



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
www.appletonwi.gov

## Meeting Agenda - Final Safety and Licensing Committee

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Wednesday, February 26, 2025

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

[25-0114](#) Safety & Licensing Committee Minutes from 2/12/25

Attachments: [S&L Minutes 2.12.25.pdf](#)

### 5. Public Hearing/Appearances

[25-0112](#) Demerit Point Violation Appearance - Home Burger Bar

Attachments: [Home Burger 2025 Demerit Pt Letter.pdf](#)

[25-0113](#) Demerit Point Violation Appearance - Badger Mobil

Attachments: [Badger Mobil 2025 Demerit Pt Letter.pdf](#)

### 6. Action Items

[25-0111](#) Mechanical Amusement Device License for Pizzeria Pub & Bar, Satbir Singh, Agent, located at 1200 N. Sharon St - appeal of application denial

Attachments: [Pizzeria Pub & Bar.Mech\\_Amus.1.21.25.pdf](#)

[Pizzeria Pub Amus Dev PD Denial Letter 1.28.25.pdf](#)

[Pizzeria Pub Clerk Letter 1.29.25.pdf](#)

[25-0110](#) Class "B" Beer and Reserve "Class B" Liquor License application for SK Pizzeria Pub LLC d/b/a Pizzeria Pub and Bar, Satbir Singh, Agent, located at 1200 N. Sharon St, contingent upon approval from the Inspections department

Attachments: [Pizzeria Pub and Bar.Alcohol.Class Beer Reserve Liquor.12.19.24.REDACTE](#)

[25-0109](#)

Class "B" Beer and Reserve "Class B" Liquor License application for El Sabor LLC d/b/a Bunnies on the Ave, Luis Santiago Ledezma, Agent, located at 425 W. College Ave, contingent upon approval from the Community Development, Health, Inspections, and Public Works departments.

**Attachments:** [Bunnies on the Ave.El Sabor LLC.Alcohol.Class B Beer Reserve Liquor.1.9.25.](#)

**7. Information Items**

[25-0115](#)

Director's Report

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

**8. Adjournment**

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

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



# City of Appleton

100 North Appleton Street  
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## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, February 12, 2025

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

*Vice Chair Schultz called the meeting to order at 5:31 p.m.*

2. Pledge of Allegiance

3. Roll call of membership

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

**Excused:** 1 - Croatt

4. Approval of minutes from previous meeting

[25-0047](#)

Safety & Licensing Committee Minutes from 1/22/2025

**Attachments:** [S&L Minutes 1-22-25.pdf](#)

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

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

**Excused:** 1 - Croatt

5. Public Hearing/Appearances

6. Action Items

[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.

**Attachments:** [Delaire's.Alcohol.Class](#)  
[B\\_Beer\\_Reserve\\_Liquor.4.10.24.REDACTED.pdf](#)  
[Delaire's Attachment.pdf](#)  
[Documents distributed by Alder Van Zeeland 10.23.24.pdf](#)  
[APD Delaire's letter to S&L 11.27.24.docx](#)  
[OEO to Appleton City Clerk re Holding Licensing Hearing - Delaire's LLC.pdf](#)  
[2025 Delaire's Business Plan.pdf](#)  
[Delaire's 2025 Alcohol License Questionnaire \(Updated\) - signed.pdf](#)  
[MEMO - Retail Alcohol Licensing Discretion.pdf](#)  
[Delaire's follow up gambling machine letter 1.27.25 REDACTED.pdf](#)  
[Ald. Van Zeeland Email - Delaire's NBC news story video.pdf](#)

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

**Aye:** 3 - Doran, Fenton and Schultz

**Nay:** 1 - Siebers

**Excused:** 1 - Croatt

[25-0062](#)

Resolution #1-R-25 Fire Department Paramedic Service Level

**Attachments:** [#1-R-25 Fire Dept. Paramedic Service Level.pdf](#)

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

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

**Excused:** 1 - Croatt

### **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 - Siebers, Doran, Fenton and Schultz

**Excused:** 1 - Croatt

[25-0050](#) Pet Store/Kennel License application for Forty Three Skulls Oddities Shoppe, Scott Watzlawick, Agent, located at 133 E. Wisconsin Ave, contingent upon approval from the Police, Fire, and Inspections departments.

**Attachments:** [Forty Three Skulls.PK.1.27.25.REDACTED.pdf](#)

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

[25-0051](#) Secondhand Jewelry License renewal application for Fox Valley Jewelers, Khristopher Fischer, Agent, located at 636 W. College Ave, contingent upon approval from the Health department.

**Attachments:** [Fox Valley Jewelers.Secondhand Article Renewal.1.31.25.pdf](#)

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

[25-0052](#) Temporary Class "B" Beer License application for Sacred Heart Church, Dave Erickson, Agent, located at 222 E. Fremont St, on March 14, March 28, and April 11, 2025 for Fish Fry special events, contingent upon approval from the Health and Fire departments.

**Attachments:** [Sacred Heart Church.Alcohol.Temp B Beer.Fish Fry.3.14.25.pdf](#)

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

## 7. Information Items

[25-0069](#) Alcohol Establishment Demerit Point Violations

- Home Burger Bar  
No Licensed Operator - 40 pts  
Total Points: 40
  
- Skyline Comedy Club  
No Licensed Operator - 40 pts  
Total Points: 40

[25-0061](#) Special Events  
- Appleton Downtown Inc., Avenue of Ice, College Avenue Amenity Strip, February 21st - February 23rd 2025

[25-0048](#) Director's Report  
1. City Clerk  
2. Fire Chief  
    - Hiring Update  
3. Police Chief

8. Adjournment

**Siebers moved, seconded by Fenton, that the meeting be adjourned at 6:06 p.m. Roll Call. Motion carried by the following vote:**

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

**Excused:** 1 - Croatt



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.appletonwi.gov](http://www.appletonwi.gov)

**February 17, 2025**

**Home Burger Bar  
205 W College Ave  
Appleton, WI 54911**

**Attention: James Ferg, Agent**

Dear Alcohol License Holder,

The purpose of this letter is to inform you of the status of the demerit points against your alcohol license for the premises known as Home Burger Bar, located at 205 W College Avenue in the City of Appleton. Furthermore, you are hereby required to attend the Safety and Licensing Committee on Wednesday, February 26th at 5:30 p.m. in the Council Chambers, 6<sup>th</sup> floor of City Hall, to inform the Committee about your efforts to rectify the issues that caused the imposition of any demerit points.

Your establishment recently had a violation for No Licensed Operator on Premises on October 5, 2024 which resulted in convictions on December 18, 2024. No Licensed Operator carries an assessment of 40 demerit points. At this time, the license for this establishment has a total of 40 demerit points assessed against it within the last 24 months.

Please be advised that if any establishment holding an alcohol license accumulates 150-199 demerit points within a 24-month period, the license is subject to suspension for not less than 10 days nor more than 90 days. If any alcohol licensee accumulates 200 or more demerit points within a 36-month period, the license is subject to revocation. A copy of the ordinance was provided to you at the time you received your license.

*The City of Appleton Police Department offers free training to help ensure your establishment is operating in a manner that is safe and legal. If you are interested in taking advantage of this free training, please contact Lt. Benjamin Goodin at the Appleton Police Department.*

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

Respectfully,

A handwritten signature in black ink, appearing to read "Kami Lynch". The signature is fluid and cursive.

Kami Lynch, City Clerk



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**February 17, 2025**

**Badger Mobil  
SK Gas Mart, LLC  
1201 N Badger Ave  
Appleton, WI 54914**

**Attention: Satbir Singh, Agent**

Dear Alcohol License Holder,

The purpose of this letter is to inform you of the status of the demerit points against your alcohol license for the premises known as Badger Mobil, located at 1201 N Badger Avenue in the City of Appleton. Furthermore, you are hereby required to attend the Safety and Licensing Committee on Wednesday, February 26th at 5:30 p.m. in the Council Chambers, 6<sup>th</sup> floor of City Hall, to inform the Committee about your efforts to rectify the issues that caused the imposition of any demerit points.

Your establishment recently had a violation for No Licensed Operator on Premises and Dispense Alcohol to Minor on October 14, 2024 which resulted in convictions on January 8, 2025. No Licensed Operator carries an assessment of 40 demerit points and Dispense Alcohol to Minor carries an assessment of 80 points. At this time, the license for this establishment has a total of 120 demerit points assessed against it within the last 24 months.

Please be advised that if any establishment holding an alcohol license accumulates 150-199 demerit points within a 24-month period, the license is subject to suspension for not less than 10 days nor more than 90 days. If any alcohol licensee accumulates 200 or more demerit points within a 36-month period, the license is subject to revocation. A copy of the ordinance was provided to you at the time you received your license.

*The City of Appleton Police Department offers free training to help ensure your establishment is operating in a manner that is safe and legal. If you are interested in taking advantage of this free training, please contact Lt. Benjamin Goodin at the Appleton Police Department.*

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

Respectfully,

Kami Lynch, City Clerk



# Application for Mechanical Amusement Device License



**License period is**  
July 1st – June 30th

*NOTE: please allow approximately 2 weeks for application processing*

**FEES ARE NON-REFUNDABLE**

**CASH OR CHECK ONLY!**

Amusement Device - \$25.00 per machine  
(15 Machines and over = \$350.00)

Date Received: 1/21/25

Total Number of Machines: \_\_\_\_\_

Total Fee: \_\_\_\_\_

Police Investigation Fee - \$7.00

Receipt #: \_\_\_\_\_

DEFINITION – A mechanical amusement device is a machine which upon the insertion of a coin or slug operates a game, contest, or amusement, **EXCEPT MUSIC**. A billiard table or pool table is a mechanical device when operated commercially, whether it is coin operated or not.

**SECTION 1 – BUSINESS INFORMATION – Answer all questions completely. Please PRINT clearly**

Legal Business Name <u>SK Pizzeria PUB LLC</u>			
Business Trade Name or DBA <u>PIZZERIA PUB &amp; BAR</u>			
Street Address (where devices will be operated): <u>1200 N Sharon St</u>		City <u>Appleton</u>	State <u>WI</u>
		Zip <u>54914</u>	
Business Phone <u>PIZZERIA PUB &amp; BAR</u>		Business Email <u>SK BAR 2024 @ Yahoo.com</u>	
Agent/Person In Charge Name <u>SATBIR SINGH</u>		Agent Phone (Required) _____	
Agent Date of Birth _____	Agent Drivers License/State ID Number _____		DL/ID State of Issuance _____
Mailing Address (if different from street address): <u>1200 N Sharon St</u>		City <u>Appleton</u>	State <u>WI</u>
		Zip <u>54914</u>	

**SECTION 2 – AMUSEMENT DEVICES – If you are licensing 15 or more amusement devices, a Special Use Permit may be required. Please contact the Community Development Department at 920-832-6468 for more information.**

Brand/Name & Type of Device(s) (Required)	Total Number of Devices: <u>5</u>
<u>WIZGE = DART BOARD</u>	
<u>SKILL GAME = GOLDEN Fortune</u>	
<u>11 = Eusion 2</u>	
<u>11 = Fire Link</u>	
<u>11 = Eusion 2</u>	

**SECTION 3 – PENALTY NOTICE**

The undersigned requests that a license be granted in accordance with Sections 9-126 to 9-129 of the Municipal Code of the City of Appleton.  
Signature of Applicant: Satbir Singh Date: 01/21/2025

**FOR OFFICE USE ONLY**

DEPARTMENT	APPROVE	DENY	DATE	STAFF MEMBER/REASON
Police		✓	<u>1/28/25</u>	<u>B. Goodin</u>
Fire	✓		<u>1/27/25</u>	<u>D. Henson</u>
Inspections				
Community Development	✓		<u>1/27/25</u>	<u>D. Harp</u>
Date Sent for Approval: _____		Date Approved: _____		Date Issued: _____
				License Number: _____



# CITY OF APPLETON

Community Development Department  
Inspection Division  
100 N. Appleton Street  
Appleton, WI 54911  
p: 920.832.6411  
[www.appleton.org/business/building-inspection](http://www.appleton.org/business/building-inspection)

January 20, 2025

SK GAS MART LLC  
SK GAS MART LLC  
W6028 BLAZING STAR DR  
APPLETON WI 54915

Re: Address Change

Tax Key #31-5-2130-00

This will inform you that, February 2, 2025, the address of subject property is changed as follows:

**Old Address: 1201 N. Badger Ave.**

**New Address: 1201 N. Badger Ave.  
1200 N. Sharon St.**

Please post the new numbers per City Ordinance Sec. 4-3 as follows:

- (a) Each building erected in the City shall be assigned a building number by the Inspections Division in accordance with the building number map which is on file in the office of the Department of Public Works. Only those numbers assigned as provided in this section shall be used on each building. Each owner must fasten or paint a permanent, light reflecting, legible building number of a conspicuous color contrasting to the building background color, which shall be no less than four (4) inches in height on all buildings on the front face of the building within four (4) feet of the principal entrance door abutting the street. The address number shall be readily visible from the street and shall not be obstructed by any structural element, plant, tree, shrub or similar obstruction. Address numbers may not be in a script typeface. If the principal entrance to a structure is not on the assigned address, street then the property owner must have the above-mentioned address numbers posted at more than one entrance or location on that building.
- (b) Mobile home numbers will be placed in a uniform area on each unit within the mobile home park. The number shall be placed on or as close as possible to the entrance door and shall be visible from the public right-of-way readily abutting the property.
- (c) If the building is set back forty (40) feet or more from the front property line, the property owner must place and maintain the required numbers on a mailbox, or a signpost located at or near the front property line.

(d) Commercial buildings must also post their business address on their back doors.

If you have questions or comments, feel free to call me at the above listed number.

Sincerely,

A handwritten signature in black ink, appearing to read "Kurt Craanen". The signature is written in a cursive style with a large initial "K".

Kurt Craanen

Inspection Supervisor

cc: City Clerk, City Assessor, Fire Department, Water Department, Finance – Judy,  
Department of Public Works, Stormwater Utility, Police Department, GIS Department,  
Deputy Director – DPW Operations, Appleton Post Office, Outagamie County Dispatch  
Center, WE Energies, Spectrum.



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

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TO: Safety and Licensing Committee  
Common Council

FROM: Lt. Ben Goodin

DATE: 1/28/2025

RE: Police Department's Recommendation for denial of the Pizzeria Pub & Bar's  
Amusement Device License

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Committee Members:

On 1/27/25 I received an Application for Mechanical Amusement Device License from the City of Appleton Clerk's Office for the "Pizzeria Pub & Bar" located at 1201 N. Badger Ave. Appleton, WI. The application had five amusement devices listed, which are as follows:

- "Dart Board"
- "Golden Fortune"
- "Fusion 2"
- "Fire Link"
- "Fusion 2"

Based on my knowledge and research into gambling machines, all of these listed machines (except the dart board) are illegal in Wisconsin pursuant to Wis. Stat. §945.03, Wis. Stat. §945.035 and Wis. Stat. §945.04 and City of Appleton ordinance 9-52(3). Due to these machines being deemed as illegal in the State of Wisconsin and in the City of Appleton, it is the Appleton Police Department's recommendation that the Application for Mechanical Amusement Device License be denied.

Respectfully,

Ben Goodin  
Lieutenant  
Appleton Police Department



DEPARTMENT OF  
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www.appleton.org

**January 29, 2025**

\*CERTIFIED MAIL\*

Satbir Singh  
W6028 Blazing Star Dr  
Appleton, WI 54915

This letter is to notify you that we are in receipt of your application for a Mechanical Amusement Device License for Pizzeria Pub & Bar, located at 1200 N Sharon St. The Police Department has recommended that your application for a Mechanical Amusement Device License be **denied**. The application has five amusement devices listed, which are as follows: “dart board”, “golden fortune”, “fusion 2”, “fire link”, and “fusion 2”. All these listed machines except the dart board are illegal gambling machines in Wisconsin pursuant to Wis. Stat. §945.03, Wis. Stat. §945.035, and Wis. Stat. §945.04 and City of Appleton ordinance 9-52(3).

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.

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 a Mechanical Amusement Device License will not be issued.

If you have specific questions relating to gambling machines please contact Lt. Ben Goodin, Appleton Police Department, at 920-832-5500.

Respectfully,

Kami Lynch  
*City Clerk*

Form  
AB-200

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

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

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

Fees	
License Fees	\$ <u>10,500</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>60</u>
<b>Total Fees</b>	<b>\$ <u>10,667</u></b>

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <b>SK PIZZERIA PUB LLC</b>		
2. Business Trade Name or DBA <b>PIZZERIA PUB and BAR</b>		
3. FEIN	4. Wisconsin Seller's Permit Number <b>456-1031633232-02</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>Wisconsin</b>	7. Date of Organization <b>2024</b>	8. Wisconsin DFI Registration Number
9. Premises Address <del>1201 N BADGIER AVE APPLETON WI</del> <b>1200 N. Sharon St.</b>		
10. City <b>APPLETON</b>	11. State <b>WI</b>	12. Zip Code <b>54914</b>
13. County <b>OUTAGAMI</b>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone <b>219-256-6577</b>	17. Premises Email <b>SKBAR2024@yahoo.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.

**Square feet - 521  
over the counter liquor sold, liquor store under the counter or back side of counter and consumed at the dining area.**

20. Mailing Address (if different from premises address) <b>w6028 BLAZING STAR DR</b>		
21. City <b>APPLETON</b>	22. State <b>WI</b>	23. Zip Code <b>54915</b>

### Part B: Questions

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

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

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

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

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

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

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

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

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

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

**Part C: Individual Information**

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

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

Last Name	First Name	Title	Phone
SINGH	SATBIR	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 SINGH	First Name SATBIR	M.I.
Title OWNER	Email	Phone
Signature <i>Satbir Singh</i>		Date 12-19-2024

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 12/19/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

**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)  
**SK PIZZERIA PUB LLC**

2. Business Trade Name or DBA  
**PIZZERIA PUB and BAR**

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

4. Alcohol Beverage Business Authorization (check one)  
 Municipal Retail License       State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

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

**Part B: Agent Information**

1. Last Name  
**SINGH**

2. First Name  
**SATBIR**

3. M.I.

4. Email

5. Phone

6. Home Address  
**W6028 BLAZING STAR DR APPLETON WI**

7. City  
**APPLETON**

8. State  
**WI**

9. Zip Code  
**54915**

10. Age

11. Drivers License/State ID Number

12. Drivers License/State ID State or 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>SINGH</b>		First Name <b>SATBIR</b>		M.I.
Title <b>OWNER</b>	Email		Phone	
Signature <i>Satbir Singh</i>			Date <b>12-19-2024</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>SINGH</b>		First Name <b>SATBIR</b>		M.I.
Signature <i>Satbir Singh</i>			Date <b>12-19-2024</b>	



# City of Appleton

## Alcohol License Questionnaire

1. Applicant Name: SATBIR SINGH
2. Business Name: SK PIZZERIA PUB LLC
3. Business Address: 1261 N BADGER AVE APPLETON WI 54915
4. Primary Business Activity:
- Restaurant
  - Tavern/Night Club/Wine Bar
  - Painting/Craft Studio
  - Other (describe) \_\_\_\_\_

5. Select the type of business premises:  Existing Building  New Construction
- If existing building, please indicate the primary nature of the previous business that operated at this location. THATS a Storage area
- Anticipated date of opening? end of December 2024

6. Will your business sell or serve food?

- Yes  If yes, please describe the type of food offerings available frozen PIZZA'S
- No

7. Fill in the information about operational details listed below. Attaching a copy of the floor plan is encouraged.

Seating Capacity: Inside: 10 to 15  
Outside: 0

Operating Days/Hours: Inside: 9:00 AM to 2:00 am Monday to Sunday  
Outside: \_\_\_\_\_

Employees/Staff (per shift/day) \_\_\_\_\_ Number of Personnel: 2

Approximate floor building area of the premises to be licensed: 521 sq. ft.

Approximate outdoor area of the premises to be licensed: \_\_\_\_\_ sq. ft.

Summarize the day-to-day operations of the business in the space below:

People sit down eat pizza and Beer, Lisnare  
Juice, Soda, Popcorns

Satvir Singh  
Signature

12-19-2024  
Date



# CITY OF APPLETON

Community Development Department  
Inspection Division  
100 N. Appleton Street  
Appleton, WI 54911  
p: 920.832.6411  
[www.appleton.org/business/building-inspection](http://www.appleton.org/business/building-inspection)

January 20, 2025

SK GAS MART LLC  
SK GAS MART LLC  
W6028 BLAZING STAR DR  
APPLETON WI 54915

Re: Address Change

Tax Key #31-5-2130-00

This will inform you that, February 2, 2025, the address of subject property is changed as follows:

**Old Address: 1201 N. Badger Ave.**

**New Address: 1201 N. Badger Ave.  
1200 N. Sharon St.**

Please post the new numbers per City Ordinance Sec. 4-3 as follows:

- (a) Each building erected in the City shall be assigned a building number by the Inspections Division in accordance with the building number map which is on file in the office of the Department of Public Works. Only those numbers assigned as provided in this section shall be used on each building. Each owner must fasten or paint a permanent, light reflecting, legible building number of a conspicuous color contrasting to the building background color, which shall be no less than four (4) inches in height on all buildings on the front face of the building within four (4) feet of the principal entrance door abutting the street. The address number shall be readily visible from the street and shall not be obstructed by any structural element, plant, tree, shrub or similar obstruction. Address numbers may not be in a script typeface. If the principal entrance to a structure is not on the assigned address, street then the property owner must have the above-mentioned address numbers posted at more than one entrance or location on that building.
- (b) Mobile home numbers will be placed in a uniform area on each unit within the mobile home park. The number shall be placed on or as close as possible to the entrance door and shall be visible from the public right-of-way readily abutting the property.
- (c) If the building is set back forty (40) feet or more from the front property line, the property owner must place and maintain the required numbers on a mailbox, or a signpost located at or near the front property line.

(d) Commercial buildings must also post their business address on their back doors.

If you have questions or comments, feel free to call me at the above listed number.

Sincerely,

A handwritten signature in black ink, appearing to read "Kurt Craanen". The signature is written in a cursive, flowing style.

Kurt Craanen

Inspection Supervisor

cc: City Clerk, City Assessor, Fire Department, Water Department, Finance – Judy,  
Department of Public Works, Stormwater Utility, Police Department, GIS Department,  
Deputy Director – DPW Operations, Appleton Post Office, Outagamie County Dispatch  
Center, WE Energies, Spectrum.

AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

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

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

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

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>EL Sabor LLC</u>			
2. Business Trade Name or DBA <u>Binnies on the ave</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1030127263-04</u>	
5. Entity Type (check one) <input checked="" 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>2018</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>425 W College Ave</u>			
10. City <u>Appleton</u>		11. State <u>WI</u>	12. Zip Code <u>54911</u>
13. County <u>Outagamie</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District
16. Premises Phone <u>9205720776</u>	17. Premises Email		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>currently known as Speakeasy liquor will be stored in basement and first floor</u> <u>Approx. 2880 sf</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.     Yes     No

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

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

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

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

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

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

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

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

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

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

**Part C: Individual Information**

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

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

Last Name	First Name	Title	Phone
Santiago	Luis	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 Santiago	First Name Luis	M.I. A
Title Owner	Email	Phone
Signature Luis A Santiago	Date 01-09-25	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 1/9/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

## Alcohol Beverage Appointment of Agent

Date
------

<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) <u>El Sabor LLC</u>	
2. Business Trade Name or DBA <u>Bonnies on the ave</u>	
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 <u>Santiago Ledezma</u>	2. First Name <u>Luis</u>	3. M.I. <u>A.</u>	
4. Email <u>Luis.ledezma1013@gmail.com</u>		5. Phone	
6. Home Address <u>4740 N Lyndale Dr.</u>			
7. City <u>Appleton</u>	8. State <u>WI.</u>	9. Zip Code <u>54913</u>	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 <i>Santiago</i>		First Name <i>Luis</i>	M.I. <i>A</i>
Title	Email	Phone	
Signature <i>Luis A. Santiago</i>		Date <i>01-08-25</i>	

**Part E: Agent Attestation**

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

Last Name <i>Santiago</i>		First Name <i>Luis</i>	M.I. <i>A</i>
Signature <i>Luis A. Santiago</i>		Date <i>01-08-25</i>	



# City of Appleton

## Alcohol License Questionnaire

1. Applicant Name: Luco Alejandro Santiago

2. Business Name: Bonnie's on the ave

Date the LLC/corporation/partnership/sole proprietorship commenced: 2018

NOTE: A copy of a business's Wisconsin Department of Revenue Seller's Permit is required to be submitted with an alcohol license application.

3. Business Address: 425 W. college Ave. Appleton, WI. 54911

4. Primary Business Activity:

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

5. Select the type of business premises:  Existing Building  New Construction

If existing building, please indicate the primary nature of the previous business that operated at this location: Night club

6. Do you lease or own the building?  Lease  Own

NOTE: Proof of control of premises is required to be submitted with an alcohol license application. Acceptable documents include a lease or purchase agreement.

What is the date of purchase or the date the lease began? January 01 2025

7. Did you purchase the business from another individual entity?  Yes  No

If yes, is your acquisition of the business based upon an "arm's length transaction"?

An arm's length transaction is defined as an open market sale in which the owner is willing but not obligated to sell, and the buyer is willing, but not obligated to buy.

Yes  No

If yes, are you related to the former business owner/licensee by blood, adoption, or marriage?

Yes  No

Did you hold ANY interest in the previously licensed business, or related real estate or equipment used by the previous business?

Yes  No If yes, explain: \_\_\_\_\_

8. Anticipated date of opening? March 01 2025

9. Will your business sell or serve food?

Yes  If yes, please describe the type of food offerings available \_\_\_\_\_

No

10. Fill in the information about operational details listed below. Attaching a copy of the floor plan is encouraged.

Seating Capacity: Inside: 160

Outside: —

Operating Days/Hours: Inside: Monday - Sunday 7PM - 2am

Outside: —

Employees/Staff (per shift/day) Number of Personnel: 5 For Day

Approximate floor building area of the premises to be licensed: 2880 sq. ft.

Approximate outdoor area of the premises to be licensed: — sq. ft.

Summarize the day-to-day operations of the business in the space below:

Monday - Sunday  
I intent to served Alcohol Beverage and have  
a Dj perform.

I, the applicant, understand that providing materially false information on this or any application for a license or permit under State Statute §125 is subject to civil, monetary, and license penalties. I understand that providing false information to a police officer in conjunction with the required background check for this application is subject to criminal and civil prosecution as "obstructing an officer".

hus A. Santiago  
Signature

01-08-25  
Date