



City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, September 11, 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

[24-1162](#) Safety and Licensing Committee Minutes 08/28/2024

Attachments: [S&L Minutes 08-28-24.pdf](#)

5. **Public Hearing/Apearances**

6. **Action Items**

[24-1189](#) Full-Service Retail Outlet Transfer application from Hop Yard Ale Works for Flicks & Sips Event - October 4, 2024.

Attachments: [AB-105 flickssips2 Hop Yard Redacted.pdf](#)

[24-1190](#) Full-Service Retail Outlet Transfer application from McFleshman's for Fox Valley Lager Fest Event - October 5, 2024.

Attachments: [AB-105 FV LagerFest McFleshmans Redacted.pdf](#)

[24-1165](#) Cigarette, Tobacco, and Electronic Vaping Device License application for Elf's Gifts LLC d/b/a Elf's Gifts, Robert Cadmus, Agent, located at 2700 W. College Ave Ste 11.

Attachments: [Elf's Gifts CTV Redacted.pdf](#)

[24-1171](#) Cigarette, Tobacco, and Electronic Vaping Device License application for NLC WIS Corporation d/b/a Holy Smokes, Chad Zeske, Agent, located at 2929 N. Richmond St. Suites 1 & 2.

Attachments: [Holy Smokes CTV Redacted.pdf](#)

- [24-1169](#) Taxicab Company License Renewal Application for Evergreen Campsites & Resort, Owner, Jim Button, W5449 Archer Lane, Wild Rose WI 54984, contingent upon approval from the Human Resources and Inspections departments.
Attachments: [Evergreen Campsites & Resort Taxicab Co Renewal.pdf](#)
- [24-1166](#) Temporary "Class B" Wine License application for Appleton Downtown Inc, Jennifer Stephany, Person in Charge, located at 333 W. College Ave. Ste 100, on October 3, 2024 from 4:30 p.m. to 8:00 p.m. for Shop, Sip & Stroll Wine Walk special event, contingent upon approval from the Fire and Health departments.
Attachments: [Temp B ADI Wine Walk 10.3.24 Redacted.pdf](#)
- [24-1167](#) Temporary Class "B" Beer License application for St Joseph Parish, Michael Pusnik, Person in Charge, located at 404 W. Lawrence St on October 5 & October 6, 2024 from 8:00 a.m. to 5:00 p.m. for Fall Festival special event, contingent upon approval from the Fire and Health departments.
Attachments: [Temp B St Joseph Parish 10.5.24 Redacted.pdf](#)
- [24-1168](#) Temporary Class "B" Beer License application for Sacred Heart Parish, Dave Erickson, Person in Charge, located at 222 E. Fremont St on October 19, 2024 from 4:30 p.m. to 7:30 p.m. for Chili Dinner special event, contingent upon approval from the Fire and Health departments.
Attachments: [Temp B Sacred Heart 10.19.24 Redacted.pdf](#)

7. Information Items

[24-1163](#)

Special Events

- Irishfest of the Fox Cities, Jones Park and Fox Cities Exhibition Center, September 13th and September 14th 2024
- Casa Hispana Inc, Latinofest, Pierce Park, September 14th 2024
- Community First Fox Cities Marathon presented by Miron Construction, Approved Route, September 20th 2024
- Unity of Appleton, International Day of Peace, Pierce Park, September 21st 2024
- Appleton West Homecoming Parade, Approved Route, September 25th 2024
- 2024 Appleton North High School Homecoming Parade, Approved Route, September 25th 2024
- Fox Cities Chamber Foundation, License to Cruise, College Avenue from Richmond Street to Lawe Street, September 27th 2024
- Fox Cities Chamber Foundation, Appleton's Octoberfest, College Avenue from Richmond Street to Lawe St and Lawrence University Lawn Space, September 28th 2024

[24-1164](#)

Directors Report

1. City Clerk
 - November 5th Election Information
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.



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Meeting Minutes - Final Safety and Licensing Committee

Wednesday, August 28, 2024

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

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

2. Pledge of Allegiance

3. Roll call of membership

Present: 3 - Croatt, Siebers and Fenton

Excused: 2 - Doran and Schultz

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](#)

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

Aye: 3 - Croatt, Siebers and Fenton

Excused: 2 - Doran and Schultz

5. Public Hearing/Appearances

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.pdf](#)
[Sample Resolution.pdf](#)
[Res. No. 7--2024-25 HMP Adoption.pdf](#)

Siebers moved, seconded by Fenton, that the Request to Adopt the Outagamie County Hazard Mitigation Plan be recommended for approval. Roll Call.
Motion carried by the following vote:

Aye: 3 - Croatt, Siebers and Fenton

Excused: 2 - Doran and Schultz

[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](#)

Siebers moved, seconded by Fenton, that the Request to Update the Appleton Municipal Code Chapter 5 be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 3 - Croatt, Siebers and Fenton

Excused: 2 - Doran and Schultz

Balance of the action items on the agenda.

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

Aye: 3 - Croatt, Siebers and Fenton

Excused: 2 - Doran and Schultz

[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.pdf](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

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

Siebers moved, seconded by Fenton, that the meeting be adjourned at 5:37 p.m. Roll Call. Motion carried by the following vote:

Aye: 3 - Croatt, Siebers and Fenton

Excused: 2 - Doran and Schultz

Save

Print

Clear

Form
AB-105

Producer Full-Service Retail Sales Application

Date

Part A: Producer Information

| | | |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. Business Legal Name (individual name if sole proprietor) Hop Yard Ale Works, LLC | | |
| 2. Business Name or DBA Hop Yard Ale Works | 3. Agent Name Amy Behm | |
| 4. FEIN [REDACTED] | 5. Wisconsin Seller's Permit Number 456-1030505526-04 | |
| 6. Wisconsin Producer Permit Number WI-BR-21258 | 7. Producer Type <input checked="" type="checkbox"/> Brewery <input type="checkbox"/> Winery <input type="checkbox"/> Liquor Manufacturer/Rectifier | |
| 8. Contact Person's First Name Amy Behm | 9. Last Name | 10. M.I. |
| 11. Contact Person's Phone [REDACTED] | 12. Contact Person's Email hopyardaleworks@gmail.com | |

Part B: Production Quantity

Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.

| Brewery | Manufacturer/Rectifier | Winery |
|---------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Less than 250 barrels | <input type="checkbox"/> Less than 1,500 liters | <input type="checkbox"/> Less than 1,000 gallons |
| <input checked="" type="checkbox"/> 250 - 2,499 barrels | <input type="checkbox"/> 1,500 - 4,999 liters | <input type="checkbox"/> 1,000 - 4,999 gallons |
| <input type="checkbox"/> 2,500 - 7,499 barrels | <input type="checkbox"/> 5,000 - 34,999 liters | <input type="checkbox"/> 5,000 - 24,999 gallons |
| <input type="checkbox"/> 7,500 or more barrels | <input type="checkbox"/> 35,000 or more liters | <input type="checkbox"/> 25,000 or more gallons |
| Calendar year: 2023 | Calendar year: | Calendar year: |
| Quantity: 305 | Quantity: | Quantity: |

Complete only ONE of Part C, D or E.

Part C: Request for Full-Service Retail Sales at the Production Premises

| | | | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| 1. Start Date | 2. Production Premises Address | | |
| 3. City | 4. State | 5. Zip Code | |
| 6. County | 7. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____ | | |

Part D: Request for Fixed Full-Service Retail Outlet

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|
| 1. Are you transferring one fixed full-service retail outlet to a new location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete boxes 2 through 9. | | | |
| 2. Current Outlet Name | | | |
| 3. Current Outlet Premises Address | | | |
| 4. City | 5. State | 6. Zip Code | |
| 7. County | 8. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____ | | 9. Premises Phone Number |

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)

New Fixed Retail Outlet Information (complete boxes 10 through 23)

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------|
| 10. Start Date | 11. New Outlet Name | | |
| 12. New Outlet Premises Address | | | |
| 13. City | 14. State | 15. Zip Code | |
| 16. County | 17. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____ | | 18. Premises Phone Number |
| 19. Premises Description - Describe the building or buildings and any outside areas 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. | | | |
| 20. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 21. What alcohol beverages will be offered for sale? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine) | | | |
| 22. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine) | | | |
| 23. How will customers be served? (check all that apply) . . . <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption | | | |

Part E: Request for Unlimited Transfer Full-Service Retail Outlet

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 1. Name of Event (if applicable) Flicks & Sips | | |
| 2. Dates of Operation (attach a schedule, if necessary) Friday October 4 2024 | 3. Hours of Operation 5p - 10p | |
| 4. Premises Address Jones Park - 301 W Lawrence St | | |
| 5. City Appleton | 6. State WI | 7. Zip Code 54911 |
| 8. County Outagamie | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton | |
| 10. Organizer of Event (if not the named applicant) Elizabeth.Konradth | 11. Email and/or Phone Number for Organizer of Event Elizabeth.Konradth@appleton.org | |
| 12. Organizer Website Appleton.org/parksandrec | 13. Event Website | |
| 14. Premises Description - Describe the building or buildings and any outside areas 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. Hop yard will be offering beer & seltzer out of a tap trailer. ID check/wrist band and tickets will be check in a different area than serving station - but all situated under the bridge at Jones Park. Signs will be posted at all exits that no alcohol is permitted beyond the park. All money will be collected by Parks & Rec Department. | | |
| 15. On-Site Contact (Last Name, First Name) Amy Behm | 16. On-Site Contact Phone [REDACTED] | 17. On-Site Contact Email hopyardaleworks@gmail.com |
| 18. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 19. What alcohol beverages will be offered for sale? (check all that apply) <input checked="" type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine) | | |
| 20. What alcohol beverages does the permittee produce? (check all that apply) <input checked="" type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine) | | |
| 21. How will customers be served? (check all that apply) . . . <input type="checkbox"/> Samples <input checked="" type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption | | |

Part F: Attestation

Who must sign this application?

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

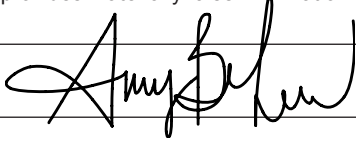
READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, 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 authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

8/31/2024

Last Name

Behm

First Name

Amy

M.I.

Title

owner/operator

Email

amy@hopyardaleworks.com

Phone

[REDACTED]

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)

1. Will the municipality limit the scope of alcohol beverages offered for sale? Yes No

2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? Yes No

3. Describe municipal restrictions indicated in questions 1 or 2 above.

4. Last Name of Municipal Official

5. First Name

6. M.I.

7. Signature of Municipal Official

8. Date

9. Date Application was Filed with Clerk

10. Date Full-Service Retail Outlet Approved by Governing Body

Form AB-105 Instructions

Producer Full-Service Retail Sales Application

Who may apply for full-service retail sales?

Producer permittees may apply for full-service retail sales on or off the production premises. Producer permittees include brewers, rectifiers, manufacturers, and wineries.

Who qualifies for full-service retail sales?

- A brewery that manufactures a minimum of 250 barrels of fermented malt beverages.
- A manufacturer/rectifier that produces a minimum of 1,500 liters of intoxicating liquor.
- A winery that produces a minimum of 1,000 gallons of wine.

What are full-service retail sales?

Permittees that are granted full-service retail sales privileges may:

- Sell fermented malt beverages and intoxicating liquor at retail for on- or off-premises consumption at their production premises and at one or more off-site full-service retail outlets.
- Provide taste samples of fermented malt beverages and intoxicating liquor.

What are full-service retail outlets?

Full-service retail outlets are authorized locations for full-service retail sales at places other than the permittee's production premises.

What is the difference between a fixed and unlimited transfer full-service retail outlet?

Fixed full-service retail outlets may be transferred from one location to another once per year. Unlimited transfer full-service retail outlets may be transferred an unlimited number of times in a year. Only one of a producer's full-service retail outlets may be transferred without limitation on frequency.

How many full-service retail outlets may I have?

The number of full-service retail outlets a producer qualifies for is determined by alcohol beverage production volume. Producers may have a maximum of three full-service outlets, regardless of the number or type of producer permits they hold.

Who approves full-service retail sales?

Full-service retail sales on the production premises need only be approved by the Division of Alcohol Beverages. Municipalities do not issue licenses for full-service retail sales outlets; however, municipalities must approve of the outlets. The applicant must forward the municipal approval to the Division of Alcohol Beverages for final granting of the authority for sales to commence on the premises.

Can a municipality limit authorized sales at a full-service retail outlet?

Yes, a municipality can limit authorized sales at a full-service retail outlet. Municipalities may limit the scope of alcohol beverages offered for sale by the permittee. Municipal approval of a full-service retail outlet must be based on the same standards and criteria, established by ordinance, for the evaluation and approval of retail licenses. A municipality may not impose any requirement or restriction in connection with the approval that the municipality does not impose on retail licensees.

How do I fill out Form AB-105 and begin the application process?

Authorizations requested on Form AB-105 must be applied for only one premises in one municipality at a time. To request multiple authorizations, submit a separate Form AB-105 for each location/premises.

Parts A, B, and F: Applicants must complete Parts A, B, and F.

Parts C, D, and E: Complete only one Part. Form AB-105 must be used to request only one authorization at a time.

Example: A producer applicant requesting full-service retail sales authorization on the production premises should complete Parts A, B, C, and F.

Example: A producer applicant requesting a fixed full-service retail outlet should complete Parts A, B, D, and F.

Example: A producer applicant requesting an unlimited transfer full-service retail outlet should complete Parts A, B, E, and F. Producer applicants requesting authorization in Part E must complete one Form AB-105 for each premises. Applicants may use the same Form AB-105 to request authorization for multiple dates and times occurring on the same premises.

Municipal approval is required for authorizations requested in Parts D and E. If a producer is applying for authorization in either of these sections, the completed application must first be submitted to the governing municipality.

After the municipality has granted approval by completing Part G, the applicant should submit AB-105 to the Division of Alcohol Beverages for final approval. If the applicant is only requesting authorization in Part C, the application does not require municipal approval and may be submitted directly to the Division of Alcohol Beverages.

Specific Instructions:

Part A: Producer Information

- Box 1: Enter the legal business name.
- Box 2: Enter the trade name or “doing business as” name, if different than the name in box 1.
- Box 3: Enter the name of the approved agent appointed for your producer permit.
- Box 4: Enter Federal Employer Identification Number (FEIN).
- Box 5: Enter Wisconsin seller’s permit number.
- Box 6: Enter the 15-digit Wisconsin Tax Account Number of the permit that these authorizations should be associated with.
- Box 7: Check the corresponding producer permit type.
- Box 8-10: Enter contact person’s name.
- Box 11: Enter contact person’s phone number.
- Box 12: Enter contact person’s email address.

Part B: Production Quantity

- Check the highest cumulative total of alcohol beverages produced in any one of the three preceding calendar years for each specific permit type held.
 - Do not include alcohol beverages produced under a contract production agreement.
- Enter the calendar year in which the highest cumulative total of alcohol beverages produced was met.
- Enter the exact quantity of alcohol beverages produced.
- If an applicant holds more than one type of permit or multiple permits of the same type, the aggregate number of full-service retail outlets that may be established is the maximum number authorized under their permit type, but not exceeding three full-service retail outlets.
 - Under these circumstances, each authorized full-service retail outlet shall serve as the full-service retail outlet associated with each applicable permit, regardless of whether permittee would otherwise be entitled to fewer full-service retail outlets when calculated under their other permit(s).

Part C: Request for Full-Service Retail Sales at the Production Premises

- Authorization under this portion does not require municipal approval. If the applicant is not seeking other retail authorizations on this form, it can be submitted directly to the Division of Alcohol Beverages.
- Box 1: Enter the date that you would like to begin full-service retail sales.
- Box 2-5: List the premises address for the permit identified in Part A, boxes 5 and 6.
- Box 6: Name the county where the production premises is located.
- Box 7: Name the governing municipality where the production premises is located.

Part D: Request for Fixed Full-Service Retail Outlet

- Authorization under this section must be approved by the municipality in which the retail outlet is located prior to submitting to the Division of Alcohol Beverages for final approval.
- Box 1: Check yes if you are applying to transfer a fixed full-service outlet from one location to another. Fixed Full-Service Retail Outlets may be transferred from place-to-place once per year with approval of the municipality that governs the new location.
- Boxes 2-9: Complete these boxes if you checked yes in box 1 to describe the current premises you are applying to transfer.

- Box 10: Enter the date that you would like to open the full-service retail outlet for business.
- Boxes 11-18: Complete these boxes to describe the location of your new premises.
- Box 19: Describe the premises in detail. Include outdoor spaces if the municipality allows it. Attach a floor plan if possible.

Example: The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000-square-foot building.

- Box 20: Producers may operate a restaurant on the premises of a full-service retail outlet with municipal and division approval.
- Box 21: Check all types of alcohol beverages that will be offered for sale at the full-service retail outlet, including beverages made by the producer or producer group.
- Box 22: Check all the alcohol beverages that are made by the producer under all their permits.
- Box 23: Check all types of service that apply to this full-service retail outlet.
 - Samples mean 3 oz. of beer, 3 oz. of wine, or 0.5 oz. of liquor provided free of charge to an individual.
 - On-premises consumption means alcohol beverages served by the glass to be consumed by the customer at the premises identified in Box 18.
 - Off-premises consumption means alcohol beverages sold in original, unopened containers for customers to consume away from the premises identified in Box 18.

Part E: Request for Unlimited Transfer Full-Service Retail Outlet

- Authorizations under Part E must be for dates of operation where the unlimited transfer location will be located at the same premises in the same municipality. You must use a new Form AB-105 to request authorization for each separate premises, regardless of whether the separate premises are in the same municipality.
- Box 1: If you are requesting authorization to initiate or move your unlimited transfer outlet to a specific event like a farmer's market, festival, or other community event, name it here.
- Box 2: List the requested dates of operation. Attach a schedule or calendar of events, if necessary.
- Box 3: List the requested hours of operation. If no hours are listed, the approving municipality and the Division will assume you are seeking authorization to operate during all hours allowed under Chapter 125, Wis. Stats.
- Box 4-9: Identify the premises address.
- Box 10-13: If you are requesting authorization to move your unlimited transfer outlet to a specific event, provide contact information for the event organizer, if not the named applicant.
- Box 14: Describe the premises in detail. Include outdoor spaces if the municipality allows it. Attach a floor plan if possible.

Example: The premises is located at 1234 Main St., Realtown, WI, 12345, and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000 square foot building.

Example: The premises is the 1,000-square-foot tent within the southwest corner of the parking lot located at XYZ Church at 3456 Main St., Realtown, WI, 12345. All sales and storage of alcohol beverages and records will occur within the 1,000-square-foot tent in the southwest corner of the parking lot.

Example: The premises is located at PDQ Park (7890 Main St., Realtown, WI, 12345). A 5,000-square-foot tent will be constructed in the northeast corner of the park bordering the tree line and northern fence. All alcohol beverage sales and consumption will occur at this tent. Premises includes the adjacent north park office and the space between the tent and the office. Alcohol beverages and records will be securely stored in the north park office for the duration of the event.

- Box 15-17: Provide the name and contact information for a person who will be in control of the premises for the duration of the requested time.
- Box 18: Producers may operate a restaurant on the premises of a full-service retail outlet with municipal and Division of Alcohol Beverages approval.
- Box 19: Check all types of alcohol beverages that will be offered for sale at the full-service retail outlet, including beverages made by the producer under all their permits.
- Box 20: Check all the alcohol beverages that are made by the producer under all their permits.
- Box 21: Check all the types of service that apply to this full-service retail outlet.
 - Samples mean 3 oz. of beer, 3 oz. of wine, or 0.5 oz. of liquor provided free of charge to an individual.
 - On-premises consumption means alcohol beverages served by the glass to be consumed by the customer at the premises identified in Box 14.
 - Off-premises consumption means alcohol beverages sold in original, unopened containers for customers to consume

away from the premises identified in Box 14.

Part F: Attestation

- Read the attestation carefully, then sign and date.

Part G: For Municipal Use Only

- Box 1: Check yes or no to indicate if the municipality will limit the scope of alcohol beverages offered for sale at this full-service retail outlet.
- Box 2: Check yes or no to indicate if the municipality will impose other requirements or restrictions on the full-service retail outlet.
- Box 3: Describe any limitations the municipality has placed on the full-service retail outlet as indicated in questions 1 or 2. Some limitations may be: parking, zoning, or noise ordinance restrictions; not allowing sales of alcohol beverages for off-premises consumption.
- Box 4-10: The municipal official completing this part should fill in the information requested.

Completion and Submission of Form AB-105

- The producer applicant should complete Parts A, B, and F completely, and either Part C, D, or E, depending on the type of authorization requested.
- If requesting only a Part C authorization, the application can be submitted directly to the Division of Alcohol Beverages. No municipal approval is required for Part C authorizations.
- If requesting a Part D or E authorization, provide the application to the municipality where the proposed full-service retail outlet will be located.
 - The municipality should complete Part G and return it to the producer applicant.
 - The producer applicant should provide the completed AB-105 to the Division of Alcohol Beverages for final approval.
- Sales of alcohol beverages at full-service retail outlets may not commence until the Division of Alcohol Beverages has provided final approval by way of issuing a printed authorization to the applicant to be posted at the retail premises identified in this application.

After Form AB-105 is completed by the producer and approved by the municipality in Part G, submit the form to the Division of Alcohol Beverages for final approval in one of two ways:

- Email: DORAlcoholPermits@wisconsin.gov
- Mail the form to the following address:

Wisconsin Department of Revenue
Division of Alcohol Beverages
P.O. Box 8934
Madison, WI 53708-8934

Assistance

This form is designed by the Department of Revenue. If you require assistance with this form, consider reaching out to the Division of Alcohol Beverages for assistance with submission of this application and associated forms.

If you have questions about alcohol beverage laws and regulations, you may contact the Division of Alcohol Beverages using the contact information below.

Website: [DOR Alcohol Beverage \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

Write: DORAlcohol@wisconsin.gov

Call: (608) 264-4573

| | | | |
|---------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Part A: Producer Information | | | |
| 1. Business Legal Name (individual name if sole proprietor) McFleshman's Brewing Co LLC | | | |
| 2. Business Name or DBA McFleshman's Brewing Co | | 3. Agent Name Kurt Goodreau | |
| 4. FEIN [REDACTED] | | 5. Wisconsin Seller's Permit Number 456-1029314691-02 | |
| 6. Wisconsin Producer Permit Number BR-WI-2177 | | 7. Producer Type <input checked="" type="checkbox"/> Brewery <input checked="" type="checkbox"/> Winery <input type="checkbox"/> Liquor Manufacturer/Rectifier | |
| 8. Contact Person's First Name Danielle | | 9. Last Name Kramer | 10. M.I. B |
| 11. Contact Person's Phone [REDACTED] | | 12. Contact Person's Email danielle@mcfleshmans.com | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part B: Production Quantity | | |
| Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years. | | |
| Brewery | Manufacturer/Rectifier | Winery |
| <input type="checkbox"/> Less than 250 barrels <input checked="" type="checkbox"/> 250 - 2,499 barrels <input type="checkbox"/> 2,500 - 7,499 barrels <input type="checkbox"/> 7,500 or more barrels | <input type="checkbox"/> Less than 1,500 liters <input type="checkbox"/> 1,500 - 4,999 liters <input type="checkbox"/> 5,000 - 34,999 liters <input type="checkbox"/> 35,000 or more liters | <input checked="" type="checkbox"/> Less than 1,000 gallons <input type="checkbox"/> 1,000 - 4,999 gallons <input type="checkbox"/> 5,000 - 24,999 gallons <input type="checkbox"/> 25,000 or more gallons |
| Calendar year: 2022 | Calendar year: | Calendar year: 2023 |
| Quantity: 720 bbl | Quantity: | Quantity: 220 gal |

Complete only ONE of Part C, D or E.

| | | | | |
|---------------------------------------------------------------------------------|--|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Part C: Request for Full-Service Retail Sales at the Production Premises | | | | |
| 1. Start Date | | 2. Production Premises Address | | |
| 3. City | | | 4. State | 5. Zip Code |
| 6. County | | | 7. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____ | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|
| Part D: Request for Fixed Full-Service Retail Outlet | | | | |
| 1. Are you transferring one fixed full-service retail outlet to a new location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete boxes 2 through 9. | | | | |
| 2. Current Outlet Name | | | | |
| 3. Current Outlet Premises Address | | | | |
| 4. City | | | 5. State | 6. Zip Code |
| 7. County | | 8. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____ | | 9. Premises Phone Number |

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)

New Fixed Retail Outlet Information (complete boxes 10 through 23)

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|
| 10. Start Date | | 11. New Outlet Name | |
| 12. New Outlet Premises Address | | | |
| 13. City | | 14. State | 15. Zip Code |
| 16. County | 17. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____ | | 18. Premises Phone Number |
| 19. Premises Description - Describe the building or buildings and any outside areas 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. | | | |
| 20. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 21. What alcohol beverages will be offered for sale? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine) | | | |
| 22. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine) | | | |
| 23. How will customers be served? (check all that apply) . . . <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption | | | |

Part E: Request for Unlimited Transfer Full-Service Retail Outlet

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name of Event (if applicable) Fox Valley Lagerfest | | |
| 2. Dates of Operation (attach a schedule, if necessary) Saturday, October 5, 2024 | | 3. Hours of Operation 12pm - 8pm |
| 4. Premises Address 115 S State St | | |
| 5. City Appleton | | 6. State WI |
| | | 7. Zip Code 54911 |
| 8. County Outagamie | | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton |
| 10. Organizer of Event (if not the named applicant) | | 11. Email and/or Phone Number for Organizer of Event danielle@mcfleshmans.com [REDACTED] |
| 12. Organizer Website mcfleshmans.com | | 13. Event Website mcfleshmans.com/lagerfest |
| 14. Premises Description - Describe the building or buildings and any outside areas 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. On the brewery premises and within the bounds of our street closure (see map). | | |
| 15. On-Site Contact (Last Name, First Name) Kramer, Danielle | | 16. On-Site Contact Phone [REDACTED] |
| | | 17. On-Site Contact Email danielle@mcfleshmans.com |
| 18. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 19. What alcohol beverages will be offered for sale? (check all that apply) <input checked="" type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input checked="" type="checkbox"/> Intoxicating Liquor (other than wine) | | |
| 20. What alcohol beverages does the permittee produce? (check all that apply) <input checked="" type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine) | | |
| 21. How will customers be served? (check all that apply) . . . <input checked="" type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption | | |

Part F: Attestation

Who must sign this application?

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

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, 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 authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.






| | | |
|------------------------------------|--------------------------------|---------------------|
| Signature <i>Bobby Fleshman</i> | | Date 9/4/24 |
| Last Name Fleshman | First Name Bobby | M.I. L |
| Title owner | Email Bobby@mcfleshmans.com | Phone [REDACTED] |

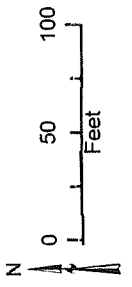
Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. Will the municipality limit the scope of alcohol beverages offered for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Describe municipal restrictions indicated in questions 1 or 2 above. | |
| 4. Last Name of Municipal Official | 5. First Name |
| 6. M.I. | |
| 7. Signature of Municipal Official | 8. Date |
| 9. Date Application was Filed with Clerk 9/04/2024 | 10. Date Full-Service Retail Outlet Approved by Governing Body |



Legend

-  Barricade
-  Road Closed Ahead
-  No Right Turn
-  Road Closed
-  Event Boundary



Fox Valley Lager Fest
 10/07/23
 permit 1 pm - 6 pm

City of Appleton
 Special Events Committee

**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) EIF's Gifts LLC | | | |
| 2. Business Trade Name or DBA | | | |
| 3. FEIN | | 4. Wisconsin Seller's Permit Number 456-0026747266-02 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation | | | |
| 6. State of Organization WI | | 7. Date of Organization 2008 | 8. Wisconsin DFI Registration Number |
| 9. Premises Address (do not use PO Box) 2700 W. College Ave Suite 11 | | | |
| 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) 1259 Eliza St | | | |
| 17. City Green Bay | | 18. State WI | 19. Zip Code 54301 |
| 20. Premises Phone 920-380-4420 | | 21. Premises Email elfs.appleton@gmail.com | 22. Website EIFsgifts.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. Brick & Mortar store that is part of a strip mall. Vaping Devices are kept behind the counter, inaccessible to customers until purchased. Single story building which has a sales floor, and storage area which includes an employee only bathroom. | | | |

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: _____ | |

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 |
|-----------|------------|-------|-------|
| Cadmus | Robert | 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 8-14-24 |
| Name (Last, First, M.I.) Cadmus, Robert E. Jr. | |
| Title owner | Email _____ |
| | Phone _____ |

Part E: For Clerk Use Only

| | | | |
|--------------------------------------------------|---------------------------------|----------------------|----------------|
| Date application was filed with clerk 8/28/24 | Date license issued | Date license expires | License number |
| License fees | Signature of Clerk/Deputy Clerk | | |

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date
8-14-24

Agent Type (check one): Original Change

Part A: Agent Information

| | | |
|----------------------------------|-------------------------------------|------------------------------------------------|
| 1. Last Name Cadmus | 2. First Name Robert | 3. M.I. E |
| 4. Email | 5. Phone | |
| 6. Home Address 1259 Eliza St | | |
| 7. City Green Bay | 8. State WI | 9. Zip Code 54301 |
| 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) Elf's Gifts, LLC | | |
| 2. Business Trade Name or DBA | | |
| 3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation | | |
| 4. Premises Address 2700 W. College Ave Suite 11 | | |
| 5. City Appleton | 6. State WI | 7. Zip Code 54914 |

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 8-14-24 |
| Name of Person Signing for Licensee Robert E Cadmus Jr | Title owner |
| READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted. | |
| Signature of Agent | Date 8-14-24 |

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

| | |
|-----------------|----------|
| FOR CLERKS ONLY | |
| Municipality | Appleton |
| License Period | 24-25 |

Part A: Premises/Business Information

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1. Legal Business Name (Individual name if sole proprietor) NLC WIS CORPORATION | | |
| 2. Business Trade Name or DBA DBA Holy Smokes | | |
| 3. FEIN | 4. Wisconsin Seller's Permit Number 456-1031614032-04 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation | | |
| 6. State of Organization WI | 7. Date of Organization 10/12/2020 | 8. Wisconsin DFI Registration Number N058162 |
| 9. Premises Address (do not use PO Box) 2929 N. Richmond St Suite 1 Suite 2 | | |
| 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) 1296 Velp Ave | | |
| 17. City Green Bay | 18. State WI | 19. Zip Code 54303 |
| 20. Premises Phone 920-574 3984 | 21. Premises Email holygato@yahoo.com | 22. Website |
| 23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. 2 large rooms to sell vapes + tobacco products 2 bathrooms, storage closet, office, back lunch room | | |

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:
CU:

| 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 |
| Zeske | Chad | President | |
| Sheldon | Tracy | Vice President | |
| | | | |
| | | | |

| Part D: Attestation | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <p>One of the following must sign and attest to this application:</p> <ul style="list-style-type: none"> • sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC <p>READ CAREFULLY BEFORE SIGNING:</p> <p>I understand and agree to the following:</p> <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. <p>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.</p> | | |
| Signature | Date | |
| <i>Chad A. Zeske</i> | 8/12/2024 | |
| Name (Last, First, M.I.) | | |
| Zeske Chad | | |
| Title | Email | Phone |
| President | | |

| Part E: For Clerk Use Only | | | |
|---------------------------------------|---------------------------------|----------------------|----------------|
| Date application was filed with clerk | Date license issued | Date license expires | License number |
| 8/29/24 | | | |
| License fees | Signature of Clerk/Deputy Clerk | | |
| | | | |

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one): Original Change

| Part A: Agent Information | | | |
|-----------------------------------------|-------------------------------------|------------------------------------------------|-----------------------------|
| 1. Last Name <i>Zeske</i> | 2. First Name <i>Chad</i> | 3. M.I. | |
| 4. Email | | 5. Phone | |
| 6. Home Address <i>N337d Nova Ln</i> | | | |
| 7. City <i>Marinette</i> | | 8. State <i>WI</i> | 9. Zip Code <i>54143</i> |
| 10. Date of Birth | 11. Drivers License/State ID Number | 12. Drivers License/State ID State of Issuance | |

| Part B: Questions |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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</p> <p>2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.</p> |

| Part C: Business Information | | |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|
| 1. Legal Business Name (individual name if sole proprietor) <i>NLC WIS Corporation</i> | | |
| 2. Business Trade Name or DBA <i>dba Holy Smokes</i> | | |
| 3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation | | |
| 4. Premises Address <i>2929 Richmond St Suite 1</i> | | |
| 5. City <i>Appleton</i> | 6. State <i>WI</i> | 7. Zip Code <i>54911</i> |

| 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) <i>Chad A. Zeske</i> | Date <i>8/9/2024</i> |
| Name of Person Signing for Licensee <i>Zeske, Chad</i> | Date <i>8/12/2024</i> |
| Title <i>President</i> | Date <i>8/12/2024</i> |
| <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 <i>Chad A. Zeske</i> | Date <i>8/12/2024</i> |

24-1169

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



Original Application
 Renewal License
 # 4-24

FEES ARE NON-REFUNDABLE
 Fee Per Each Individual Vehicle (CLLTSE) \$30.00
 Investigation Fee (CLLPIF) \$7.00
 Date Recv'd AUG 28 2024
 Total \$ 37.00
 Receipt #: 7333-1

LICENSE PERIOD IS FROM
July 1st - June 30th

Note: please allow 3 weeks for application processing

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

Company Name
Evergreen Campsites & Resort

Business Address
W5449 Archer Lane

City
Wild Rose

State
WI

Zip Code
54984

Company Email Address [REQUIRED]
evergreencampsites@gmail.com

Company Phone Number [REQUIRED]
9206223498

Individual Partnership Corporation

Business Owners Name
Jim Button

Date of Birth

Gender
Male

Business Owner Phone Number

Business Owner Email Address

Driver's License Number

State Licensed
WI

SECTION 2 - COMPANY HISTORY

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

If Yes, what municipality? _____

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

If Yes, please explain: _____

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

If Yes, please explain: _____

Describe the basic operations of the company:
Evergreen Campsites & Resort is located in central WI provided recreation to campers.

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

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

| Vehicle Number | Capacity | Make/Model | DOT License Plate # |
|------------------|----------|------------|---------------------|
| Chippy's Express | 15 | | |
| | | | |
| | | | |
| | | | |

SECTION 4 - INSURANCE NOTICE

Insurance Carrier
Robertson Ryan Insurance

Insurance Agent Name
Melissa Pitzen

Insurance Agent Phone Number

Insurance Agent Email Address

Policy Number

Policy Period

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

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

Applicant's Signature X [Signature]

FOR OFFICE USE ONLY

| Department | Approve | Deny | Date of Recommendation | Staff Member | |
|---------------------------------------------------------------|------------------|------|------------------------|-----------------|----------------|
| Risk Management | | | | | |
| Police | X | | AUG 29 2024 | B. Goodin | |
| Fire | X | | AUG 29 2024 | D. Henson | |
| Inspection | | | | | |
| Safety and Licensing | | | | | |
| Common Council | | | | | |
| COI on File? | Denial Reasoning | | Date Issued | Expiration Date | License Number |
| <input checked="" type="radio"/> YES <input type="radio"/> NO | | | | | |

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



EVERCAM-02

DKIRK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/21/2024

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

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

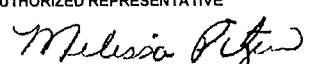
| | | |
|--------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------|
| PRODUCER Robertson Ryan - Waukesha 20975 Swenson Drive, Suite 175 Waukesha, WI 53186 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): (262) 717-9436 |
| | E-MAIL ADDRESS: C | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A : | WEST BEND INSURANCE COMPANY |
| INSURED Evergreen Campsites and Resort W5449 Archer Ln Wild Rose, WI 54984 | INSURER B : | SFM MUTUAL INSURANCE COMPANY |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------------------------|-------------------------|-------------------------|---------------------------------------------------------------------------------|---------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | 6/28/2024 | 6/28/2025 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 |
| | | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | 6/28/2024 | 6/28/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | 6/28/2024 | 6/28/2025 | EACH OCCURRENCE | \$ 2,000,000 |
| | | | | | | | AGGREGATE | \$ 2,000,000 |
| | | | | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WI) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | 6/28/2024 | 6/28/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | | | | E.L. EACH ACCIDENT | | | \$ 100,000 | |
| | | | | E.L. DISEASE - EA EMPLOYEE | | | \$ 100,000 | |
| | | | | E.L. DISEASE - POLICY LIMIT | | | \$ 500,000 | |

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

| | |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER City of Appleton 100 N Appleton St Appleton, WI 54911 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |

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

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

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Application Date: 7/2/2024

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 10/03/2024 and ending 10/03/2024 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.

(b) Address c/o Appleton Downtown, Inc. 333 W. College Ave., Suite 100, Appleton, WI 54911

(Street)

Town

Village

City

(c) Date organized 04/02/1993

(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: _____

(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 333 W. College Ave., Suite 100, Appleton, WI 54911 (and other participating businesses)

(b) Lot _____ Block _____

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

(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: Alcohol will not be sold; participating Downtown businesses will provide samples to ticket holders who are 21 years old or older.

A list of participating businesses will be provided.

3. Name of Event

(a) List name of the event Shop, Sip & Stroll Wine Walk- ADI will ID ticket holders at a central location and provide a wristband.

(b) Dates of event 10/03/2024, 4:30 PM - 8:00 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

[Signature] 7-9-24
(Signature / Date)

Appleton Downtown Inc.
(Name of Organization)

Date Filed with Clerk 8-21-2024

Date Reported to Committee _____

Date Granted _____

License No. _____

| Business Name | Owner/Manager | Address | Email Address | Phone # | License |
|----------------------------------|------------------|--------------------------------|---------------|---------|---------|
| ADI | Carissa Hackel | 333 W. College Ave., Suite 100 | | | NEEDED |
| Beatnik Betty's | Monika Austin | 214 E. College Ave. | | | NEEDED |
| Blue Moon | Jen | 227 E. College Ave. | | | NEEDED |
| Cedar Harbor | Lisa Gavronski | 611 N. Morrison | | | NEEDED |
| Eco Candle Co. | Shelley Nystrom | 123 E. College Ave. | | | NEEDED |
| General Store & Wine Bar | Kyle Jones | 215 W. College Ave. | | | HAS |
| Lillians of Appleton | Kara Manuel | 115 E. College Ave. | | | NEEDED |
| Mud & Prints | Linda Schrage | 311 E. College Ave. | | | NEEDED |
| Olive and Rose boutique | Pamela Goel | 121. E. College Ave. | | | NEEDED |
| POLLEN. | Marissa Knuth | 103 E. College Ave. | | | NEEDED |
| Serenity Interior Design & Decor | Brittany | | | | NEEDED |
| Sugar Rushlow Boutique | Nicole Rocheleau | 129 E. College Ave. | | | NEEDED |
| The Vintage Garden | Toni Waitry | 119 E College Ave. | | | NEEDED |

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

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

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Application Date: 1-29-2024

Town Village 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 OCT 5 and ending OCT 6 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) → Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name ST JOSEPH PARISH

(b) Address 404 W. LAWRENCE ST APPLETON
(Street) Town Village City

(c) Date organized 1860

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:
~~President~~ BR. RAY STADMEYER - Parish Pastor
~~Vice President~~ MICHAEL DUSNIK - FACILITY MGR
Secretary DANA SCHMIDT
Treasurer ROGER SIMON

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

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

(a) Street number 404 W LAWRENCE ST

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event FALL FESTIVAL

(b) Dates of event OCT 5, OCT 6

(c) Time(s) of event 9:00 AM 10/5 5 PM 10/6

DECLARATION

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

Officer Michael Dusnik
(Signature / Date)

St. Joseph Parish
(Name of Organization)

Date Filed with Clerk JUL 29 2024

Date Reported to Committee _____

Date Granted _____

License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____

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: 6-24-24
County of Outagamie

Town Village City of Appleton

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 10-19-24 and ending 10-19-24 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 Sacred Heart Parish

(b) Address 222 E. Fremont St Appleton, WI, 54915
(Street) Town Village City

(c) Date organized 1898

(d) If corporation, give date of incorporation NA

(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 _____

Vice President NA

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: Dave Erickson 6060 Dahlia Dr. Appleton, WI.

(g)1. Date of Birth: _____ Drivers License # _____ J. Email _____ a. _____

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 222 E. Fremont St

(b) Lot ~~_____~~ Cafeteria Block _____

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

(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: Cafeteria in basement 400' x 200'

3. Name of Event

(a) List name of the event Chili Dinner

(b) Dates of event 10-19-24

(c) Time(s) of event 4:30 - 7:30 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 David J. Erickson 6-24-24
(Signature / Date)

Sacred Heart Parish
(Name of Organization)

Date Filed with Clerk _____
Date Granted _____

Date Reported to Committee _____
License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____