



# City of Appleton

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

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

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Wednesday, October 9, 2024

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[24-1265](#) Safety & Licensing Committee Minutes from 09/25/2024

**Attachments:** [S&L Minutes 09-25-24.pdf](#)

5. **Public Hearing/Appearances**

6. **Action Items**

[24-1105](#) Operator License for Cindy Reed.

**Attachments:** [Cindy Reed Operator License Application.pdf](#)

[Cindy Reed Clerk Letter.pdf](#)

[Cindy Reed PD Letter.pdf](#)

[Cindy Reed Denial Appeal Memo.pdf](#)

[Cindy Reed Documents Submitted to Safety and Licensing.pdf](#)

**Legislative History**

9/25/24 Safety and Licensing Committee recommended for denial

*Cindy Reed appeared and addressed the committee.*

*Mark Joosten, 2948 W. 1st Ave, Appleton WI 54914, owner of Eager Beaver, appeared and addressed the committee.*

*The Motion to deny the license failed 1/3.*

9/25/24 Safety and Licensing Committee recommended for approval

*The Motion to approve the license passed 3/1.*

10/2/24 Common Council referred to the Safety and Licensing Committee

[24-1318](#) Proposed Special Event Policy - 2025

**Attachments:** [2025 PROPOSED Special Event Policy.pdf](#)  
[2025 Special Event Fee Schedule - Appendix 1.pdf](#)  
[Memo- 2025 Proposed Special Event Policy.pdf](#)  
[2023 Special Event Cost Summary- S&L.pdf](#)  
[Current -2024- Special Events License Application.pdf](#)

[24-1235](#) Class "B" Beer and "Class C" Wine License application for MyMy LLC d/b/a MyMy, Pa Zao Chang, Agent, located at 2825 Ballard Rd, contingent upon approval from the Health and Inspections departments.

**Attachments:** [MyMy LLC.Alcohol.Class B Beer Class C Wine.9.9.2024.REDACTED.pdf](#)

[24-0420](#) Class "B" Beer and Reserve "Class B" Liquor License application for Delaires LLC d/b/a Delaire's, David Boulanger, Agent, located at 823 W. College Ave, contingent upon approval from the Health and Inspections departments.

**Attachments:** [Delaire's.Alcohol.Class B Beer Reserve Liquor.4.10.24.REDACTED.pdf](#)

[24-1262](#) Temporary Class "B" Beer and "Class B" Wine License application for Photo Opp, John Adams, Person in Charge, located at 621 N. Bateman St, on October 18, 19, & 20, 2024 from 4:00 p.m. to 9:00 p.m. for Photo Gallery/Fundraiser special event, contingent upon approval from the Police, Health, and Fire departments.

**Attachments:** [Photo\\_Opp.Alcohol.Temp B Beer Wine.Fundraiser.10.18.2024.REDACTED.pc](#)

## 7. Information Items

- [24-1267](#) Special Events
- Appleton East Homecoming Parade, Approved Route, October 4th 2024
  - Appleton Parks and Recreation, Flicks & Sips, Jones Park, October 4th 2024
  - Appleton Fire Department - Open House, Fire Station #6, October 5th 2024
  - Appleton Parks and Recreation, Glow in the Park, Pierce Park, October 11th 2024
  - Johnston Elementary Mustang Mile, Approved Route, October 12th 2024
  - YMCA of the Fox Cities, Freaky 5k, Pierce Park, October 26th 2024
  - Appleton Charity Events, Halloween Pub Crawl, Participating Downtown Businesses, October 26th 2024

[24-1266](#)

Directors Report

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

8. Adjournment

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

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



# City of Appleton

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

## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, September 25, 2024

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

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

2. Pledge of Allegiance

3. Roll call of membership

**Present:** 4 - Croatt, Siebers, Fenton and Schultz

**Excused:** 1 - Doran

4. Approval of minutes from previous meeting

[24-1255](#)

Safety & Licensing Committee minutes from 09/11/2024

**Attachments:** [S&L Minutes 9.11.24.pdf](#)

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

**Aye:** 4 - Croatt, Siebers, Fenton and Schultz

**Excused:** 1 - Doran

5. Public Hearing/Appearances

6. Action Items

[24-1105](#)

Operator License for Cindy Reed.

- Attachments:**    [Cindy Reed Operator License Application.pdf](#)  
[Cindy Reed Clerk Letter.pdf](#)  
[Cindy Reed PD Letter.pdf](#)  
[Cindy Reed Denial Appeal Memo.pdf](#)  
[Cindy Reed Documents Submitted to Safety and Licensing.pdf](#)

*Cindy Reed appeared and addressed the committee.  
Mark Joosten, 2948 W. 1st Ave, Appleton WI 54914, owner of Eager Beaver, appeared and addressed the committee.*

**Siebers moved, seconded by Schultz, that the Operator License be recommended for denial. Roll Call. Motion failed by the following vote:**

- Aye:** 1 - Croatt  
**Nay:** 3 - Siebers, Fenton and Schultz

**Excused:** 1 - Doran

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

- Aye:** 3 - Siebers, Fenton and Schultz  
**Nay:** 1 - Croatt

**Excused:** 1 - Doran

[24-1252](#)

Request to amend and update Appleton Municipal Code Sec. 6-56 "Adoption of codes and standards".

- Attachments:**    [2024 Ch 6 - Fire - Appendices Revisions.pdf](#)  
[2024-Chapter 6 memo.pdf](#)

**Siebers moved, seconded by Fenton, that the Municipal Code amendment be recommended for approval. Roll Call. Motion carried by the following vote:**

- Aye:** 4 - Croatt, Siebers, Fenton and Schultz

**Excused:** 1 - Doran

**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:** 4 - Croatt, Siebers, Fenton and Schultz

**Excused:** 1 - Doran

[24-1213](#)

Class "B" Beer and "Class B" Liquor License application for CaPo Gooble LLC d/b/a Ambassador, Colin Torrez, Agent, located at 117 S. Appleton St, contingent upon approval from the Health and Public Works departments.

**Attachments:** [Ambassador.Capo\\_Gooble\\_LL.C.Alcohol.Class\\_B\\_Beer\\_Liquor.8.28.24.REDACTED.pdf](#)

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

[24-1214](#)

Temporary Class "B" Beer License application for Appleton Downtown Inc, Jennifer Stephany, Person in Charge, located at 333 W. College Ave, for Houdini 10K Run/Walk special event on November 2, 2024 from 9:00 a.m. to 4:00 p.m. at 301 W. Lawrence St, contingent upon approval from the Health and Fire departments.

**Attachments:** [Appleton\\_Downtown\\_Inc.Alcohol.Temp\\_B\\_Beer.Houdini\\_10K\\_11.2.2024.REDACTED.pdf](#)

**This Report Action Item was recommended for approval.**

[24-1215](#)

Temporary Class "B" Beer License application for Sacred Heart Parish, Dave Erickson, Person in Charge, located at 222 E. Fremont St, for Spaghetti Dinner special event on November 16, 2024 from 4:30 p.m. to 7:30 p.m., contingent upon approval from the Health and Fire departments.

**Attachments:** [Sacred\\_Heart\\_Parish.Alcohol.Temp\\_B\\_Beer.11.16.24.REDACTED.pdf](#)

**This Report Action Item was recommended for approval.**

[24-1218](#)

Temporary Class "B" Beer and "Class B" Wine License application for Thompson Center on Lourdes, Dawn M. Gohlke, Person in Charge, located at 2331 E. Lourdes Dr, for Haunted Halloween Dance special event on October 18, 2024 from 5:00 p.m. to 7:00 p.m., contingent upon approval from the Fire and Health departments.

**Attachments:** [Thompson\\_Center\\_on\\_Lourdes.Alcohol.Temp\\_B\\_Beer\\_Wine.Haunted\\_Halloween\\_Dance.10.18.24.REDACTED.pdf](#)

**This Report Action Item was recommended for approval.**

## 7. Information Items

[24-1253](#)

Notification that \$20,279 has been allocated from the 2024 Edward Byrne Memorial Justice Assistance Grant (JAG) for Appleton and Outagamie.

[24-1219](#)

Special Events

- Appleton Downtown Inc, Rhythms of the World, Houdini Plaza, September 21st 2024
- Appleton Downtown Inc, Shop, Sip and Stroll Wine Walk, Participating Downtown Businesses, October 3rd 2024
- Foster Elementary School, Foster Family Fun Run, Approved Route, October 3rd 2024
- McFleshman's Brewing Co LLC, Fox Valley Lagerfest, 115 S. State Street, October 5th 2024
- Mission Myeloma Inc, Miles for Myeloma, Appleton Memorial Park, October 5th 2024
- Appleton Downtown Inc, Craft Beer Walk - Fall, Participating Downtown Businesses, October 19th 2024

[24-1254](#)

Director's Report

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

8. Adjournment

**Schultz moved, seconded by Siebers, that the meeting be adjourned at 6:16 p.m. Roll Call. Motion carried by the following vote:**

**Aye:** 4 - Croatt, Siebers, Fenton and Schultz

**Excused:** 1 - Doran



# Application for Operator's/Bartender's License

CASH OR CHECK ONLY!

New Applicant

Renewal License  
#: 46-24

**FEES ARE NON-REFUNDABLE**

Operator License - \$72.00

Operator License plus a provisional - \$87.00

Date Received: 6/27/24

Receipt #: 7057-4

*Note: Please allow approximately 3 weeks for application processing.*

## SECTION 1 - APPLICANT INFORMATION

Legal Name (First name, MI, Last name) Cindy J. Reed Maiden or Previous \_\_\_\_\_

Street Address 3425 N. Marcos Ln City Appleton State WI Zip 54911

Driver's License Number/State Identification Number \_\_\_\_\_ Driver's License State WI

Date of Birth \_\_\_\_\_ Gender F Phone # (Required) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name and Address of Establishment you will be selling alcohol - (verify establishment is within City of Appleton limits)  
Easer Beaver 1400 W. Main St and other estab within city

## SECTION 2 - NEW APPLICANT ONLY: You are required to list each and every violation and/or offense for which you have been convicted in or out of state. Failure to provide complete answers may result in a denial of your application.

Have you EVER had an Operator's (Bartender's) License? YES NO  
If Yes; which Municipality and what year? \_\_\_\_\_

Have you EVER been convicted of a felony? YES NO  
If Yes; when, where and what type of violation? (Please be specific) \_\_\_\_\_

Have you EVER been convicted of a misdemeanor or ordinance violation? YES NO  
If Yes; when, where and what type of violation? (Example: speeding, OWI) \_\_\_\_\_

## SECTION 3 - RENEWAL APPLICANT ONLY: List any pending charges, citations, tickets, and all convictions since last license application in or out of state. Failure to provide complete answers may result in a denial of your application.

Have you EVER had an Operator's (Bartender's) License? YES NO  
If Yes; which Municipality and what year? City of Appleton 2022

Have you been convicted of a felony since last license application? YES NO  
If Yes; when, where and what type of violation? (Please be specific) Operating with PAC; Winnebago Co Jan 30, 2024

Have you been convicted of a misdemeanor or ordinance violation since last license application? YES NO  
If Yes; when, where and what type of violation? (Example: speeding, OWI) \_\_\_\_\_

## SECTION 4 - NEW APPLICANT ONLY

Must provide proof of completion of a Responsible Beverage Server Course.

## SECTION 5- PENALTY NOTICE

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

Signature: Cindy J. Reed Date: 06/27/2024

## FOR OFFICE USE ONLY

Current License in Other Municipality? \_\_\_\_\_ Class Completion Date: \_\_\_\_\_ Date Sent to Appleton Police Department: JUL 01 2024

Date Approved: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ License Number: \_\_\_\_\_





DEPARTMENT OF  
**LEGAL AND  
ADMINISTRATIVE  
SERVICES**

**OFFICE OF THE CITY CLERK**  
100 North Appleton Street  
Appleton, WI 54911  
p: 920.832.6443  
f: 920.832.5823  
www.appleton.org

July 15<sup>th</sup>, 2024

\*CERTIFIED MAIL\*

Cindy J. Reed  
3425 N. Marcos Ln  
Appleton WI 54911

This letter is to notify you that we are in receipt of your application for an Operator's License. The Police Department has conducted a criminal background investigation and has recommended that your application for an Operator's License be denied based upon the statutory qualifications listed in Wisconsin Statutes §125.04(5). Unless failure to grant the license would constitute unlawful employment discrimination as defined by Wisconsin Law (See Wisconsin Statutes §111.335), Operator/Bartender License may not be granted to individuals with arrest or conviction records, "habitual law offenders," or individuals convicted of a felony who have not been pardoned.

You have the right to appear before the Safety and Licensing Committee to contest this recommendation. To do so, **please contact the City Clerk's Office within 30 days of receipt of this letter** in order to be placed on the Agenda of the Safety and Licensing Committee. Failure to contact the City Clerk's Office within 30 days will result in your license being denied. At the time of appeal, you may provide the Safety and Licensing Committee competent evidence of sufficient rehabilitation and fitness to perform the licensed activity.

Regular meetings of the Safety and Licensing Committee take place on the second and fourth Wednesday of each month at 5:30 p.m. in the Council Chambers, 6<sup>th</sup> floor of City Hall, 100 N Appleton St., Appleton, Wisconsin.

Again, should you choose not to appeal this recommendation, your application will be considered denied and an Operator's License will not be issued.

If you have specific questions relating to this matter, please contact Lt. Ben Goodin APD, at 920-832-5500.

Sincerely,

Kami Lynch  
City Clerk



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

TO: Safety and Licensing Committee  
Common Council

FROM: Lt. Ben Goodin

DATE: 7/13/2024

RE: Police Department's Recommendation for Denial of Cindy Reed's Bartender  
Renewal License Application

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Committee Members:

The police department is requesting that the Safety and Licensing Committee recommend to the Common Council to deny Cindy Reed's application for a bartender renewal license based upon her criminal and / or arrest record, her unpardoned felony conviction(s), and her status as a "habitual law offender."

Pursuant to Wis. Stat. §111.335(2)(b) and (3)(a), it is not employment discrimination for a licensing agency to deny an applicant based on an arrest or conviction record where the circumstances of the conviction substantially relate to the circumstances of the particular licensed activity.

Pursuant to Wis. Stat. §125.04(5)(a)1., no license or permit related to alcohol beverages may be issued to an individual with an arrest or conviction record where the circumstances of the record(s) substantially relate to the circumstances of the particular licensed activity.

Pursuant to Wis. Stat. §125.04(5)(b), no license or permit related to alcohol beverages may be issued to a "habitual law offender" where the circumstances of the habitual law offenses substantially relate to the circumstances of the particular licensed activity.

Also pursuant to Wis. Stat. §111.335(4)(c), if the licensing agency refuses to license an individual based upon arrest or conviction record, the applicant is allowed an opportunity to show "evidence of rehabilitation and fitness to engage in the licensed activity," *unless the conviction(s) are for "exempt offenses."* Wis. Stat. §111.335(4)(d) provides the following options that the applicant may produce to conclusively demonstrate their rehabilitation and fitness from a given conviction:

- A copy of the local, state, or federal release document; and either
- (1) a copy of the relevant department of corrections document showing completion of probation, extended supervision, or parole; or

(2) other evidence that at least one year has elapsed since release from any local, state, or federal correctional institution without subsequent conviction of a crime along with evidence showing compliance with all terms and conditions of probation, extended supervision, or parole.

Additionally, the licensing agency must consider any of the following evidence if presented by the individual:

- (1) Evidence of the nature and seriousness of any offense of which he or she was convicted.
- (2) Evidence of all circumstances relative to the offense, including mitigating circumstances or social conditions surrounding the commission of the offense.
- (3) The age of the individual at the time the offense was committed.
- (4) The length of time that has elapsed since the offense was committed.
- (5) Letters of reference by persons who have been in contact with the individual since the applicant's release from any local, state, or federal correctional institution.
- (6) All other relevant evidence of rehabilitation and present fitness presented.

#### **STATEMENT ON SUBSTANTIAL RELATIONSHIP**

As part of any denial of licensing, the police department must determine if crimes are substantially related to the sale of alcohol. Ms. Reed has been convicted of the following:

Operating with a Prohibited Alcohol Concentration (4<sup>th</sup>) in Winnebago County case # 2023CF000277. This is a felony offense. Ms. Reed was convicted of this charge on 1/30/24.

Operating While Intoxicated (3<sup>rd</sup>) in Calumet County case # 2006CT000195. This is a misdemeanor, criminal offense. Ms. Reed was convicted of this charge on 2/26/07.

Operating While Intoxicated (2<sup>nd</sup>) in Winnebago County, file #R107831. This is a misdemeanor, criminal offense. Ms. Reed was convicted of this charge on 5/7/02.

Operating While Intoxicated in Winnebago County, file #S450159. This is a non-criminal, civil offense. Ms. Reed was convicted of this charge on 6/15/95.

The convictions for Operating While Intoxicated are substantially related to the sale of alcohol for several reasons. Ms. Reed has shown a pattern of poor decision-making by getting arrested for Operating While Intoxicated three times in an eleven-year span; then was convicted a fourth time in 2024 while she held an active bartender license through the City of Appleton. The conviction for OWI 4<sup>th</sup> is a felony. Drunk driving is a serious offense and a major problem not only in Wisconsin but across the entire country. Ms. Reed has not shown the ability to make sound decisions by understanding when he has had too much to drink and is unsafe to operate a motor vehicle. A person serving alcohol to members of the public must be aware of when a patron has had enough to drink and should not be served any longer.

As a person who wants to be responsible to serve alcohol, Ms. Reed has not shown the ability to make good decisions related to her own sobriety. The service of alcohol includes coming into

contact with individuals in a very vulnerable state, people for whom a bartender may be called upon to refuse service due to their level of intoxication. The circumstances of Ms. Reed's criminal and felony convictions substantially relate to the ability and willingness to meet this legal obligation associated with the licensed service of alcohol.

Based upon the information provided, at this time Ms. Reed does not meet statutory eligibility requirements to be granted an Operator/Bartender license. It is therefore recommended that her application be denied.

Very Respectfully:

Lt. Ben Goodin  
Appleton Police Department



DEPARTMENT OF  
**LEGAL AND  
ADMINISTRATIVE  
SERVICES**

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

TO: Safety and Licensing Committee, Common Council  
From: ACA Zak Buruin  
Date: September 12, 2024  
RE: Operator (Bartender) License Renewal Denial Appeal of Cindy Reed

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Cindy Reed has applied to renew an operator's (bartender) license and is appealing the denial of that renewal application. Per §125.17(1) of the Wisconsin statutes, the City is required to issue an operator's license any applicant that is qualified under §125.04(5). The Appleton Police Department has learned of information it contends leaves the applicant unable eligibility requirements, and that the application must be denied.

**Summary**

Ms. Reed was convicted of a 4<sup>th</sup> offense OWI in January of 2024. This felony offense, along with her prior OWI offenses leaves her ineligible for license renewal as both an unpardoned felon and a "habitual law offender."

This disqualification leaves her with the ability to provide evidence of rehabilitation. It does not appear that any documentation that the Committee and Council would be *required* to accept as sufficient evidence of rehabilitation and fitness exists.

Ms. Reed may provide evidence and documentation to show she has been rehabilitated from the disqualifying offenses. The Committee and Council must each consider all relevant evidence provided. The Committee and Council must utilize their judgment to determine if the evidence provided constitutes "competent evidence of sufficient rehabilitation and fitness to perform the licensed activity."

If the Committee and Council find that competent evidence of sufficient rehabilitation and fitness to perform the license activity has been presented, the license must be granted (renewed). If it is found that competent evidence of sufficient rehabilitation and fitness has not been provided, the license may not be granted (renewed).

**Discussion:**  
**§125.04(5) Licensing Requirements**

According to §125.04(5)(a)1, in order to be granted a license or permit under Wisconsin Statutes Chapter 125, the applicant may not have an arrest or conviction record. This prohibition is subject to the requirements of various statutes prohibiting certain types of employment discrimination,

which will be discussed below, in relevant part.

§125.04(5)(b) states that “No license or permit related to alcohol beverages may, subject to §111.321, 111.322 and 111.335, be issued under this chapter to any person who has habitually been a law offender or has been convicted of a felony unless the person has been duly pardoned.”

In summary, §125.04(5) prohibits the issuance of alcohol related licenses under chapter 125 to anybody with an arrest or conviction record, anybody with an unpardoned felony conviction, or anybody “who has habitually been a law offender,” regardless of whether any arrests or convictions exist (see State ex rel. Smith v. City of Oak Creek, 139 Wis. 2d 788, 407 N.W.2d 901 (1987)), unless failing to grant that license would constitute prohibited discrimination.

### **§111.335 – Arrest or Conviction Record; Exceptions and Special Cases**

§111.335(3)(a)1 states that it is not employment discrimination because of a conviction record to refuse to license an individual where that person has been convicted of “any felony, misdemeanor, or other offense the circumstances of which substantially related to the circumstances of the particular job or licensed activity.” In evaluating the existence of a substantial relationship, it is the circumstances that provide the opportunity for criminal behavior, the reaction to responsibility, or the character traits of the applicant that are the proper considerations. It is not relevant whether the applicant has the ability to perform the work to an employer’s standards. (See Milwaukee Cnty. v. Lab. & Indus. Rev. Comm'n, 139 Wis. 2d 805, 407 N.W.2d 908 (1987)).

Each offense must be evaluated under the above criteria for determination of whether or not it is substantially related to the activity for which a license is sought. Any arrest, conviction, or other offense which is substantially related to the licensed activity is to be considered in the licensing decision.

### **Consideration of Rehabilitation**

§111.335(4)(c)1 requires that if a license is denied *based upon §111.335(3)(a)1* as discussed above, the licensing agency typically has two further obligations. It must state the reasons for denial in writing, including a statement of how the circumstances of the offense(s) relate to the licensed activity. It typically must also allow the person to show evidence of rehabilitation. According to §111.335(4)(c)1.b, if the individual “shows competent evidence of sufficient rehabilitation and fitness to perform the licensed activity under par. (d), the licensing agency may not refuse to license the individual or bar or terminate the individual from licensing based on that conviction.”

### **Competent Evidence of Sufficient Rehabilitation**

§111.335(4)(d)1 provides two forms of evidence which are statutorily required to be considered “competent evidence of sufficient rehabilitation,” and therefore must be accepted by the licensing agency as such. §111.335(4)(d)1.a. allows one to provide certified documentation of honorable discharge from the US armed forces following the otherwise disqualifying conviction. This documentation is no longer sufficient if there is a criminal conviction following the discharge date.

§111.335(4)(d)1.b, allows the applicant to provide documentation of their release from custody

and either completion of probation or release from custody and compliance with all terms and conditions of release, be it extended supervision, probation, or parole.

Where neither of the above exists, §111.335(4)(d)2 provides additional documentary evidence that may be provided that the licensing agency is bound to consider, but that it is not required to accept conclusively as sufficient evidence of rehabilitation. Evidence which the agency is required to consider includes:

- a. evidence of the seriousness of any offense of which he / she was convicted.
- b. evidence of all circumstances relative to the offense including mitigating circumstances or social conditions surrounding the offense.
- c. The age of the individual at the time the offense was committed.
- d. The length of time that has elapsed since the offense was committed.
- e. Letters of reference by persons who have been in contact with the individual since the applicant's release from any local, state, or federal correctional institution.
- f. All other relevant evidence of rehabilitation and fitness presented.

Based upon the above, where a denial of a licensed is based upon §111.335(3)(a)1, and there is no evidence presented that is statutorily defined as "competent evidence of sufficient rehabilitation" for a particular offense, it is up to the licensing agency to determine whether the other documentary evidence available constitutes "competent evidence of sufficient rehabilitation and fitness to perform the licensed activity."

### **Applicability to the Application of Cindy Reed**

Investigation by the Appleton Police Department has yielded information about offenses which Lt. Goodin advises are substantially related to the activity for which the instant license has been sought. By the nature of the offenses, this is a sound assessment. The offense of Operating a Motor Vehicle While Intoxicated necessarily involves either the failure to recognize over-consumption of alcohol (i.e. intoxication), or the decision to disregard the fact that one has over-consumed alcohol. Those licensed to serve alcohol commercially are called upon with each transaction to determine whether the person they are about to serve is intoxicated. Wis. Stat. §125.07(2)(a). Their judgement potentially impacts the safety of that customer, as well as anybody that customer may subsequently encounter before any effects of the alcohol recede.

Lt. Goodin notes convictions for OWI in 2007, 2002, and 1995. These would be either misdemeanor or non-criminal convictions for OWI offenses prior to the approval of Ms. Reed's prior operator license application. However, Lt. Goodin takes note of a recent conviction occurring since Ms. Reed's prior application was approved.

On January 30, 2024, Ms. Reed was convicted of OWI 4<sup>th</sup> offense, a felony, in Winnebago County Case 2023CF277. According to Wisconsin Circuit Court Access records accessed on September 12, 2024, Ms. Reed was sentenced to a combination of jail (with work release), monetary penalties, and a combination of judicial and administrative penalties against her driving privileges.

Her sentence did not subject her to supervision through probation, extended supervision, or parole. Therefore, she would be unable to provide any documentation of rehabilitation and fitness that the Committee and Council would be *required* to accept as "competent evidence of sufficient rehabilitation," unless she has been honorably discharged from the United States armed forces since the date of the offense on March 23, 2023.

However, she is still able to provide additional information and evidence to show competent

evidence of sufficient rehabilitation such as that contained in the list above. The Committee and Council are bound to consider that evidence. Whether evidence presented is sufficient to show rehabilitation and fitness to perform the licensed activity is committed to the sound discretion of the Committee and Council. Should the Committee and Council find the evidence sufficient to demonstrate rehabilitation and fitness, state law requires that the license must be granted because failure to do so would constitute unlawful discrimination. Should the Committee and Council find the evidence to be insufficient to demonstrate rehabilitation and fitness, state law prohibits the license from being granted, as the applicant would not meet eligibility criteria.

### **Conclusion**

Ms. Reed's most recent conviction for OWI 4<sup>th</sup> offense is a disqualifying offense. It is an unpardoned felony. It is also the latest in a series of convictions which qualify Ms. Reed as a Habitual Law Offender. This is also a disqualifying fact. All of the relevant offenses are substantially related to the licensed activity. Therefore, denial based upon these factors is not unlawful discrimination. The staff recommendation that the application to renew Ms. Reed's operator's license be denied is supported by the relevant law and available facts.

Ms. Reed is afforded the opportunity to demonstrate to the Committee and Council that she has been rehabilitated. Subject to one exception discussed above, the Committee and Council will be tasked with exercising its judgement and discretion in evaluating whether Ms. Reed has shown competent evidence of rehabilitation. As the statutes require granting an operator's license to eligible applicants, and prohibits granting a license to ineligible applicants, the decision of whether or not Ms. Reed's license is to be renewed will rest upon the Committee and Council's sound assessment of the evidence and documentation of rehabilitation Ms. Reed is able to provide, and the conclusions drawn therefrom.





**Ascension  
St. Elizabeth  
Hospital**

Ascension St. Elizabeth's Hospital  
Behavioral Health- Outpatient- Substance Use  
1531 S. Madison Street  
Appleton, WI 54915  
Phone: (920) 738-2257  
Fax: (920) 738-2021

7/31/24

RE: Substance Abuse Treatment  
Cindy Reed DOB 4/6/68

You were seen in this office on 4/2/24 for an initial assessment regarding your substance use.

It was recommended that you participate in individual sessions. You completed treatment services on 6/28/24.

Please contact this office if you have any questions or concerns.

Sincerely,

Brandi Andrews, CSAC

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the individual to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Ascension Behavioral Health AODA Out Pt  
1531 S Madison St  
Appleton, WI 54915

920-223-8570  
ascension.org

*Listening to you, caring for you.®*

*Ascension NE Wisconsin*

# DRIVER SAFETY PLAN STATUS REPORT

Wisconsin Department of Transportation  
s.343.16, 343.30(1q), or 343.305(10) Wis. Stats.  
MV3631 10/2004

## General Information

Name (Last, First, MI) REED,CINDY,JOAN		Birth Date 04-06-1968	Sex F	Driver License Number R300-1106-8626-06	State WI
Address 3425 N MARCOS LN		City, State, ZIP Code APPLETON, WI 54911		County of Residence OUTAGAMIE	Area Code - Telephone
Judge	Court Address (Street, City, ZIP Code)			Client Occupation	
Citation Number BI663415-4	Court Case Number 2023CF000277	Non-UTC Number	Most Recent Conviction Date(s) 01-30-2024		

## Arrest Information

Arrest Date(s) 03-23-2023/WI	Arrested For				
Blood Alcohol Level .026	<input type="checkbox"/> Controlled Substance and/or Other Impairing Drug:	<input type="checkbox"/> Implied Consent	<input checked="" type="checkbox"/> OWI - Operating While Intoxicated	<input checked="" type="checkbox"/> Repeat Offense	<input type="checkbox"/> OWI - Homicide
	<input type="checkbox"/> OWI - Injury	<input type="checkbox"/> OWI - Great Bodily Harm			
Total Lifetime OWI Arrests: 4					

Referred Information:  Court  DOT  Voluntary

## Assessment Finding Information

<input checked="" type="checkbox"/> Alcohol	<input checked="" type="checkbox"/> Other Drug(s)	<input type="checkbox"/> Controlled Substances
Final Diagnosis		

## Driver Safety Plan Information - Program Recommendation

<input type="checkbox"/> Group Dynamics	<input type="checkbox"/> Multiple Offender Program	Provider Name
<input checked="" type="checkbox"/> Outpatient Treatment	Regimen and Provider Name ST ELIZABETH HOSPITAL #40870198	
<input type="checkbox"/> Inpatient Treatment	Regimen and Provider Name	
<input type="checkbox"/> Victim Impact Panel		

For any of the 6 choices below, please give provider name and explanation

<input type="checkbox"/> Medical Exam	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Detoxification	<input type="checkbox"/> Residential	<input type="checkbox"/> Day Treatment	<input type="checkbox"/> Other
Provider Name					

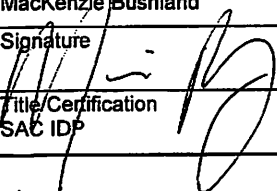
Explanation  
Follow all rules and recommendations

Plan Completion Date 07-16-2024	Plan Extended Through - Total Assessment Period Cannot Exceed 16 Months
In Compliance Date(s) Plan Assessment Fee Treatment Fee N/C Report Sent in Error	Non-Compliance Date(s) Assessment Interview Plan Assessment Fee Treatment Fee

(Provide date(s) only for the action(s) being taken for this report filing.)

Description, Prognosis or Comments  
Completed

## Assessment Facility/Assessor Information

Agency Outagamie County Health and Human Services		Name - Please Print MacKenzie Bushland	
Address 320 S. Walnut Street	Area Code - Telephone 920 832 5270	Signature 	Date 7-16-2024
City, State, ZIP Code Appleton WI 54911		Title/Certification SAC IDP	

Distribution: 1 - Assessment; 2 - Plan Provider; 3 - DOT; 4 - Client

# KENDRA KAUL, MSW



3425 N. Marcos In, Appleton WI 54911 . [Kkaul@Kendrakaulllc.com](mailto:Kkaul@Kendrakaulllc.com) . 920-841-6688

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September 25nd, 2024

City Of Appleton

Safety and Licensing Committee

100 N Appleton St, Appleton, WI 54911

To the Committee, I am Kendra Kaul, the daughter of Cindy Reed, and I am writing to request your consideration in retaining my mother's employment as a bartender in the City of Appleton. With a bachelor's degree in Criminal Justice and a master's in Social Work, I have experience working with the courts and judges in various counties. Recognizing the gravity of an OWI offense, I can attest to my mother's unwavering responsibility in all aspects of her life. It is important to note that her last OWI offense was 17 years ago, and since then, she has exemplified outstanding citizenship. I kindly seek your grace in allowing Cindy Reed to retain her bartender's license and place of employment.

Thank you for your attention to this matter.

Sincerely,

Kendra Kaul

To Whom it May Concern,

Cindy Reed is a conscientious co worker. She is very willing to help out any individual that is in need. Cindy has a great rapport with the customers she meets each time she works. She is very conscious of her job duties and fulfills them to the fullest.

Cindy has a personable attitude and treats every person she meets with the respect they are deemed.

Thank you for your time,  
Crystal Liesch



DEPARTMENT OF HEALTH SERVICES  
Division of Public Health  
F-22559 (Rev. 01/2020)

STATE OF WISCONSIN  
Wis. Stat. § 134.66(2m)

**EMPLOYEE TRAINING ACKNOWLEDGEMENT  
LEGAL RESTRICTION ON TOBACCO SALES TO MINORS**

Use of form: This is a required form. Personally identifiable information on this form is collected to determine compliance with the statutes and will only be used for that purpose.

Instructions: Sign form and retain on premises in personnel file.

Employee - Name (print) Cindy Reed		Driver's License Number
Address	City, State, Zip	
Online	Statewide, WI	
Home Telephone	Date of Birth (Day, Month, Year)	
Store Name	Store Number (if applicable)	
Wisconsin Bartending		
Name - Supervisor		

I acknowledge (Choose one):

- I have successfully completed a responsible beverage server training course at a technical college that conforms to curriculum guidelines specified by the technical college system board or a comparable training course that is approved by the department or the educational approval board. (Wis. Stat. § 125.04)
- I have received training from my employer on compliance with Wis. Stat. § 134.66.

I further acknowledge:

- I understand that federal law prohibits selling tobacco products to any person under the age of 21. Failure to comply with these restrictions may result in a citation.

\_\_\_\_\_  
SIGNATURE - Employee

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
SIGNATURE - Supervisor

\_\_\_\_\_  
Date Signed





**Submitted By:** WISCONSIN STATE PATROL-DISTRICT #3 [402960]  
ATTN: SGT H GLICK V

**Report Date:**  
4/18/2023

WISCONSIN STATE PATROL-DISTRICT #3  
851 S ROLLING MEADOWS DR  
FOND DU LAC WI 54937-8200

**Subject:** Reed, Cindy J  
**Address:** N1478 HIGHGREEN CT  
GREENVILLE WI 54942  
**DOB:** 4/6/1968 **Sex:** Female

**Specimen Details**

	Collected	Type	Collector
23FX005711	3/23/2023 1735	Blood, Whole	Traci Laneve

**Date Received:** 4/3/2023

**Label/Seal:** LABELED AND SEALED

**Alcohol Analysis Date:** 4/14/2023

**Subject Number:**

**Case Number:** 000243-2994

	Result	Units
<b>Ethanol</b>	<b>0.026</b>	g/100 mL

Comments:

Additional test results will be reported below when all laboratory analyses have been completed.

**Lab Comments**

Specimen(s) are retained for six months from the date that testing is reported unless otherwise requested by agency or subject.

ETHANOL ANALYST:

  
Benjamin Mullins, M.S., #AP-570

As designee of the Director, I do hereby certify this document to be a true and correct report of the findings of the Wisconsin State Laboratory of Hygiene.



Kayla Neuman, M.S., D-ABFT-FT, Forensic Scientist Supervisor

END OF REPORT



- The Most Advanced Ignition Interlock System

Consumer Safety Technology, LLC.

(877) 777-5020 www.intoxalock.com

Consumer Safety Technology, LLC. 11035 Aurora Ave, Urbandale, IA 50322

State of Wisconsin
Certificate of Intoxalock Installation

Customer Name: Cindy Reed
Customer Address: 3108 Stonemeadow Way Apt 6 Appleton, WI 54915



ELERT
-Camera, GPS-

County: Winnebago
Customer ID: 1910263 Date of Birth: 4/6/1968
Drivers License #: R3001106862606 Case Number:
Original Install Date:

Original Install

Vehicle: 2011 FORD Focus
Plate # / Color: 551ZJW (WI)
Registered Owner: Cindy Reed
Vin#: 1FAHP3HNOBW161101

Service Center: R&S Auto Artists Inc
945 Edgar Drive
Oneida, WI 54155

Contact Person: Ron Smet
Phone Number: (920) 621-5160
Email Address: msautoa@netnet.net

Handheld Serial Nbr: 1AF2C299 Intoxalock® Model Nbr: I1001A
Camera Serial Nbr: CD102BBE Relay Serial Nbr: 130B51E

Confirmed Date:
Next Calibration Date: 3/26/2024

CUSTOMER COPY

Service Technician:

[Handwritten Signature]
Signature

RON smet
Print Name

Customer:

[Handwritten Signature]
Signature

Print Name

Date:

1-26-24





The defendant is guilty as convicted and sentenced as follows:

Ct.	Sent. Date	Sentence	Length	Begin Date	Begin Time	Agency	Comments
1	01-30-2024	Local jail	60 DA				Consecutive to any other sentence. Granted Huber if in compliance with jail regulations. Granted Good Time. Defendant taken into custody immediately to start serving sentence.
1	01-30-2024	Forfeiture / Fine					1 day credit for time served. Forfeiture and costs to be paid within 60 days from sentence date, unless payment plan is approved. Penalty for non-payment shall be entry of civil judgment. Clerk of Courts shall docket without fees. Send payments to: Clerk of Courts, Room 110, 415 Jackson Street, P O Box 2808, Oshkosh WI 54903-2808.
1	01-30-2024	Costs					IID requirement applies to all vehicles which are registered in your name and any vehicles you operate. During your IID requirement period, you may not operate any motor vehicle without an IID installed.
1	01-30-2024	Ignition interlock	24 MO				
1	01-30-2024	DOT License Revoked	24 MO				
1	01-30-2024	Alcohol assessment					

**Sentence Concurrent With/Consecutive Information**

Ct.	Sentence	Concurrent With/Consecutive To	Comments
1	Local jail	Consecutive	any other sentence

**Obligation Detail:**

Ct.	Schedule	Amount	Days to Pay	Due Date	Failure to Pay Action	Victim
1	Felony Driving Violations	1569.00	60	04-01-2024	Judgment	
1	Blood Test Cost - State	39.39	60	04-01-2024	Judgment	
1	DNA Analysis Surcharge	250.00	60	04-01-2024	Judgment	

**Obligation Summary:**

Fine & Forfeiture	Court Costs	Attorney Fees	<input type="checkbox"/> Joint and Several Restitution	Mandatory Victim/Wit. Other Surcharge	5% Rest. Surcharge	DNA Anal. Surcharge	Totals
766.00	687.39			63.00	92.00	250.00	1,858.39

**Total Obligations: 1858.39**

It is adjudged that 1 days sentence credit are due pursuant to §973.155, Wisconsin Statutes.

It is ordered the Sheriff take the defendant into custody

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**THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL.**

DISTRIBUTION:

Court


Ryan Scott Ulrich

CINDY JOAN REED

Adam Joseph Levin, District Attorney

WRU

Jail

 <p><b>CITY OF APPLETON POLICY</b></p>	<p style="text-align: center;">Title: <b>SPECIAL EVENTS</b></p>	
<p>Department: Legal &amp; Administrative Services</p>	<p>Policy Source: Office of the City Clerk</p>	<p>Audience: City employees, residents, visitors, event applicants/permit holders</p>
<p>Issue Date: September, 1996</p>	<p>Date Last Updated: February 2024</p>	<p>Total Pages: 12</p>
<p>Reviewed by Legal: November, 2002 January, 2017 January, 2024 October, 2024</p>	<p>Committee Approval Date: January 25, 2017 February 14, 2024</p>	<p>Council Approval Date: February 1, 2017 February 21, 2024</p>

**I. PURPOSE**

The City values the importance of community gatherings, large and small, as a key driver of quality of life in the Fox Cities. The purpose of this policy is to outline a clear and equitable process for special event organizers while also capturing necessary information for City staff to make informed decisions on use of resources and considerations to issue permits for safe and successful events.

**II. POLICY**

Events, gatherings, and planned occurrences on City property or in City rights-of-way that surpass the normal and ordinary use of such property may be considered special events and subject to review and permitting. *Certain events, while held on private property, may still require extraordinary services from the City or pose safety risks to the public and would benefit from review by the Special Events Committee and require a Special Event permit.*

**III. DISCUSSION**

It is recognized that special events of all size benefit the community. At the same time the City has numerous considerations when reviewing a special event such as: safety to

the public, preservation of life and property and compliance with the Municipal Code, County Ordinances, State Statutes, federal law and relevant City policies. These items are of paramount importance and will be heavily weighted in review of Special Event proposals in accordance with this policy.

*Event organizers should have a consistent and streamlined process to follow when considering, applying for, and executing their events. Responsibility for the process and oversight of event permitting rests with the City of Appleton; responsibility for planning and execution of the special event is that of the event organizer(s).*

*Events and programs will be evaluated on the details – not the content – of the event in question and City staff will exercise discretion in reviewing each event on a case-by-case basis.*

*Costs of providing community events must be proportionally borne by event organizers and the City's taxpayers, though the City's goal is not to achieve 100% cost recovery for events and programs.*

*Impacts of events vary widely depending on expected attendance, location, and attributes of the event. Events should meet community expectations for provision of public safety resources and level of emergency preparedness based on the scale, complexity, and risk environment presented by the event.*

*The City must have sufficient notice prior to a special event so that the City may adequately evaluate the potential impact the event may have on resources of City Departments, City-owned properties and facilities, and ultimately on the public. Applications for special events must be submitted forty-five (45) days prior to the start of the event.*

#### **IV. DEFINITIONS**

**Anticipated attendance** means an objective estimate made by an applicant of the maximum number of people that will attend at a given time. This may also be construed as peak attendance at the event.

**Applicant** means the person applying for the special event permit.

**Days** means calendar days.

**Multiple day event** means a special event that occurs on more than one day, where the days are consecutive or at a consistent interval (e.g., an event occurring on a consecutive Saturday and Sunday or an event occurring every other Tuesday), at the

same start and end time and at the same location. One special event license will be issued for a multiple day event.

**Normal and ordinary use** means the way City owned property should normally and ordinarily be used, as established by the department of that jurisdiction (e.g., a ball diamond complex's normal and ordinary use is for baseball/softball games, a public street's normal and ordinary use is for vehicular traffic, a sidewalk's normal and ordinary use is for pedestrian use). Whether an event is considered within the normal and ordinary use of the property is determined by the City department that maintains jurisdiction over the property.

**Special event** or **event** means any planned occurrence in the public right-of-way or on public property including, but not limited to, parades, gatherings, festivals and athletic events which are not within the normal and ordinary use of the place or which, by the nature of the event, may have a greater impact on City services or resources than would have occurred had the event not taken place. A special event may be a single day event or a multiple day event. A special event does not include block parties as defined by the Department of Public Works Block Party Policy.

**Special Event Permit Application Form** or **application** means the application available from the Office of the City Clerk that must be completed and filed in the Office of the City Clerk no later than forty-five (45) days prior to the event.

**Special Event Permit** means the permit issued by the City Clerk on the recommendation of the City Special Events Committee.

**Special Events Committee** or **Committee** means the committee comprised of City employees representing the following City departments: Health, Human Resources – Risk Management, Fire, Legal & Administrative Services, Parks & Recreation, Police, Public Works, and Valley Transit.

## V. PROCEDURES

### A. PERMIT REQUIREMENTS

1. APPLICATION. To obtain a special event permit, the applicant must file a completed application with the Office of the City Clerk a minimum of forty-five (45) days prior to the event and pay the application fee.

*(a) LATE APPLICATIONS. Late applications result in an automatic denial of the special event permit.*

- (b) ADDITIONAL RESERVATIONS/PERMITS/LICENSES. Applications must be complete and all relevant information enclosed in the application including additional reservations, licenses, or permits are required.
  - (c) MAP/ROUTE/DIAGRAM OF EVENT. A detailed map or diagram indicating the specific location and must be submitted with the application. The map should also indicate any proposed street closures and the proposed route and direction of route, including all turns and the number of traffic lanes to be used, if applicable. Event routes must be submitted with the application regardless of historical precedent. Proposed routes may be altered after the permit has been issued only at the discretion of the Police Department and the Department of Public Works.
2. STREET CLOSURE. Street closures will be reviewed on a case-by-case basis, with an emphasis on minimizing the impact to traffic flow on collector and arterial roadways.
- (a) COUNTY HIGHWAYS. Closure of county highways or their detour routes require approval of the county.
  - (b) INTERSTATES OR STATE HIGHWAYS. Closure of interstates or state highways or their detour routes require approval from the Wisconsin Department of Transportation. These approvals may require a pre-approved detour route capable of commercial motor vehicle traffic.
  - (c) TRAFFIC CONTROL PLAN. Applicants or their contractor must provide an acceptably prepared Traffic Control Plan (TCP) for review and approval six (6) weeks prior to the event for roadways or their detour routes defined as interstates, highways, or arterial roadways, or four (4) weeks prior to the event for other roadways. Roadway designations are defined in the City of Appleton's Temporary Traffic Control Manual. The plan must comply with the Federal Highway Administration's Manual on Uniform Traffic Control Devices, latest edition, and the City of Appleton's Temporary Traffic Control Manual, latest edition. Temporary traffic control devices/services must be provided by a contractor which has extensive experience in the industry and is approved in advance of the event. It is the responsibility of the applicant or their contractor to ensure that the approved temporary traffic control devices are:
    - 1) Assembled and delivered to the appropriate locations by noon on the day prior to the event, (unless a different time is pre-approved by City of Appleton staff).
    - 2) Properly configured in accordance with the approved TCP.

- 3) Removed from the roadway immediately following the end of the event.
- 4) Removed from the city rights-of-way within forty-eight (48) hours of the end of the event.

Road closures will use temporary traffic control devices, including barricades, temporary signs, and cones. When deployed on the public right-of-way, these constitute official traffic control devices. They shall not be removed or modified without permission from the City of Appleton or their designee.

3. INSURANCE. Events are required to have adequate levels of insurance as determined by the City's Risk Manager and based on the size and type of the event. Pertinent applicants must provide a valid certificate of insurance covering all liability with their application *and must list the City of Appleton as an additional insured.*
4. FOOD SERVICE. Events offering food to attendees shall describe the food service being offered and provide a list of food vendors with the application. Copies of food vendor's Health Licenses may also be required. Any updates to the vendor lists shall be submitted to the Health Department two (2) weeks prior to the event. Food vendors that are not pre-approved may not participate in the event.
5. SAFETY/SECURITY. Events must have a designated head of security and may be required to have additional security personnel at the rate of one (1) security person for every 300 persons present if alcohol is available for consumption, or for every 600 persons present if alcohol is not available for consumption. The City of Appleton has the discretion to modify these ratios as they deem necessary, and the applicant will be notified of the modification as soon as reasonably possible.  
*Security at a special event must meet the standards determined by the Appleton Police Department or must be provided by a contractor approved by the Appleton Police Department.*
  - (a) HEAD OF SECURITY. The head of security must, at minimum, be (i) 18 years of age or older, (ii) clearly identifiable as event staff at all times during the event, (iii) reachable by phone at all times during the event by any City employee, (iv) able to call 911 during the event, (v) able to contact and instruct the security personnel, as applicable, during the event, and (vi) be trained as a crowd manager per the adopted Fire Code.
  - (b) SECURITY PERSONNEL. Security personnel must, at minimum, be: (i) 18 years of age or older, (ii) clearly identifiable as event staff at all times during the event, (iii) able to call 911 during the event, (iv) reachable at all times by



the head of security during the event, (v) be able to act on instructions from the head of security, or any other authorized person, in case of an emergency, and (vi) be trained as a crowd manager per the adopted Fire Code.

- (c) **ADDITIONAL REQUIREMENTS.** In the event the City of Appleton has a reasonable and justifiable reason to request the applicant have additional safety features at the event beyond what is provided for in the application on *supplemental form SE-03*, the Department(s) must let the applicant and the City Clerk know what additional safety features the event will need at the time the application is reviewed by the Department. *If the applicant refuses to provide, or cause to be provided by an approved contractor, the additional safety features recommended by the City of Appleton, the Department(s) may recommend denying the event/application per section VI. A. 2., and the applicant may appeal pursuant to section VI. A. 3. There are some circumstances in which the City of Appleton may deem it appropriate to provide additional equipment or services outside of the items noted on the application for a special event to uphold the safety of the public and preservation of life and property. These determinations made solely by the discretion of the City of Appleton, will not incur costs or fees to be borne proportionally by the applicant.*

6. SET-UP, TOILET FACILITIES, AND CLEAN-UP.

- (a) **SET-UP TIME.** Set-up for an event, including, but not limited to, dropping off supplies and erecting tents, shall not take place more than four (4) hours in advance of an event unless approval for earlier set-up has been granted in writing by the Department(s) with jurisdiction over the location of the event.
- (b) **MARKINGS.** Any instructions or information about or pertaining to an event applied directly to City property, such as streets, sidewalks and curbs, must be no more than twelve (12) inches in height and two (2) feet in length. Only white, temporary (lasting no longer than [30] days), water-based marking paint or landscape chalk is permitted to be used.
- (c) **TOILETS.** It is the responsibility of the applicant to ensure the adequate number of toilets are available at the event.
- (d) **WASTE RECEPTACLES.** It is the responsibility of the applicant to ensure the proper number of waste receptacles are present at the event.
- (e) **CLEAN-UP.** It is the responsibility of the applicant to ensure the location of the event is left in the same condition it was prior to the event. All clean-up efforts must be completed *expeditiously and no later than* four (4) hours

after the conclusion of the event unless approval for additional clean-up time has been granted in writing by the Department with jurisdiction over the location of the event.

B. FACILITY RESERVATIONS

1. Facility reservations related to special events are on a first-come, first-served basis and may be made no more than one (1) year in advance; subject to sections V. B. 2. below.
2. Organizations/groups/individuals that have reserved a City park/facility for a special event have forty-five (45) days after the date of the special event to make reservations for the same location, day or weekend for the following year, *subject to the Park/Facility Reservation policy, which requires a special event application to be on file with the Office of the City Clerk prior to the reservation being finalized.* After forty-five (45) days the City park/facility will be open for the public to reserve.

C. PARADES

1. Applicants for parades must complete the supplemental parade questionnaire (SE-08) and submit it with their special event application.
2. Parade routes should seek to have minimal impact on traffic disruption in the proposed area. All parade routes are subject to review, modification and approval by way of the Special Events Committee.
3. The approved safety plan for the parade provided by the Appleton Police Department, must be adhered to. Failure to comply may result in citations or denial of future applications.
4. Throwing and distributing items from parade entries to spectators including, but not limited to, pamphlets, fliers, toys, stickers, food, or candy is prohibited.
5. Parade units may not operate in a reckless or dangerous manner.

D. CITY ELECTRICITY (DPW)

1. *Use of power outlets in City street light poles and tree planters (hereafter referred to as City Outlets) is not allowed unless specified as part of an approved Special Event Permit or otherwise approved by the City Traffic Engineer.*
2. *The maximum current draw available per duplex outlet is sixteen (16) amps, or two thousand (2,000) watts in total, including both the upper and lower half of*

*the outlet. Exceeding this limit will likely blow a fuse and the City Outlet in question will be without power for the remainder of the event.*

3. *City Outlets will be checked before and after each event. The costs associated with replacing blown fuses and/or making electrical repairs due to electrical overdraw will be the responsibility of the Special Event Permit holder.*
4. *All City Outlets have ground fault circuit interrupt (GFCI) protection. Any devices that will be plugged into a City Outlet should be checked prior to the event at a different location, to ensure that they do not trip a GFCI.*
5. *Extension cords plugged into City Outlets must comply with all of the following:*
  - (a) Outdoor rated, 3-wire,*
  - (b) 12 gauge or heavier,*
  - (c) No longer than 25 feet.*

*Use of unacceptable extension cords may result in power being shut off.*

6. *Nothing can be taped to City poles, as many types of tape leave residue that can damage the pole finish. Costs associated with any tape residue removal will be the responsibility of the Special Event Permit holder.*

#### **E. FEES**

1. **APPLICATION FEE.** The application fee is due upon submittal of a special event application to the Office of the City Clerk. *See Appendix 1 Fee Schedule.*
2. **POLICE INVESTIGATION FEE.** A background check of all applicants will be conducted by the Police Department. The fee for the background check is in addition to the application fee and must be paid at the time the application is submitted. *See Appendix 1 Fee Schedule.*
3. **CITY EVENTS.** Events where the applicant is an official, employee or designated agent of the City acting on behalf of the City will not incur any fees. *These City-sponsored events may have precedence over other events.*
4. **PERMIT FEES.** Charges for park facilities, food sales permits, Street Occupancy Permits, tent permits, etc., are to be paid in addition to the fees discussed in this policy. *Permit fees are due at the time the related permit application is submitted.*
5. **METER BAG FEES.** A Meter Bag application (*form SE-09*) shall be submitted at the time of the special event application submittal. Charges for meter bags are to be paid per the DPW Downtown Parking and Meter Bag Policy in addition to

the fees discussed in this policy.

6. *CHARGEBACK FOR CITY SERVICES. Special events incurring the use of City Services including but not limited to security, traffic control, and City equipment will be charged back for twenty-five (25) percent of actual costs incurred pursuant to Appendix 1 – Fee Schedule.*

*Events with a historic or projected attendance of approximately ten thousand (10,000) people or more, will require a Special Event Service Agreement with the City. The Special Event Service Agreement establishes event costs to be borne by the applicant. Failure to reach and/or complete a Special Event Service Agreement will result in the applicant being charged for twenty-five (25) percent of actual costs incurred pursuant to Appendix 1 – Fee Schedule.*

- (a) Event organizers may request an estimate of fees prior to the event.*
- (b) Invoices for services rendered will be sent within forty-five (45) days after the event has concluded.*
- (c) Applicants for events in which the total anticipated services rendered exceeds five-thousand dollars (\$5,000) may be required to pay a portion of the anticipated fees for services rendered two (2) weeks in advance of the event.*
- (d) Failure to pay invoices by the time specified may result in the denial of future permit applications.*

7. **NON-REFUNDABLE.** All fees are non-refundable. Advance payments for services may be refunded pursuant to section V.F.2. below.

**F. EVENT CANCELLATION.**

1. The Mayor or designee may cancel an event without prior notice for any condition affecting public health, safety, or welfare of the City, or any condition that would affect facilities, grounds, or other natural resources at risk of damage or destruction if the event were permitted to take place.
2. *The applicant/organizer of the event should provide ample notice of intent to cancel any planned special event to the Office of the City Clerk. Event cancellation by the organizer does not guarantee availability of the venue, or resources to reschedule the event. Events that pre-paid for anticipated services rendered will receive a refund of the pre-paid amount for an event cancellation if the notice of cancellation is received by the City Clerk forty-eight (48) hours prior to the commencement of the event.*

- G. **COMPLIANCE.** The applicant is responsible for ensuring that the event complies with this policy and all applicable laws and regulations including, but not limited to, statutes, ordinances, traffic rules, park and trail rules, health laws, fire codes, City facility reservation policies and procedures, and alcohol licensing regulations. Failure to comply resulting in the City providing *additional services will result in the applicant being billed for the City provided services at the rate(s) outlined in Appendix 1 Fee Schedule.*
- H. **PRECEDENT.** Nothing in this policy shall take precedence over any applicable statutes or ordinances.

## VI. APPLICATION REVIEW

- A. **DEPARTMENT REVIEW.** Applications are reviewed by employees from the following City departments: Health, Human Resources (Risk Management), Fire, Legal & Administrative Services (Office of the City Clerk), Parks & Recreation, Police, Public Works, and Valley Transit. Each department will recommend approval or denial of the application by providing the Office of the City Clerk with the information behind their recommendation. The City Clerk will issue the license upon receiving a recommendation for approval of the application from all reviewing departments.
1. **RELEVANT EVALUATION.** Each department must recommend approving or denying an application based on the information relevant to that department. A department's decision to recommend approving or denying an application may not be based in any way on the content of any message associated with the event. A department's decision to recommend approving or denying an application may be based on, but is not limited to, the following:
- (a) Use of departmental resources,
  - (b) Costs to the department,
  - (c) Any perceived public health or safety problem,
  - (d) If the applicant or reoccurring event has a history of not complying with this policy and/or other applicable rules or regulations, which has or may have an impact on the department, and
  - (e) Use of City property *including risk and impact to resources and the environment* that is relevant to the department, and
  - (f) *Overlapping events or conflicting events.*
2. **DENIAL RECOMMENDATION.** If a recommendation for denial is made by a department, an explanation must be provided to the City Clerk which will then be provided to the applicant.

3. APPEALS PROCESS. If an application is denied for any reason, including an inability to pay required fees due to indigency, the applicant may request the application be submitted to the Common Council by way of the Safety and Licensing Committee for review and a final determination of whether to grant the permit.
    - (a) *LATE APPLICATIONS: The City Clerk shall follow the notification requirements of Sec. 9-26 of the Municipal Code for application denials; however, late applications for special events present unique constraints for applications to appeal a denial due to the potential for the lack of an opportunity for an appeal to be decided by the Common Council prior to the scheduled event. Late applications are those filed with the Office of the City Clerk within forty-five (45) days of the event.*
    - (b) *In the event of a late application, the City Clerk shall, without undue delay, notify the applicant of the automatic denial due to the untimely application, the City Clerk shall, without undue delay, notify City staff to conduct their Departmental reviews of the application in order for the Safety & Licensing Committee and Common Council to have all relevant information to consider when deciding to grant or deny the permit. City staff shall make a reasonable effort to complete their Departmental review of the event prior to the appeal being heard by the Safety & Licensing Committee and, if applicable, continue their review to update the Common Council at the subsequent meeting.*
    - (c) *Notwithstanding the aforementioned concerns related to late applications, an applicant waives their right to appeal a denial decision when there is not time to provide sufficient notice to the public for the appeal to be included in the agenda for the next regularly scheduled Safety & Licensing Committee meeting if the subsequent Common Council meeting is after the event date.*
  4. WAIVER. Some or all of the license requirements may be waived in cases where the United States Secret Service notifies the City of a proposed event in which it will be assisting with security details. It will be at the discretion of the Special Events Committee which requirements will be waived.
  5. TIMING OF REVIEW. *Applications deemed complete by all relevant City Departments will be reviewed in a timely manner. Absent exceptional circumstances, application review and permit issuance will be completed a minimum of fourteen (14) days prior to the commencement of the event.*
- B. SPECIAL EVENTS STAFF COMMITTEE. The Special Events Committee is comprised of City staff from the following City departments: Health, Human Resources (Risk

Management), Fire, Legal & Administrative Services (Office of the City Clerk), Parks & Recreation, Police, Public Works, and Valley Transit.

1. **PURPOSE.** The purpose of the Special Events Committee is for Committee members to plan, coordinate, and discuss the City resources that will be used for an upcoming special event, to discuss interdepartmentally any concerns or problems with a special event, and to generally provide the other City departments with information that may be relevant to approving and/or denying special event applications.
2. **MEETINGS.** The Committee meets once a month as determined by the City Clerk.
3. **ATTENDANCE.** City departments who recommend approving or denying special event applications should ensure at least one member of their department attends each Committee meeting.
4. **SPECIAL EVENT APPLICANTS.** Applicants may request to attend a Special Event Committee meeting to address questions or concerns with their proposed event. Requests must be made to the Office of the City Clerk and will be accommodated to the extent possible.



# Appendix 1

## SPECIAL EVENT FEE SCHEDULE

Service	2025 Fees
<b>SPECIAL EVENT APPLICATION FEES</b>	
Special Event Application Fee	\$75.00
Police Investigation Fee (applicant)	\$7.00
<b>GENERAL SERVICES/LICENSES/PERMITS</b>	
Temporary Class "B" or "Class B" License	\$10.00
Bonfire Permit	\$15.00
Pyrotechnics Permit	\$1,000.00
Flame Effect Display	\$400.00
Inspection Fee	\$25.00
Tent Permit	\$15.00/Tent
<b>PERSONEL FEES *staffing rates are per hour of service*</b>	
<b>Police Services</b>	
Sworn (Straight Time)	\$56.45
Sworn (Overtime)	\$73.06
Sworn (Double Time)	\$97.42
Civilian (Straight Time)	\$43.07
Civilian (Overtime)	\$53.63
Civilian (Double Time)	\$71.51
CSO (Straight Time)	\$24.21
CSO (Overtime)	\$30.08
CSO (Double Time)	\$40.11
<b>Fire Services</b>	
Fire Inspection (per hour)	\$51.25
Engine / Fire Crew	\$320.32
Fire Personnel (Straight Time)	\$47.97
Fire Personnel (1 1/2 Time)	\$71.96
Fire Personnel (Dbl Time)	\$95.94
Fire Battalion Chief (Straight Time)	\$60.76
Public Education Specialist	\$32.90
<b>Parks Services</b>	
Parks Personnel	\$43.51
<b>Dept. of Public Works Services</b>	
Electrician (Straight Time)	\$54.59
Electrician (1 1/2 Time)	\$81.74
Electrician (Dbl Time)	\$108.98
Street/Sign Personnel (Straight Time)	\$46.14



	Street/Sign Personnel (1 1/2 Time)	\$69.21
	Street/Sign Personnel (Dbl Time)	\$92.28
<b>EQUIPMENT FEES/RENTALS - FEMA Rates</b>		
Bagged Parking Meters - charged per meter per day		\$9.00
No Parking Signs (per day)		
	Less than 20 signs	\$15.00
	20-49 signs	\$50.00
	50-99 signs	\$112.00
	100 or more signs	\$225.00
Hard Barricades (per day)		
	Dump Truck	\$77.76 /hour
	Garbage Truck	\$90.30 /hour
All Terrain Vehicle (ATV)		\$23.74 /hour
Aerial Lift, Truck Mntd (Telescopic Boom 61ft)		\$23.90 /hour
Ambulance (GVW 8600 Pounds)		\$39.28 /hour
Back-Pack Blower		\$1.90 /hour
Bus to 150 (FEMA rate to 100)		\$31.99 /hour
Bus to 210 (FEMA rate to 185)		\$41.46 /hour
Bus to 300 (FEMA rate to 230)		\$49.13 /hour
Flat bed utility trailer 6 ton		\$2.87 /hour
Street Sweeper		\$127.96/hour
Garbage Truck (rear load)		\$90.30/hour
Truck, Pickup 1/2 ton Pickup Truck		\$16.52/hour
Truck, Pickup 3/4 ton Pickup Truck		\$16.52/hour
Truck, Pickup 1-ton Pickup Truck		\$29.46/hour
Truck, Pickup 1 1/2 ton Pickup Truck 4X4-Axle		\$29.46/hour
Truck, Fire 1500 GPM		\$220.55/hour
Van, Custom Special Service Canteen Truck		\$22.74/hour
Vehicle, Small		\$7.94/hour
Fuse		
GFI		
<b>FACILITIES RENTALS/FEES</b>		
Parks and Recreation Special Event Fee		\$50.00
Park Pavilion Rentals - Resident		
	Appleton Memorial Park - Pavilion	\$60.00
	Appleton Memorial Park - Amphitheater	\$45.00
	City Park	\$50.00
	Erb Park	\$80.00
	Pierce Park	\$125.00

	Telulah Park	\$100.00
Park Pavilion Rentals - Non-Resident		
	Appleton Memorial Park - Pavilion	\$120.00
	Appleton Memorial Park - Amphitheater	\$90.00
	City Park	\$100.00
	Erb Park	\$160.00
	Pierce Park	\$250.00
	Telulah Park	\$200.00
Jones Park Fee Schedule - (To rent Jones Park Lot or Stage, organizer must also rent Jones Park Pavilion)		
	Local Non-Profit Organization	\$125.00/day
	National Non-Profit Organization	\$175.00/day
	For-Profit Organization	\$325.00/day
	Private Event	\$525.00/day
Jones Park Lot/Stage		
	Local Non-Profit Organization	\$125.00/day
	National Non-Profit Organization	\$175.00/day
	For-Profit Organization	\$325.00/day
	Private Event	\$525.00/day
Houdini Plaza Fee Schedule		
	Local Non-Profit Organization	\$25.00/day
	National Non-Profit Organization	\$100.00/day
	For-Profit Organization	\$300.00/day
	Private Event	\$500.00/day



DEPARTMENT OF  
**LEGAL AND  
ADMINISTRATIVE  
SERVICES**

**OFFICE OF THE CITY CLERK**

100 N Appleton Street  
Appleton, WI 54911  
p: 920.832.6443  
f: 920.832.5823  
[www.appleton.org](http://www.appleton.org)

**MEMORANDUM**

**New Special Events Policy**

**Date:** October 4, 2024

**To:** Safety & Licensing Committee, Ald. Croatt – Chair;  
Common Council

**From:** Kami Lynch, City Clerk

**Encl:** New Special Events Policy, Appendix 1 – Fee Schedule, Existing Special Events Policy,  
2023 Event Costs

The proposed Special Events Policy was created due to the increasing volume of special events, growing complexities with public gatherings, and rising labor and material costs. The proposed policy seeks to accomplish ensure the well-being of all participants of special events and our City resources . It is intended that the proposed policy would be effective January 1, 2025 due to budgetary impacts associated with the policy revisions. The proposed policy is a result of research on comparable communities and their procedures, impacts on City Department resources, costs to taxpayers, safety and security at events, and impacts of events to the environment and City property.

There are vast changes in the organization, formatting and elements of the policy. Therefore, there is no red-lined version of the policy, but the existing policy is included for reference. Information that has been added to the proposed policy is italicized, while information in plain text is copied from the existing policy. Some of the significant changes in the new policy are addressed below.

Anticipated Attendance and Application Deadlines

The new policy removes the correlation of anticipated attendance with timing of application filing and related fees.

It is often difficult for applicants to accurately discern anticipated attendance as numerous factors arise on a specific event date and time. Events are no longer categorized by size and now proposed is a uniform application deadline for all events – a minimum of forty-five (45) days prior to the event date. Forty-five (45) days prior to the event allows adequate time for departmental review and coordination of services required for the event.

Fees

Currently, special event fees are derived from event categorization based upon anticipated attendance, whether the event requests street closure, and timing of filing the application. This fee structure fell short of accurately accounting for actual City services rendered in preparation for, during, and after an event. The City recognizes the benefits

special events bring to our community and this policy seeks to bring an appropriate balance to the shared costs of holding events. All comparable/neighborhood communities charge special event holders for all actual costs (100%) of their personnel working in conjunction with special events. The new policy seeks to recoup twenty-five percent (25%) of actual services rendered utilizing the enclosed Fee Schedule (Appendix 1). The City distinguishes the unique provisions involved in planning for large-scale events. For events having historical or projected attendance of approximately 10,000 people or more, a Special Event Service Agreement between the applicant and the City will establish the costs to be borne by the applicant on a case-by-case basis. If a service agreement cannot be reached, then the Fee Schedule rates will apply. The actual costs of City services for various types of events occurring in 2023 is enclosed for reference.

#### Safety and Security

Revisions to this section include the requirement for a special event applicant to complete a supplemental Safety & Emergency Response Plan with their application. This plan assists applicants with necessary event preparations and plans for various incidents or emergencies. The new policy also provides that applicants refusing to provide recommended safety features by the City may have their application denied. There is also a provision stating that certain circumstances in which the City deems it appropriate to provide additional services beyond what is in the application, will not result in the applicant being charged for those added services.

#### Use of City Electricity

The existing policy does not address use of City Electricity through power outlets in City street poles or planters. These outlets are frequently utilized during special events occurring in the downtown area and it is crucial that applicants understand the parameters and safety provisions surrounding use of these outlets.

Modifications to the Special Event Application and supplemental information for applicants is an on-going process and will continually be evaluated and updated to best suit the needs of applicants and to provide that the City receives necessary information to decipher Special Event impacts for related planning and permitting.

I encourage you to reach out with questions regarding the new Special Events Policy as they arise. This will expedite the retrieval of the requested information so that it may be shared without delay.

**2023 Event Cost Tracking - City Sponsored Events and Selected Other Events**

DEPARTMENT	City-Sponsored Events					Special Event Type										
Police Department	Appleton Jaycees Fireworks	Flag Day Parade	Children's Parade	Holiday Parade	Memorial Day Parade	Community Event - Small	Car Show - Large	Cultural Exhibition Event	Large Entertainment Event	Large Festival	Car Show - Significant	Large Run/Walk	Small Fun Run	Cultural Event - Large	Significant Run	Large Run
Application Fee	\$1,707.00	\$0.00	\$0.00	\$0.00	\$0.00	\$82.00	\$1,000.00	\$1,875.00	\$2,632.00	\$1,507.00	\$1,500.00	\$757.00	\$57.00	\$882.00	\$707.00	\$757.00
Size of Event	Large	Large	Large	Significant	Large	Small	Large	Large	Significant	Significant	Significant	Large	Small	Large	Large	Large
Street Closure (Y/N)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
# of Employees	41	54	11	69	19	8	8	9	31	84	60	20	4	8	27	16
Total Staff Hours	155	204	45	245.8	105.75	57.6	37.5	51	255.5	508.75	464.5	130.6	7.25	37	211.5	97.5
Cost APD (Personnel)	\$10,380.81	\$13,920.00	\$1,533.00	\$14,318.00	\$6,658.94	\$4,929.55	\$1,998.00	\$2,058.00	\$17,749.00	\$35,584.87	\$31,916.56	\$5,934.00	\$445.39	\$3,276.26	\$11,938.86	\$5,620.00

Fire Department	Appleton Jaycees Fireworks	Flag Day Parade	Children's Parade	Holiday Parade	Memorial Day Parade	Community Event - Small	Car Show - Large	Cultural Exhibition Event	Large Entertainment Event	Large Festival	Car Show - Significant	Large Run/Walk	Small Fun Run	Cultural Event - Large	Significant Run	Large Run
# of Employees	4	-	-	-	-	-	-	2	2	10	2	-	-	-	2	-
Total Staff Hours	16	-	-	-	-	-	-	8	10	25	5	-	-	-	8	-
Fire Inspection	\$820.00	-	-	-	-	-	-	-	\$1,025.00	\$812.00	\$512.50	-	-	-	-	-
Fire Personnel (1.5 time)	\$1,151.36	-	-	-	-	-	-	\$2,302.72	-	\$4,317.60	-	-	-	-	\$1,151.36	-
Fire B/C Cost	-	-	-	-	-	-	-	-	-	\$1,215.20	-	-	-	-	-	-
Total Cost Fire	\$1,971.36	-	-	-	-	-	-	\$2,302.72	\$1,025.00	\$6,042.30	\$512.50	-	-	-	\$1,151.36	-

Parks and Rec - Facilities	Appleton Jaycees Fireworks	Flag Day Parade	Children's Parade	Holiday Parade	Memorial Day Parade	Community Event - Small	Car Show - Large	Cultural Exhibition Event	Large Entertainment Event	Large Festival	Car Show - Significant	Large Run/Walk	Small Fun Run	Cultural Event - Large	Significant Run	Large Run
# of Employees	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-
Total Hours	-	-	-	-	-	-	1.25	-	-	-	-	-	-	1.5	-	1.75
Total Cost	-	-	-	-	-	-	\$54.39	\$87.02	-	-	-	-	-	\$65.27	-	\$76.14
Parks and Rec - Grounds	Appleton Jaycees Fireworks	Flag Day Parade	Children's Parade	Holiday Parade	Memorial Day Parade	Community Event - Small	Car Show - Large	Cultural Exhibition Event	Large Entertainment Event	Large Festival	Car Show - Significant	Large Run/Walk	Small Fun Run	Cultural Event - Large	Significant Run	Large Run
Total Cost P&R	\$60.00	-	-	-	-	-	-	\$117.00	\$29.00	-	-	-	-	-	-	-

Department of Public Works	Appleton Jaycees Fireworks	Flag Day Parade	Children's Parade	Holiday Parade	Memorial Day Parade	Community Event - Small	Car Show - Large	Cultural Exhibition Event	Large Entertainment Event	Large Festival	Car Show - Significant	Large Run/Walk	Small Fun Run	Cultural Event - Large	Significant Run	Large Run
# of Employees	3	18	-	18	13	-	3	3	5	20	-	2	-	-	2	-
Total Labor Hours	7.5	134.25	-	135.5	116.75	-	11.25	10	44	157.25	-	2.5	-	-	4	-
Total Labor Cost	\$262.01	\$4,667.50	-	\$5,255.13	\$7,288.52	-	\$373.24	\$371.18	\$2,570.43	\$7,996.80	-	\$220.13	-	-	\$349.70	-
Total Equipment Hours	4.5	59.75	-	-	21.25	-	6.75	6.5	30.75	83	-	-	-	-	-	-
Total Equipment Cost	\$72.18	\$2,955.09	-	\$5,698.48	\$631.07	-	\$108.27	\$104.26	\$2,536.80	\$4,308.04	-	\$56.14	-	-	\$56.14	-
Total cost for DPW	\$334.19	\$7,622.59	-	\$10,953.61	\$7,919.59	-	\$481.51	\$475.44	\$5,107.23	\$12,304.84	-	\$276.27	-	-	\$405.84	-
<b>Total Costs</b>	<b>\$12,746.36</b>	<b>\$21,542.59</b>	<b>\$1,533.00</b>	<b>\$25,271.61</b>	<b>\$14,578.53</b>	<b>\$4,929.55</b>	<b>\$2,579.51</b>	<b>\$5,040.18</b>	<b>\$23,910.23</b>	<b>\$53,932.01</b>	<b>\$32,429.06</b>	<b>\$6,210.27</b>	<b>\$445.39</b>	<b>\$3,341.53</b>	<b>\$13,496.06</b>	<b>\$5,696.14</b>



# Special Event Permit Application Form

**CASH OR CHECK ONLY!**

**Additional Documentation**

- Safety and Emergency Plan
- Certificate of Insurance
- Route/Map
- Supplemental Parade Questionnaire

**FEES ARE NON-REFUNDABLE**

Special Event License (CLLCMS) - see attached fee chart

Date Recv'd \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Total \$ \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

**Please Note:** Incomplete applications will not be accepted and will be returned to applicant. Applications are forwarded for review once payment is received. Applying does not guarantee the application will be approved – please speak to the City Clerk for more information. The application fee will be based on the date the City Clerk's Office receives the completed application. For more information, please refer to the Special Event Policy or Manual.

**PLEASE PRINT CLEARLY!**

**SECTION 1 – EVENT ORGANIZER** - Information about the person, entity or organization holding the special event.

Organization's Name: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

Organization's Phone Number: \_\_\_\_\_ Organization's Email/Website: \_\_\_\_\_

**SECTION 2 – APPLICANT INFORMATION** - Information for person to contact before, during and after the event, if necessary.

Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION 3 – EVENT INFORMATION** –Application must be filed at least 11 days prior to event. Applications received 10 days prior to event are NOT accepted, please plan accordingly.

Name of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date (list each date if it's a multi-day event): \_\_\_\_\_

Event Set Up Time: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Head of Security's Name: \_\_\_\_\_ Head of Security Phone Number: \_\_\_\_\_

Total Anticipated Attendance (Participants/Attendees): \_\_\_\_\_

Admission Requirements: \_\_\_\_\_

Event information (whether the event has occurred before, purpose, activity, who can participate, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4 – APPLICANT CHECKLIST** - *The applicant is responsible for contacting all necessary City departments and for obtaining all necessary reservations, permits, licenses and variances. Answer all questions regardless of size of event. Incomplete applications will not be processed.*

**DEPARTMENT OF PUBLIC WORKS – (920) 832-5580**

	Yes	No	Action to be taken by applicant:
1. Are you requesting street closure? Name of barricade company _____	<input type="checkbox"/>	<input type="checkbox"/>	If yes, your barricading contract provider will be required to submit a Traffic Control Plan to the Department of Public Works.
2. Did you include a <i>detailed map/diagram</i> of the event location and route (if applicable) with this application?	<input type="checkbox"/>	<input type="checkbox"/>	Be sure the event map/diagram is detailed, including showing all turns and the number of traffic lanes to be used.
3. Are you requesting parking meters to be bagged?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, a list of meters must be provided to the Department of Public Works.
4. Are you requesting use of the sidewalk or right of way?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Department of Public Works for a Street Occupancy Permit.
5. Are you requesting use of City Electricity (on City street poles/planters)?	<input type="checkbox"/>	<input type="checkbox"/>	If, yes, please provide diagram specifying requested locations of outlets.

**FIRE DEPARTMENT – (920) 832-5810**

	Yes	No	Action to be taken by applicant:
1. Will the event be held indoors?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Fire Department for more information.
2. Will a tent or any other temporary structure be erected?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Fire Department for information about submitting a structure plan.
3. Will there be a tent larger than 200 square feet?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Fire Department for a permit.
4. Will fireworks/pyrotechnic be used during the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Fire Department for a permit.

**HEALTH DEPARTMENT – (920) 832- 6429**

	Yes	No	Action to be taken by applicant:
1. Will food be prepared and/or served at the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Health Department for permitting requirements and for safe food handling tips.
2. Will there be a band or amplified music/noise?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Health Department for a variance and more information.
3. Will there be portable restrooms?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, review guidelines on portable restrooms available in the Special Event Policy and Manual.

**PARKS & RECREATION DEPARTMENT – (920) 832-5905**

	Yes	No	Action to be taken by applicant:
1. If the event will be in a park have you reserved the park?	<input type="checkbox"/>	<input type="checkbox"/>	If no, contact Parks, Recreation and Facilities Management to make a reservation.
2. Will there be rides and/or inflatables at the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact Parks, Recreation and Facilities Management for more information.

**POLICE DEPARTMENT – (920) 832-5500**

	Yes	No	Action to be taken by applicant:
1. Do you have a plan for medical emergencies that may occur during your event?	<input type="checkbox"/>	<input type="checkbox"/>	If no, contact the Police Department for assistance.
2. Is security needed for the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Police Department for assistance defining your safety/security plan.
3. Are you requesting any special parking restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the Appleton Police Department for more information.

**RISK MANAGEMENT – (920) 832-6300**

	Yes	No	Action to be taken by applicant:
1. Do you have the proper insurance for your event and have you provided your certificate of insurance to the City?	<input type="checkbox"/>	<input type="checkbox"/>	If no, contact the City's Risk Manager.

**CITY CLERK'S OFFICE – (920) 832-6443**

	Yes	No	Action to be taken by applicant:
1. Will alcoholic beverages be served/sold at the event?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, contact the City Clerk's Office to obtain a Temporary Class "B" license.</b>
2. Does your event plan include a parade?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the City Clerk's office to fill out the required Parade Supplemental Questionnaire.
3. Does your event plan include shuttle services/rides?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the City Clerk's office for information on the licensing of taxicab/limousine/shuttle companies.
4. Do you owe money for past events?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, contact the City Clerk – your application may not be accepted.

## SECTION 5 – ADDITIONAL INSURED REQUIREMENT

For events that involve more than 250 people, if a street closure is requested or if structures are brought onto public premises; the event holder agrees to list the City of Appleton, and its officers, council members, agents, employees, and authorized volunteers as an additional insured on the event holder's general liability insurance policy. Certificates of insurance displaying this additional insured status must list the following as the certificate holder: City of Appleton, Attention: Risk Manager, 100 North Appleton Street, Appleton, WI 54911.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## SECTION 6 – CERTIFICATION

By signing below, I certify that I am at least 18 years of age, that I have read and understand the Special Event Policy, and that I agree to the terms and conditions contained in the Special Event Policy. My signature further confirms (i) that I understand the filing of this application does not ensure the issuance of a Special Event License, (ii) that the Special Event License Fee is non-refundable pursuant to the terms of the Special Event Policy, (iii) I will be responsible for ensuring the event and event participants comply with all applicable city ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations and any other applicable laws, rules and regulations including the Special Event Policy, (iv) that fees for park facilities, food sales permits, tent and fireworks permits, etc., are in addition to the Special Event License Fee, (v) that I am authorized to apply for this Special Event Licensed on behalf of the organization holding the event (if applicable), and (vi) that the information contained in this Application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## SECTION 7 – INDEMNIFICATION

**Please read carefully before signing! This section affects your legal rights.**

**IF THERE IS ANYTHING IN THIS SECTION THAT YOU DO NOT UNDERSTAND OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS SECTION, YOU SHOULD NOT SIGN THIS SECTION AS IT IS DRAFTED, BUT RATHER SEEK ADVICE FROM YOUR LEGAL COUNSEL. REQUESTS FOR MODIFICATIONS MAY BE DIRECTED TO THE CITY ATTORNEY'S OFFICE AT 920-832-6423 WEEKDAYS BETWEEN 8:00 AM AND 4:00 PM.**

**INDEMNIFICATION:** BY SIGNING BELOW I ACKNOWLEDGE THAT FOR GOOD AND VALUABLE CONSIDERATION, I, THE APPLICANT, ON BEHALF OF MYSELF AND THE ORGANIZATION, IF APPLICABLE, AGREE 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 AND COSTS, INCLUDING ATTORNEY 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/ORGANIZATION, ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM OR ANYONE WHOSE ACTS ANY OF THEM MAY BE LIABLE, EXCEPT WHERE CAUSED BY THE SOLE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



**SINGLE DAY EVENT LICENSE FEE -- \*\*Includes \$7 for a Police investigation fee\*\***

NUMBER OF DAYS BEFORE THE EVENT	SMALL EVENTS <sup>2</sup> Without Street Closure	SMALL EVENTS <sup>2</sup> With Street Closure	LARGE EVENTS <sup>3</sup> Without Street Closure	LARGE EVENTS <sup>3</sup> With Street Closure	SIGNIFICANT EVENTS <sup>4</sup> Without Street Closure	SIGNIFICANT EVENTS <sup>4</sup> With Street Closure
90+ days	\$62	\$117	\$557	\$777	\$1,107	\$1,657
60-89 days	\$73	\$172	\$667	\$832	\$1,327	\$1,877
45-59 days	\$89	\$227	\$887	\$1,107	\$1,822	\$2,757
30-44 days	\$117	\$337	\$997	\$1,107 + Late Fee <sup>1</sup>	\$1,822 + Late Fee <sup>1</sup>	\$2,757 + Late Fee <sup>1</sup>
11-29 days	\$227	\$447	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted
10 days	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted
Late Fee <sup>1</sup>	N/A	N/A	N/A	\$800	\$800	\$1,500

<sup>1</sup> **LATE FEE** will be charged for late applications for Large and Significant Events that have been held for the last two consecutive years where nothing has changed, subject to the late fee and the application approval process. If the event has not been held the last two consecutive years or if there is a change to the event from the previous year the application will not be accepted.

<sup>2</sup> **SMALL EVENT** = Anticipated attendance of less than 1,000 people.

<sup>3</sup> **LARGE EVENT** = Anticipated attendance of between 1,000 and 4,999 people.

<sup>4</sup> **SIGNIFICANT EVENT** = Anticipated attendance of 5,000 people and over.

**MULTIPLE DAY<sup>1</sup> EVENT LICENSE FEE-- \*\*Includes \$7 for a Police investigation fee\*\***

NUMBER OF DAYS BEFORE THE EVENT	SMALL EVENT <sup>3</sup> Without Street Closure	SMALL EVENT <sup>3</sup> With Street Closure	LARGE EVENT <sup>4</sup> Without Street Closure	LARGE EVENT <sup>4</sup> With Street Closure	SIGNIFICANT EVENT <sup>5</sup> Without Street Closure	SIGNIFICANT EVENT <sup>5</sup> With Street Closure
90 days or more	\$62	\$117	\$557	\$777 first day + \$192 each additional day = total fee	\$1,107	\$1,657 first day + \$412 each additional day = total fee
60-89 days	\$73	\$172	\$667	\$832 first day + \$207 each additional day = total fee	\$1,327	\$1,877 first day + \$467 each additional day = total fee
45-59 days	\$89	\$227	\$887	\$1,107 first day + \$275 each additional day = total fee	\$1,822	\$2,757 first day + \$825 each additional day = total fee
30-44 days	\$117	\$337	\$997	\$1,107 first day fee + \$275 each additional day + Late Fee <sup>2</sup> = total	\$1,822 + Late Fee <sup>2</sup> = total	\$2,757 first day + \$825 each additional day + Late Fee <sup>2</sup> = total
10-29 days	\$227	\$447	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application Not Accepted
< 10 days	Application Not Accepted	Application Not Accepted	Application Not Accepted	Application not Accepted	Application Not Accepted	Application Not Accepted
Late Fee <sup>2</sup>	N/A	N/A	N/A	\$800	\$800	\$1,500

<sup>1</sup> **MULTIPLE DAY EVENT** means a special event that occurs on more than one day, where the days are consecutive or at a consistent interval (e.g., an event occurring on a consecutive Saturday and Sunday or an event occurring every other Tuesday), at the same start and end time and at the same location. One special event license will be issued for a multiple day event.

<sup>2</sup> **LATE FEE** will be charged for late applications for Large and Significant Events that have been held for the last two consecutive years where nothing has changed, subject to the late fee and the application approval process. If the event has not been held the last two consecutive years or if there is a change to the event from the previous year the application will not be accepted.

<sup>3</sup> **SMALL EVENT** = Anticipated attendance of less than 1,000 people.

<sup>4</sup> **LARGE EVENT** = Anticipated attendance of between 1,000 and 4,999 people.

<sup>5</sup> **SIGNIFICANT EVENT** = Anticipated attendance of 5,000 people and over.

Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

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

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

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>60</u>
<b>Total Fees</b>	<b>\$ <u>267</u></b>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <b>MYMY LLC</b>			
2. Business Trade Name or DBA <b>MYMY</b>			
3. FEIN		4. Wisconsin Seller's Permit Number <b>456-1031787983-02</b>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <b>WI</b>		7. Date of Organization <b>6/19/2024</b>	8. Wisconsin DFI Registration Number <b>M132760</b>
9. Premises Address <b>2825 N Ballard Rd</b>			
10. City <b>Appleton</b>		11. State <b>WI</b>	12. Zip Code <b>54911</b>
13. County <b>Outagamie</b>		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <b>Appleton</b>	15. Aldermanic District
16. Premises Phone <b>920-202-3733</b>		17. Premises Email <b>Pazaochanglee@gmail.com</b>	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <b>Alcohol that is not yet to be consumed will be stored in the dry storage area of the basement. Alcohol to be sold and consumed will be kept in beverage coolers upstairs in the service station. Alcohol will be consumed in the dining area. Total sq ft of restaurant is 2100.</b>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

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

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

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

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

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

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

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

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

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

**Part C: Individual Information**

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


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

Last Name	First Name	Title	Phone
Chang	Pa Zao	Owner	

**Part D: Attestation**

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

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

Last Name Chang		First Name Pa Zao	M.I.
Title Owner	Email		Phone
Signature 		Date 9-5-24	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 9/9/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



## City of Appleton Alcohol License Questionnaire

1. Name of Applicant: Pa Zao Chang

2. Name of Business: MYMY LLC

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

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

3. Address of Business: 2825-N Ballard Rd

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<u>Pa Zao</u>		<u>Chang</u>	
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /
First name	M.I.	Last name	Date of Birth
			/ /

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

Name: Mac Vung  
First name Middle Initial Last name

Address: 3518 S Barkley Ln Appleton WI 54915  
City State ZIP

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

Name: COME

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

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

8. Was this premise licensed for alcohol sales/consumption during the past license year?

Yes \_\_\_ If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.

No X If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.

9. If alcohol sales were a previous use in this building, when did the operation cease?

\_\_\_\_\_ months ago.

10. Seating capacity: Inside 99 Outside \_\_\_\_\_

11. Operating hours (Inside the building): M-Sat 11:00 AM - 9:00 PM  
Operating hours (Outdoor seating areas): \_\_\_\_\_

12. Employees/Staff  
Number of floor personnel 4 Number of door checkers 0

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

- a. Gross floor building area of the premises to be licensed: 2100 square feet.
- b. Gross outdoor seating areas of the premises to be licensed: \_\_\_\_\_ square feet.
- c. Below, identify the operational details of the proposed establishment:

MYMY will operate as a full service restaurant that serves alcohol.

[Signature]  
Signature

9-5-24  
Date

Form  
**AB-101**

# Alcohol Beverage Appointment of Agent

Date  
9-5-24

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

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


<b>Part B: Agent Information</b>			
1. Last Name <b>Chang</b>	2. First Name <b>Pa Zao</b>	3. M.I.	
4. Email		5. Phone	
6. Home Address <b>3518 S Barker Lane</b>			
7. City <b>Appleton</b>	8. State <b>WI</b>	9. Zip Code <b>54915</b>	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

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

Continued →


**Part D: Business Attestation**

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

Last Name <b>Chang</b>		First Name <b>Pa Zao</b>		M.I.
Title <b>Owner</b>	Email		Phone	
Signature 			Date <b>9-5-2024</b>	

**Part E: Agent Attestation**

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

Last Name <b>Chang</b>		First Name <b>Pa Zao</b>		M.I.
Signature 			Date <b>9-5-2024</b>	



Form  
AB-200

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

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

- Class "A" Beer ..... \$ \_\_\_\_\_      Class "B" Beer ..... \$ 100  
 "Class A" Liquor ..... \$ \_\_\_\_\_      "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_      Reserve "Class B" Liquor \$ 10500  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_

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

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Delaire's LLC</u>			
2. Business Trade Name or DBA <u>Delaire's</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1031294282-04</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>9/20/2022</u>	8. Wisconsin DFI Registration Number <u>D073986</u>
9. Premises Address <u>823 <del>827</del> W. College Ave.</u>			
10. City <u>Appleton</u>		11. State <u>WI</u>	12. Zip Code <u>54914</u>
13. County <u>Outagamie</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District <u>11</u>
16. Premises Phone <u>727-808-9092</u>	17. Premises Email <u>delaires.wb@gmail.com</u>		18. Website _____
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>1779 sq. ft. premise where alcohol will be sold and stored. Alcohol consumed in bar area. Alcohol will be sold over bartop and stored in a backroom.</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

### Part B: Questions

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

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

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

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

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

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

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

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

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

**Part C: Individual Information**

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

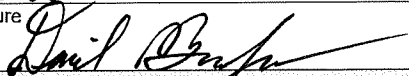
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Boulanger	David	owner	

**Part D: Attestation**

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

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

Last Name Boulanger	First Name David	M.I. D
Title owner	Email	Phone
Signature 	Date 4/10/24	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 4-10-2024	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



# City of Appleton Alcohol License Questionnaire

1. Name of Applicant: David Boulanger

2. Name of Business: Delaire's

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

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

3. Address of Business: 827 W. College Ave, Appleton WI 54914  
823

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<u>David</u>	<u>D</u>	<u>Boulanger</u>	
First name	M.I.	Last name	Date of Birth / /
First name	M.I.	Last name	Date of Birth / /
First name	M.I.	Last name	Date of Birth / /
First name	M.I.	Last name	Date of Birth

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

Name: \_\_\_\_\_  
First name Middle Initial Last name

Address: \_\_\_\_\_  
City State ZIP

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

Name: Empty / VACANT

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

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

8. Was this premise licensed for alcohol sales/consumption during the past license year?

Yes \_\_\_\_\_ If yes, please contact the Community and Economic Development Department at 832-6468 about obtaining a copy of an existing Special Use Permit and related requirements that may run with property.

No X If no, please contact the Community and Economic Development Department at 832-6468 about obtaining a Special Use Permit. A Special Use Permit may be required for your business activity prior to the issuance of a Liquor License, pursuant to the City of Appleton Zoning Ordinance.

9. If alcohol sales were a previous use in this building, when did the operation cease?

\_\_\_\_\_ months ago.

10. Seating capacity: Inside 15 Outside 0

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

12. Employees/Staff

Number of floor personnel 1 Number of door checkers \_\_\_\_\_

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

a. Gross floor building area of the premises to be licensed: 1779 square feet.

b. Gross outdoor seating areas of the premises to be licensed: 0 square feet.

c. Below, identify the operational details of the proposed establishment:

Serving coffee with liquor.

See attached business plan for more details.

Open every day 10am-10pm

[Signature]  
Signature

4/10/24  
Date

**Agent Type** (check one)

Original (no fee)       Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
Delaire's LLC

2. Business Trade Name or DBA  
Delaire's

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

4. Alcohol Beverage Business Authorization (check one)      5. If successor agent, provide State Permit or Municipal Retail License Number  
 Municipal Retail License       State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

**Part B: Agent Information**

1. Last Name      2. First Name      3. M.I.  
Boulangier      David      D

4. Email      5. Phone

6. Home Address  
1024 Sumac Drive

7. City      8. State      9. Zip Code      10. Age  
West Bend      WI      53090

11. Drivers License/State ID Number      12. Drivers License/State ID State of Issuance

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? .....  Yes     No  
Submit proof of completion.


2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? .....  Yes     No  
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes     No  
See instructions for exceptions.

Continued →

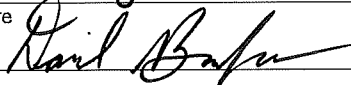
**Part D: Business Attestation**

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

Last Name <b>Boulanger</b>		First Name <b>David</b>		M.I. <b>D</b>
Title <b>Owner</b>	Email		Phone	
Signature 			Date <b>4/10/24</b>	

**Part E: Agent Attestation**

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

Last Name <b>Boulanger</b>		First Name <b>David</b>		M.I. <b>D</b>
Signature 			Date <b>4/10/24</b>	

# 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: 9/9/24  
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 10/18/24 and ending 10/20/24 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 Photo Opp

(b) Address 621 N Bateman St Appleton WI 54911  
(Street)  Town  Village  City

(c) Date organized August 2022

(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 Amy James

Vice President Graham Woshatka

Secretary Morgan Kirchenwitz

Treasurer John Adams

(g) Name and address of manager or person in charge of affair: John Adams 425 E circle St Appleton

(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 621 N Bateman St Appleton WI 54911

(b) Lot \_\_\_\_\_ 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: Full

## 3. Name of Event

(a) List name of the event Photo Gallery / Fundraiser

(b) Dates of event 10/18 10/19 10/20

(c) Time(s) of event 4p-9p all Days

## 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] 9/9/24  
(Signature / Date)

Photo Opp  
(Name of Organization)

Date Filed with Clerk 9/25/24

Date Reported to Committee \_\_\_\_\_

Date Granted \_\_\_\_\_

License No. \_\_\_\_\_

COA Dept. Approval: Police \_\_\_\_\_ Fire \_\_\_\_\_ Health \_\_\_\_\_