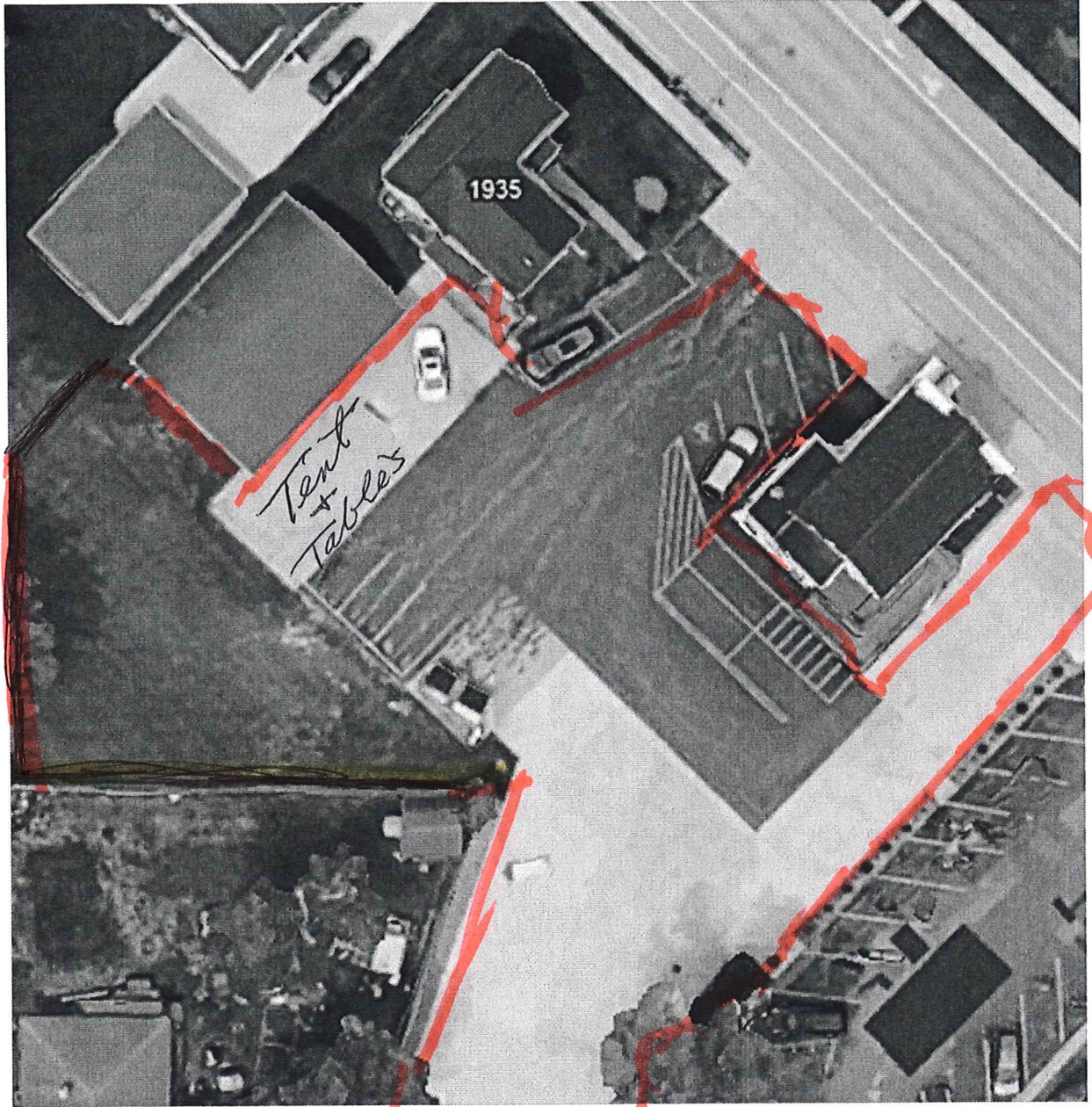
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

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: Henry J. Grishaber Date: 8/13/2024

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
____/____/____	____/____/____	____/____/____	____/____/____	



Tent
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Tables

1935

**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) B & S Distributing LLC			
2. Business Trade Name or DBA EVapor of Appleton			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1028982288-04	
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			
6. State of Organization Wisconsin		7. Date of Organization 12/04/2015	8. Wisconsin DFI Registration Number B0823874
9. Premises Address (do not use PO Box) 1725 S Oneida St			
10. City Appleton		11. State WI	12. Zip Code 54915
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. Mailing Address (if different from premises address) Same as premises address			
17. City		18. State	19. Zip Code
20. Premises Phone (920) 739-7783		21. Premises Email garyevapor@gmail.com	22. Website None
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. Retail store and warehouse			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input 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: _____	

Metafile:
S&L:
LU:

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
Sumnicht	Shawn	Member	

Part D: Attestation

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

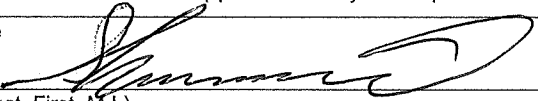
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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 08/03/2024
Name (Last, First, M.I.) Sumnicht, Shawn		
Title Member	Email	Phone

Part E: For Clerk Use Only

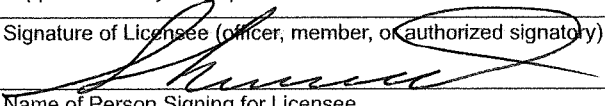
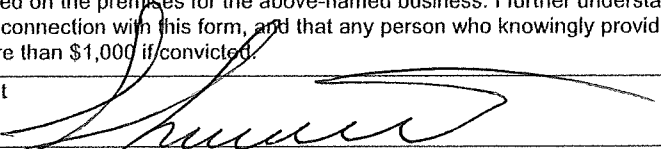
Date application was filed with clerk 8/8/24	Date license issued	Date license expires	License number
License fees 100	Signature of Clerk/Deputy Clerk		

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name Sumnicht	2. First Name Shawn	3. M.I.
4. Email		5. Phone
6. Home Address 2563 N Millbrook Rd		
7. City Appleton		8. State WI
		9. Zip Code 54914
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) B & S Distributing LLC
2. Business Trade Name or DBA EVapor of Appleton
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation
4. Premises Address 1725 S Oneida St
5. City Appleton
6. State WI
7. Zip Code 54915

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 08/03/2024
Name of Person Signing for Licensee Shawn Sumnicht	Title Member
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 08/03/2024

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

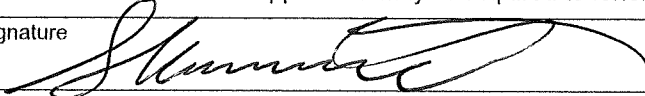
FOR CLERKS ONLY	
Municipality	Appleton
License Period	24-25

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) B & S Distributing LLC			
2. Business Trade Name or DBA EVapor of Appleton			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1028982288-04	
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			
6. State of Organization Wisconsin		7. Date of Organization 12/04/2015	8. Wisconsin DFI Registration Number B0823874
9. Premises Address (do not use PO Box) 2929 N Richmond St, #3			
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) Same as premises address			
17. City		18. State	19. Zip Code
20. Premises Phone (920) 358-7113	21. Premises Email garyevapor@gmail.com		22. Website None
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. Retail store			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input 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: _____	

Metafile:
SOL:
CC:

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
Sumnicht	Shawn	Member	

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 08/03/2024
Name (Last, First, M.I.) Sumnicht, Shawn	
Title Member	Email Phone

Part E: For Clerk Use Only			
Date application was filed with clerk 8/8/24	Date license issued	Date license expires	License number
License fees 100	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 Sumnicht	2. First Name Shawn	3. M.I.
4. Email		5. Phone
6. Home Address 2563 N Millbrook Rd		
7. City Appleton		8. State WI
		9. Zip Code 54914
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)
B & S Distributing LLC

2. Business Trade Name or DBA
EVapor of Appleton

3. Entity Type (check one)
 Limited Liability Company Corporation

4. Premises Address
2929 N Richmond St, #3

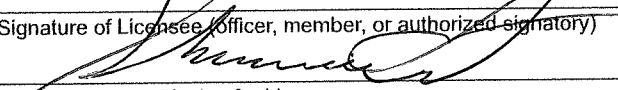
5. City
Appleton

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) 	Date 08/03/2024
Name of Person Signing for Licensee Shawn Sumnicht	Title Member

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 08/03/2024
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7295-1

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) Top Dogz Vape Shop LLC		
2. Business Trade Name/DBA N/A		
3. FEIN	4. Wisconsin Seller's Permit Number 456-4110 1031626267-04	
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		
6. State of Organization Wisconsin	7. Date of Organization 2-29-2024	8. Wisconsin DFI Registration Number T107525
9. Premises Address (do not use PO Box) 1347 W Wisconsin Ave		
10. City Appleton	11. State WI	12. Zip Code 54914
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	18. State	19. Zip Code
20. Premises Phone 920-740-5065	21. Premises Email jenny@topdogzvapeshop.com	22. Website www.Topdogzvapeshop.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. 448 sq feet of retail space w/ 200 sq feet of office space/Backroom		

Part B: Questions

1. What products will be sold at this business location? (check all that apply) <input 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: _____		

Metafile:
S & L:
CC:

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
Peters	Jennifer	owner	
Williams	Jason	owner	

Part D: Attestation

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

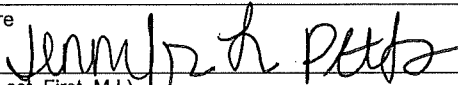
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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 8/8/2024
Name (Last, First, M.I.) Jennifer L Peters		
Title owner	Email	Phone

Part E: For Clerk Use Only

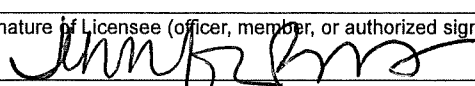
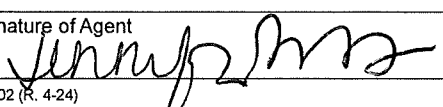
Date application was filed with clerk 8/20/24	Date license issued	Date license expires	License number
License fees 100	Signature of Clerk/Deputy Clerk		

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name Peters	2. First Name Jennifer	3. M.I.
4. Email		5. Phone
6. Home Address 220 Frances St		
7. City Kaukauna		8. State WI
		9. Zip Code 54130
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) Top Dogz Vape Shop LLC
2. Business Trade Name or DBA N/A
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation
4. Premises Address 1347 W WISCONSIN AVE
5. City Appleton
6. State WI
7. Zip Code 54914

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 8/20/2024
Name of Person Signing for Licensee Jennifer Peters	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 8/20/2024



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

APPLICATION for the Operation of a PET STORE/KENNEL

FEES ARE NON-REFUNDABLE		Date Rec'd <u>8/19/24</u>
See SECTION 5 for Fee Schedule		
License Fee - Initial	\$ _____	Acct. 11030.4309
License Fee - Renewal	\$ <u>75.00</u>	Acct. 11030.4309
Investigation Fee	+ \$ 7.00	Acct. 100.2359
Total Amount Paid	\$ <u>82.00</u>	Receipt <u>7287-1</u>
License period July 1 to June 30		

SECTION 1 – BUSINESS LOCATION – Answer all questions completely. Please PRINT clearly			
NOTE: The location of a Kennel or Pet Store is subject to applicable zoning and other regulations.			
Business Name <u>Petco #1656</u>			
Business Street Address <u>3829 E Calumet Street</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>
Business Telephone Number <u>920-997-1543</u>			
SECTION 2 – APPLICANT INFORMATION			
Name <u>Samantha Garcia</u>			
Home Street Address <u>654 Richland Hills Drive, Suite .</u>	City <u>San Antonio</u>	State <u>TX</u>	Zip <u>78245</u>
Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Telephone Number
SECTION 3 – SERVICES TO BE PROVIDED			
Please check the type(s) of services your establishment will offer: <input checked="" type="checkbox"/> Live animals <input checked="" type="checkbox"/> Pet Food			
<input checked="" type="checkbox"/> Pet Accessories	<input checked="" type="checkbox"/> Fish	<input type="checkbox"/> Other	
SECTION 4 – PENALTY NOTICE			
Having knowledge of all governmental laws, rules or regulations governing the keeping or protection of animals, I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.			
Signature of Applicant: <u>Samantha Garcia</u>			
SECTION 5 – FEE SCHEDULE			
Pet Store License	Initial Fee - \$90.00	Renewal Fee – \$75.00	
Kennel License	10 or less animals - \$55.00	25 or less animals - \$130.00	
	50 or less animals - \$255.00	More than 50 animals - \$5.00 per animal with a minimum of \$280.00	
FOR OFFICE USE ONLY			
Dept.	Approve	Deny	By
Police			
Fire			
City Sealer			
Inspection			
Community Development			
S&L	Council	Date Issued	Exp. Date
			License Number

11-01-09 Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

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

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: 08/06/2024

Town Village City of Appleton

County of Outagamie

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 09/20/2024 and ending 09/20/2024 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 Appleton-Downtown, Inc. Creative Downtown Appleton Inc.

(b) Address 333 W. College Ave.
(Street) Town Village City

(c) Date organized 04/21/1993

(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 Lyssa King, 211 W. College Ave., Appleton, WI 54912
Vice President Steve Lonsway, 1004 S. Olde Oneida St., Appleton, WI 54911
Secretary Kolby Knuth, 901 S. Lawe St., Appleton, WI 54915
Treasurer Tom Klister, 229 E. Washington St., Appleton, WI 54911

(g) Name and address of manager or person in charge of affair: Jennifer Stephany
(g)1. Date of Birth _____ (g)2. Drivers License _____ (g)3. Email _____ Phone _____

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 Houdini Plaza W. College Ave., Appleton, WI

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? Full use of the outdoor space in Houdini Plaza

(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 Movie Night in Houdini Plaza

(b) Dates of event 09/20/2024

(c) Time(s) of event 6:00 PM - 10:00 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 Jennifer Stephany
(Signature / Date)

Creative Downtown Appleton Inc.
(Name of Organization)

Date Filed with Clerk AUG 16 2024
Date Granted _____

Date Reported to Committee 8/28/24
License No. _____

COA Dept. Approval: Police — Fire _____ Health _____

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: 07/02/2024

Town Village City of Appleton

County of Outagamie

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 9-14-24 and ending 9-14-24 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 Catalpa Health

(b) Address 4635 W College Ave, Appleton, WI 54914

(Street)

Town Village City

(c) Date organized 2012

(d) If corporation, give date of incorporation 11/12/2024

(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 Shaun Gunderson 3716 S. Hampton Ct., Appleton, WI 54915

Vice President vacant

Secretary vacant

Treasurer Julie Meyer 110 Shalimar Ct, Combined Locks, WI 54113

(g) Name and address of manager or person in charge of affair: Cynthia Sommer

(g)1. Date of Birth: _____ (g)2. Drivers License: _____ (g)3. _____ Phon: _____

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 10 E College Ave., Appleton, WI 54911

(b) Lot _____ Block _____

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

(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: first floor main lobby area and second floor hallway

3. Name of Event

(a) List name of the event Pop!

(b) Dates of event 09/14/2024

(c) Time(s) of event 6 PM - 10:30 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 Cynthia Sommer 7.3.24
(Signature / Date)

Catalpa Health
(Name of Organization)

Date Filed with Clerk JUL 8 2024

Date Granted _____


Date Reported to Committee _____

License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____

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  (applicant background investigation fee)

Application Date: 8/20/24

Town Village City of Appleton

County of Outagamie

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 9/7/24 and ending 9/7/24 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 Heart of the Valley Lions Club

(b) Address PO Box 151, Combined Locks, WI 54113
(Street) Town Village City

(c) Date organized 2018

(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 Beth Sewall, 207 Hidden Ridge Way, Combined Locks, WI 54113

Vice President Christine Vavrek, 1526 Hanson St Kaukauna, WI 54130

Secretary Kelly Laurel, 510 Richard St, Combined Locks, WI 54113

Treasurer Michelle Vanden Bosch, N9603 Harde L Dr, Appleton, WI 54915

(g) Name and address of manager or person in charge of affair: Jan Schinke

(g)1. Date of Birth _____ (g)2. Drivers License n. _____ Email: _____ Phone: _____

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 301 W. Lawrence St. Jones Park

(b) Lot _____ Block _____

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

(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: Ampitheater to Pavilion

3. Name of Event

(a) List name of the event Sol Dance Music Festival

(b) Dates of event 9/7/24

(c) Time(s) of event Noon to 10 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 Beth Sewall 8/19/24
(Signature / Date)

Heart of the Valley Lions Club
(Name of Organization)

Date Filed with Clerk AUG 20 2024

Date Reported to Committee 8/28/24

Date Granted _____

License No. _____

COA Dept. Approval: Police Fire _____ Health _____