



City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, March 26, 2025

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order
2. Pledge of Allegiance
3. Roll call of membership
4. Approval of minutes from previous meeting
[25-0284](#) Safety & Licensing Committee Minutes from 3/12/25
Attachments: [S&L Minutes 3.12.25.pdf](#)

5. Public Hearing/Appearances

6. Action Items

- [25-0298](#) Resolution #3-R-25 Truancy Ordinance
Attachments: [#3-R-25 Truancy Ordinance.pdf](#)
- [25-0257](#) Approve Sole Source Request-Axon Air/DroneSense in the amount of \$42,322.16
Attachments: [Sole Source Request - Axon.docx](#)
[Axon Quote.pdf](#)
[PD - AxonAir.pdf](#)
- [25-0282](#) Full Service Retail Outlet Request from Hammen Family Winery for sales at the 2025 Farner's Market
Attachments: [AB-105 Hammen Family Winery- Farm Market Application_Redacted.pdf](#)
- [25-0263](#) Class "B" Beer and Reserve "Class B" Liquor License application for KayZa LLC d/b/a Tomaso's, Janelle Curlee, Agent, located at 115 E. Washington St Ste 106, contingent on approvals from the Health, Inspections, and Public Works departments
Attachments: [Tomasos.KayZa LLC.Alcohol.Class B_Beer Reserve Liquor.2.18.25.REDACTE](#)

[25-0264](#) Class "B" Beer and Reserve "Class B" Liquor License application for Marvol LLC d/b/a Marvol, Adam Marty, Agent, located at 126 E. Pacific St, contingent on approvals from the Community Development, Health, and Inspections departments

Attachments: [Marvol LLC.Alcohol.Class B Beer Reserve Liquor.2.10.25.REDACTED.pdf](#)

[25-0262](#) Class "A" Beer and "Class A" Liquor License application for Nusara Yang d/b/a Jai Sung Mah Pool Club, located at 122 W. Wisconsin Ave, contingent on approval from the Community Development, Inspections, and Public Works departments

Attachments: [Jai Sung Mah Pool Club.Alcohol.Class A Beer Liquor.2.10.25.REDACTED.pdf](#)

[25-0258](#) Class "B" Beer and "Class B" Liquor License Change of Agent for Tandem Wine and Beer LLC d/b/a Tandem Wine and Beer, New Agent, Karter Thompson, located at 101 W. Edison Ave Ste 100

Attachments: [Tandem.Alcohol.COA.3.13.25.pdf](#)

[25-0268](#) Class "A" Beer and "Class A" Liquor License Change of Agent for Aldi Inc Wisconsin d/b/a Aldi #68, New Agent, Gregory Goodman, located at 116 N. Linwood Ave, contingent on approval from the Police department

Attachments: [Aldi 68.Alcohol.COA.3.11.25.pdf](#)

[25-0281](#) Class "B" Beer License Change of Agent for Playful Pursuits LLC d/b/a Appleton Axe, New Agent, Animesh Rana, located at 1400 W College Ave Ste B1

Attachments: [Appleton Axe.Alcohol.COA.3.19.25.pdf](#)

[25-0259](#) Class "B" Beer and "Class B" Liquor License Permanent Premises Amendment application effective July 1, 2025 for Driftwood Special Servicing LLC d/b/a Appleton Hilton, Linda Garvey, Agent, located at 333 W.College Ave, contingent on approvals from the Health, Inspections, Finance, and Public Works departments.

Attachments: [Appleton Hilton.Driftwood Special Servicing LLC.Alcohol.PA Perm.2.28.25.pdf](#)

[25-0260](#) Class "B" Beer and Reserve "Class B" Liquor License Permanent Premises Amendment application for Good Company Ltd d/b/a Pullmans at Trolley Square LLC, Trevor Reader, Agent, located at 619 S. Olde Oneida St, contingent on approvals from the Health, Community Development, Finance, and Public Works departments

Attachments: [Pullmans at Trolley Square.Alcohol.PA Perm.3.13.25.REDACTED.pdf](#)

[25-0261](#) Secondhand Article Dealer License renewal application for GameStop #5520, Mark Robinson, Applicant, located at 3825 E. Calumet St, contingent on approval from the Health department

Attachments: [GameStop.SecondhandPawn.3.14.25.pdf](#)

7. Information Items

[25-0289](#) Police Department 2024 Annual Report

Attachments: [2024 APD Annual Report.pdf](#)

[25-0283](#) Director's Report

1. City Clerk
 - Spring Election Reminders
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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www.appletonwi.gov

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, March 12, 2025

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

Vice Chair Schultz called the meeting to order at 5:30 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

[25-0189](#)

Safety & Licensing Committee Minutes 2/26/2025

Attachments: [S&L Minutes 02-26-25.pdf](#)

**Siebers moved, seconded by Fenton, 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

[25-0232](#)

Commercial Solicitation Company License for Yanda Distribution LLC.

Attachments: [Yanda Distribution LLC Company License.pdf](#)
[Yanda Dist LLC CS Denial Letter.pdf](#)
[City Sealer - YandaDenialMemo_03102025.pdf](#)

**Fenton moved, seconded by Siebers, that the Commercial Solicitation
Company License be recommended for denial. Roll Call. Motion carried by the
following vote:**

Aye: 4 - Siebers, Doran, Fenton and Schultz

Excused: 1 - Croatt

[25-0231](#)

Commercial Solicitation License for Kagen Whiting.

Attachments: [Kagen Whiting Commercial Solicitation Application.pdf](#)
[Kagen Whiting CS Denial Letter .pdf](#)
[Kagen Whiting solicitation denial letter.pdf](#)

Fenton moved, seconded by Siebers, that the Commercial Solicitation License be recommended for denial. 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

[25-0206](#)

Class "B" Beer and "Class B" Liquor License Temporary Premises Amendment application for Sangria's Mexican Grill, Sarah Gregory, Agent, located at 215 S. Memorial Dr, on May 4, 2025 from 11:00 a.m. to 8:00 p.m. for Cinco de Mayo block party special event, contingent upon approval from the Health and Inspections departments.

Attachments: [Sangrias Mexican Grill.Alcohol.PA_Temp.Cinco de Mayo.5.4.25.pdf](#)

This Report Action Item was recommended for approval.

[25-0207](#)

Class "B" Beer and "Class B" Liquor License Temporary Premises Amendment application for Topsy Taco & Tequila Bar, Sarah Gregory, Agent, located at 129 S. Memorial Dr, on May 4, 2025 from 11:00 a.m. to 8:00 p.m. for Cinco de Mayo block party special event, contingent upon approval from the Police, Health, and Inspections departments.

Attachments: [Topsy Taco.Alcohol.PA_Temp.Cinco de Mayo.5.4.25.pdf](#)

This Report Action Item was recommended for approval.

[25-0208](#)

Cigarette, Tobacco, and Electronic Vaping Device License application for All N One Smoke Vape Plus LLC d/b/a Smoke Shop, Atllah Mahmoud Abdelhadi, Agent, located at 2700 E. Calumet St.

Attachments: [Smoke Shop.All N One Smoke Vape Plus LLC.CTV.3.3.25.pdf](#)

This Report Action Item was recommended for approval.

[25-0205](#)

Temporary Class "B" Beer License application for St. Thomas More Congregation, Barb Tremel, Person in Charge, located at 1810 N McDonald St, on April 4, 2025 and April 11, 2025 from 4:00 p.m. to 10:00 p.m. for Lenten Fish Fry special events, contingent upon approval from the Health department.

Attachments: [St Thomas More Congregation.Alcohol.Temp B Beer.Lenten Fish Fry.2.19.25.REDACTED.pdf](#)

This Report Action Item was recommended for approval.

7. Information Items

[25-0190](#)

Director's Report

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

8. Adjournment

Siebers moved, seconded by Fenton, that the meeting be adjourned at 5:34 p.m. Roll Call. Motion carried by the following vote:

Aye: 4 - Siebers, Doran, Fenton and Schultz

Excused: 1 - Croatt

Resolution #3-R-25 Truancy Ordinance

Date: March 19, 2025

Submitted By: Alderperson Siebers – District 1

Referred To: Safety & Licensing Committee

Summary: Reinstating Previous Truancy Ordinance – City of Appleton

Whereas, under Wisconsin Statute 118.163, a city may enact an ordinance prohibiting a person under 18 years of age from being a habitual truant,

Whereas, the percentage of Appleton Area School District high school students who annually qualify as “habitually truant” defined by the State of Wisconsin as missing all or part of 5 or more school days in a semester without an excuse, exceeds 40%,

Whereas, the percentage of Appleton Area School District high school students who qualify as “chronically absent” as defined by the State of Wisconsin as having missed 10% or more of total school days, is approximately 25% (over 1,000 students),

Whereas, 88% of Appleton Area School District high school students who are “habitually truant” and “chronically absent” are not on pace to graduate in four years,

Whereas, the Appleton Area School District has over the past five years continually increased the support provided to students who struggle with habitual truancy and chronic absenteeism,

Whereas, the Appleton Area School District has been unable to successfully support students who are struggling with consistent attendance without punitive measures,

Whereas, a committee including Appleton Area School District staff, parents, and community members prioritized the creation of a truancy ordinance as the most critical action to support students who are struggling with consistent school attendance,

Whereas, the Appleton Area School District has requested assistance from the City of Appleton to support students who are habitually truant, chronically absent, and not on-pace to graduate in four years, and,

Therefore, be it resolved, that the City of Appleton enact an ordinance prohibiting a person under 18 years of age from being a habitual truant, and that this ordinance be for a trial period of four school semesters, starting in the fall of 2025, after which time, a review of the success of the ordinance will be made by the City of Appleton, Outagamie County, and AASD with suggested, needed and agreed on changes being made.



APPLETON POLICE DEPARTMENT

COMPASSION ★ INTEGRITY ★ COURAGE

Appleton Police Department
222 South Walnut Street
Appleton, WI 54911
Phone: 920.832.5500
Fax: 920.832.5553
police.appletonwi.gov

TO: Safety and Licensing Committee

From: Captain Gary Lewis and Lieutenant Blaine Vander Wielen

Subject: Sole Source Request – Axon Air/DroneSense

The Appleton Police Department (APD) Technology Unit operates a range of small unmanned aerial systems (sUAS) to enhance public safety and officer protection. To achieve the department's objectives while adhering to Federal Aviation Administration regulations, a specialized set of programs is necessary.

Beginning in August 2024, APD initiated a trial of Axon Air/DroneSense. This company provides a comprehensive program tailored for first responder agencies, focusing on the management and operation of sUAS programs. Axon has partnered with DroneSense to enable seamless integration of sUAS with other Axon products, branded as Axon Air. As an agency utilizing various Axon products, this integration is unparalleled.

Axon Air/DroneSense offers a range of features, including the ability to operate various sUAS both in-person and remotely, live streaming footage to officers and stakeholders, providing an operational map view of devices in use, ensuring deconfliction with manned aircraft, logging all flights for future reference, creating custom training programs, establishing a maintenance schedule, and managing equipment use and operator proficiency. While other programs may offer some of these features, Axon Air/DroneSense is the only comprehensive suite that encompasses all the essential functionalities for first responders, while also being compatible with our agency's existing products.

I have not identified any comparable programs to seek alternative quotes. Therefore, I am submitting this memorandum to request that the Axon Air/DroneSense quote be considered a sole source request, given the program's unique aspects and its design continuity with current Axon products.

Thank you in advance for your consideration.

Captain Gary Lewis

Lt. Blaine Vander Wielen



Axon Enterprise, Inc.
 17800 N 85th St.
 Scottsdale, Arizona 85255
 United States
 VAT: 86-0741227
 Domestic: (800) 978-2737
 International: +1.800.978.2737

Q-668553-45709.797JD

Issued: 02/21/2025

Quote Expiration: 02/28/2025

Estimated Contract Start Date: 03/15/2025

Account Number: 106590

Payment Terms: N30

Delivery Method:

SHIP TO	BILL TO
Appleton Police Department-WI 222 S Walnut St Appleton, WI 54911-5825 USA	Appleton Police Department - WI 222 S Walnut St Appleton WI 54911-5825 USA Email:

SALES REPRESENTATIVE	PRIMARY CONTACT
David Arth Phone: Email: darth@axon.com Fax:	Blaine Vander Wielen Phone: 920-832-5500 Email: blaine.vanderwielen@appleton.org Fax: (920) 832-6044

Quote Summary

Program Length	46.5484 Months
TOTAL COST	\$42,322.16
ESTIMATED TOTAL W/ TAX	\$42,322.16

Discount Summary

Average Savings Per Year	\$0.00
TOTAL SAVINGS	\$0.00

Payment Summary

Date	Subtotal	Tax	Total
Feb 2025	\$10,580.54	\$0.00	\$10,580.54
Feb 2026	\$10,580.54	\$0.00	\$10,580.54
Feb 2027	\$10,580.54	\$0.00	\$10,580.54
Feb 2028	\$10,580.54	\$0.00	\$10,580.54
Total	\$42,322.16	\$0.00	\$42,322.16

Quote Unbundled Price:	\$42,322.16
Quote List Price:	\$42,322.16
Quote Subtotal:	\$42,322.16

Pricing

All deliverables are detailed in Delivery Schedules section lower in proposal

Item	Description	Qty	Term	Unbundled	List Price	Net Price	Subtotal	Tax	Total
Program									
CLASSMUAS	AXON AIR, CLASS M UAS BUNDLE	2	47	\$116.67	\$116.67	\$116.67	\$10,966.98	\$0.00	\$10,966.98
CLASS2UAS	AXON AIR, CLASS 2 UAS BUNDLE	1	47	\$283.34	\$283.34	\$283.34	\$13,316.98	\$0.00	\$13,316.98
A la Carte Software									
100112	AXON AIR - EVIDENCE.COM LICENSE - PILOT DATA	10	47		\$33.06	\$33.06	\$15,538.20	\$0.00	\$15,538.20
A la Carte Services									
12021	AXON AIR - VIRTUAL ONBOARDING	1			\$2,500.00	\$2,500.00	\$2,500.00	\$0.00	\$2,500.00
Total							\$42,322.16	\$0.00	\$42,322.16

Delivery Schedule

Software

Bundle	Item	Description	QTY	Estimated Start Date	Estimated End Date
AXON AIR, CLASS 2 UAS BUNDLE	100580	AXON AIR - UAS LICENSE - CLASS 2	1	03/15/2025	01/31/2029
AXON AIR, CLASS 2 UAS BUNDLE	100584	AXON AIR - ADVANCED STREAMING ADD-ON	1	03/15/2025	01/31/2029
AXON AIR, CLASS 2 UAS BUNDLE	100586	AXON AIR - API INTEGRATIONS ADD-ON	1	03/15/2025	01/31/2029
AXON AIR, CLASS M UAS BUNDLE	100582	AXON AIR - UAS LICENSE - CLASS M	2	03/15/2025	01/31/2029
AXON AIR, CLASS M UAS BUNDLE	100584	AXON AIR - ADVANCED STREAMING ADD-ON	2	03/15/2025	01/31/2029
AXON AIR, CLASS M UAS BUNDLE	100586	AXON AIR - API INTEGRATIONS ADD-ON	2	03/15/2025	01/31/2029
A la Carte	100112	AXON AIR - EVIDENCE.COM LICENSE - PILOT DATA	10	03/15/2025	01/31/2029

Services

Bundle	Item	Description	QTY
A la Carte	12021	AXON AIR - VIRTUAL ONBOARDING	1

Shipping Locations

Location Number	Street	City	State	Zip	Country
1	222 S Walnut St	Appleton	WI	54911-5825	USA

Payment Details

Feb 2025

Invoice Plan	Item	Description	Qty	Subtotal	Tax	Total
Year 1	100112	AXON AIR - EVIDENCE.COM LICENSE - PILOT DATA	10	\$3,884.56	\$0.00	\$3,884.56
Year 1	12021	AXON AIR - VIRTUAL ONBOARDING	1	\$625.00	\$0.00	\$625.00
Year 1	CLASS2UAS	AXON AIR, CLASS 2 UAS BUNDLE	1	\$3,329.24	\$0.00	\$3,329.24
Year 1	CLASSMUAS	AXON AIR, CLASS M UAS BUNDLE	2	\$2,741.74	\$0.00	\$2,741.74
Total				\$10,580.54	\$0.00	\$10,580.54

Feb 2026

Invoice Plan	Item	Description	Qty	Subtotal	Tax	Total
Year 2	100112	AXON AIR - EVIDENCE.COM LICENSE - PILOT DATA	10	\$3,884.56	\$0.00	\$3,884.56
Year 2	12021	AXON AIR - VIRTUAL ONBOARDING	1	\$625.00	\$0.00	\$625.00
Year 2	CLASS2UAS	AXON AIR, CLASS 2 UAS BUNDLE	1	\$3,329.24	\$0.00	\$3,329.24
Year 2	CLASSMUAS	AXON AIR, CLASS M UAS BUNDLE	2	\$2,741.74	\$0.00	\$2,741.74
Total				\$10,580.54	\$0.00	\$10,580.54

Feb 2027

Invoice Plan	Item	Description	Qty	Subtotal	Tax	Total
Year 3	100112	AXON AIR - EVIDENCE.COM LICENSE - PILOT DATA	10	\$3,884.56	\$0.00	\$3,884.56
Year 3	12021	AXON AIR - VIRTUAL ONBOARDING	1	\$625.00	\$0.00	\$625.00
Year 3	CLASS2UAS	AXON AIR, CLASS 2 UAS BUNDLE	1	\$3,329.24	\$0.00	\$3,329.24
Year 3	CLASSMUAS	AXON AIR, CLASS M UAS BUNDLE	2	\$2,741.74	\$0.00	\$2,741.74
Total				\$10,580.54	\$0.00	\$10,580.54

Feb 2028

Invoice Plan	Item	Description	Qty	Subtotal	Tax	Total
Year 4	100112	AXON AIR - EVIDENCE.COM LICENSE - PILOT DATA	10	\$3,884.56	\$0.00	\$3,884.56
Year 4	12021	AXON AIR - VIRTUAL ONBOARDING	1	\$625.00	\$0.00	\$625.00
Year 4	CLASS2UAS	AXON AIR, CLASS 2 UAS BUNDLE	1	\$3,329.24	\$0.00	\$3,329.24
Year 4	CLASSMUAS	AXON AIR, CLASS M UAS BUNDLE	2	\$2,741.74	\$0.00	\$2,741.74
Total				\$10,580.54	\$0.00	\$10,580.54

Tax is estimated based on rates applicable at date of quote and subject to change at time of invoicing. If a tax exemption certificate should be applied, please submit prior to invoicing.

Standard Terms and Conditions

Axon Enterprise Inc. Sales Terms and Conditions

Axon Master Services and Purchasing Agreement:

This Quote is limited to and conditional upon your acceptance of the provisions set forth herein and Axon's Master Services and Purchasing Agreement (posted at <https://www.axon.com/sales-terms-and-conditions>), as well as the attached Statement of Work (SOW) for Axon Fleet and/or Axon Interview Room purchase, if applicable. In the event you and Axon have entered into a prior agreement to govern all future purchases, that agreement shall govern to the extent it includes the products and services being purchased and does not conflict with the Axon Customer Experience Improvement Program Appendix as described below.

ACEIP:

The Axon Customer Experience Improvement Program Appendix, which includes the sharing of de-identified segments of Agency Content with Axon to develop new products and improve your product experience (posted at www.axon.com/legal/sales-terms-and-conditions), is incorporated herein by reference. By signing below, you agree to the terms of the Axon Customer Experience Improvement Program.

Acceptance of Terms:

Any purchase order issued in response to this Quote is subject solely to the above referenced terms and conditions. By signing below, you represent that you are lawfully able to enter into contracts. If you are signing on behalf of an entity (including but not limited to the company, municipality, or government agency for whom you work), you represent to Axon that you have legal authority to bind that entity. If you do not have this authority, please do not sign this Quote.

Signature

Date Signed

2/21/2025





SOLE SOURCE REQUEST

The undersigned certifies that the commodity/service shown below qualifies as a sole source request and meets one or more of the following requirements. The department has demonstrated, and the Purchasing Manager concurs that only one source exists, the price is equitable, and/or noncompetitive negotiation is in the best interests of the City.

- Unique, proprietary, or one-of-a-kind:** Specific commodity/service is required and available from only one source, giving the City a superior and necessary benefit that cannot be obtained from other sources.
- Inadequate competition:** Purchasing solicitation (bid, proposal, or quote) did not result in any qualified vendor responses and competition is determined to be inadequate.
- Health or Safety Concern:** When a health or safety concern exists that is *not* an immediate threat but needs to be addressed in a period that does not allow for formal competitive procurement procedures.
- Continuity of design:** Consistency with current commodity or service.
- Emergency procurement:** A risk of human suffering or substantial damage to real or personal property exists requiring immediate attention.
- Cooperative purchase:** Purchase from another governmental unit contract or state approved purchasing association.
- Other:** Description provided below

PROPOSED DETAILS
Requesting dept: Police
Product/service : Axon Air/DroneSense
Vendor name: Axon
Total cost: \$10,580.54 annually, total cost \$42,322.16

Justification and price quotation provided by the department, for the items to be considered and approved as a sole source purchase attached for review.


Purchasing Manager

3/16/2025
Date

Form

AB-105

Producer Full-Service Retail Sales Application

Date

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor)
Hammen Family orchard LLC

2. Business Name or DBA
Hammen Family Orchard & Winery

3. Agent Name
Paul hammen

4. FEIN

5. Wisconsin Seller's Permit Number

6. Wisconsin Producer Permit Number
315-1030876257-05

7. Producer Type
Brewery Winery Liquor Manufacturer/Rectifier

8. Contact Person's First Name
Paul

9. Last Name
Hammen

10. M.I.
W

11. Contact Person's Phone

12. Contact Person's Email
hammenfamily orchard@outlook.com

Part B: Production Quantity

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

Table with 3 columns: Brewery, Manufacturer/Rectifier, Winery. Rows include quantity ranges and calendar year information.

Complete only ONE of Part C, D or E.

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

Form fields for Part C: 1. Start Date, 2. Production Premises Address, 3. City, 4. State, 5. Zip Code, 6. County, 7. Governing Municipality.

Part D: Request for Fixed Full-Service Retail Outlet

Form fields for Part D: 1. Are you transferring one fixed full-service retail outlet to a new location?, 2. Current Outlet Name, 3. Current Outlet Premises Address, 4. City, 5. State, 6. Zip Code, 7. County, 8. Governing Municipality, 9. Premises Phone Number.

Continued ->

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)			
New Fixed Retail Outlet Information (complete boxes 10 through 23)			
10. Start Date	11. New Outlet Name		
12. New Outlet Premises Address			
13. City	14. State	15. Zip Code	
16. County	17. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village		18. Premises Phone Number
19. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
20. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. What alcohol beverages will be offered for sale? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
22. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
23. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

Part E: Request for Unlimited Transfer Full-Service Retail Outlet			
1. Name of Event (if applicable) Appleton farmers market			
2. Dates of Operation (attach a schedule, if necessary) June 7 - October 11, 2025		3. Hours of Operation 8-12:30pm	
4. Premises Address College Avenue, Appleton St to Drew St.			
5. City Appleton		6. State Wi	7. Zip Code 54911
8. County Outagamie		9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton	
10. Organizer of Event (if not the named applicant) Appleton Downtown, Inc.		11. Email and/or Phone Number for Organizer of Event Carissa @appletondowntown.org	
12. Organizer Website Appletondowntown.org		13. Event Website -	
14. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Outdoors in a 10x10 tent, between Appleton & Drew St on College Avenue. Exact tent space is TBD.			
15. On-Site Contact (Last Name, First Name) Carissa Gliniecki		16. On-Site Contact Phone	
		17. On-Site Contact Email Carissa @appletondowntown.org	
18. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19. What alcohol beverages will be offered for sale? (check all that apply) <input type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
20. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
21. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input checked="" type="checkbox"/> Off-premises consumption			

Part F: Attestation

Who must sign this application?

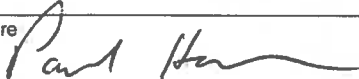
- sole proprietor
- general partner of a partnership
- corporate officer
- member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

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

Signature 		Date 1-20-2025
Last Name Hammen	First Name Paul	M.I. W
Title CEO	Email hammenfamilyorchard@outlook.com	Phone

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

1. Will the municipality limit the scope of alcohol beverages offered for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Describe municipal restrictions indicated in questions 1 or 2 above.		
4. Last Name of Municipal Official	5. First Name	6. M.I.
7. Signature of Municipal Official		8. Date
9. Date Application was Filed with Clerk 3-12-2025		10. Date Full-Service Retail Outlet Approved by Governing Body

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) \$ _____ Deposit \$50

Fees	
License Fees	\$10,600
Background Check Fee	\$ 14
Publication Fee	\$ 60
Total Fees	\$

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) KayZa, LLC.			
2. Business Trade Name or DBA Tomaso's			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1031808942-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 04/01/2024	8. Wisconsin DFI Registration Number K064112
9. Premises Address 115 E. Washington St. Suite 106			
10. City Appleton		11. State WI	12. Zip Code 54911
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		15. Aldermanic District
16. Premises Phone (414) 708-8339	17. Premises Email lukesgmt@gmail.com		18. Website Tomasosza.com
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. The square footage of our restaurant is 2,875. We will store and sell alcoholic beverages. Our space is on the first floor in the Urbane building (suite 106). We will store beverages in a walk in cooler, storage area and behind the bar.			
20. Mailing Address (if different from premises address) 201 S. Riverheath Way Apt 202			
21. City Appleton		22. State WI	23. Zip Code 54915

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.

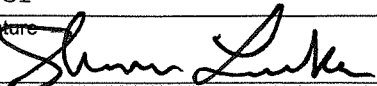
Last Name	First Name	Title	Phone
Lukes	Shawn	Owner	
Curlee	Janelle	Owner	

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 Lukes	First Name Shawn	M.I. P
Title Owner	Email	Phone
Signature 		Date 02/18/20

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 2/18/25	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

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

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

Part B: Agent Information			
1. Last Name Curlee	2. First Name Janelle	3. M.I. M	
4. Email		5. Phone	
6. Home Address 201 S Riverheath Way #202			
7. City Appleton	8. State WI	9. Zip Code 54915	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? 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	Curlee	First Name	Janelle	M.I.	M
Title	owner	Ema		Phone	
Signature	Janelle M. Curlee			Date	2.18.25

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby 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	Curlee	First Name	Janelle	M.I.	M
Signature	Janelle M. Curlee			Date	2.18.25



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: Janelle Curlee

2. Business Name: Kay Za LLC

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

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: 115 E Washington St, Ste 106 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: _____

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? 12/1/2024

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? 4/15/2025

9. Will your business sell or serve food?

Yes If yes, please describe the type of food offerings available pizza, salad
sandwiches, desserts

No

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

Seating Capacity: Inside: 60

Outside: 0

Operating Days/Hours: Inside: Wed-Sun 11-9 pm

Outside: NA

Employees/Staff (per shift/day) Number of Personnel: 6

Approximate floor building area of the premises to be licensed: 2800 sq. ft.

Approximate outdoor area of the premises to be licensed: 550 sq. ft.

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

Cooking made to order pizza, salad,
sandwiches + offering desserts for
both dine-in + carryout. We will offer
beverages, both alcoholic + NA. It will be
the best pizzeria + pizza in Appleton ☺

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".

Janelle M. Culee
Signature

2.18.25
Date

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) \$ _____
- Deposit \$50

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

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Marvol LLC</u>			
2. Business Trade Name or DBA <u>Marvol</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1031910750-04</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>January 15 2025</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>126 E Pacific st</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>920-840-0180</u>	17. Premises Email <u>Adam.J.Marty@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>alcohol beverages will be kept in cooler and shelves behind the bar and in designate storage areas. Also in basement below space in a locked room,</u> <u>Retail space SF = 600 Basement = 600 SF Total = 1200 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
Marty	Adam	President	

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 Marty	First Name Adam	M.I. J
Title President	Email	Phone
Signature <i>Adam</i>		Date 2/10/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 2/10/25	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 2/10/25

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

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

Part B: Agent Information			
1. Last Name <u>Marty</u>	2. First Name <u>Adam</u>	3. M.I. <u>J</u>	
4. Email		5. Phone	
6. Home Address <u>429 E Roosevelt st</u>			
7. City <u>Appleton</u>	8. State <u>WI</u>	9. Zip Code <u>54911</u>	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

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

Continued →

Part D: Business Attestation

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

Last Name <i>Marty</i>		First Name <i>Adam</i>		M.I. <i>J</i>
Title <i>President</i>	Email		Phone	
Signature <i>Ad Marty</i>			Date <i>2/10/25</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>Marty</i>		First Name <i>Adam</i>		M.I. <i>J</i>
Signature <i>Ad Marty</i>			Date <i>2/10/25</i>	



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: Adam Marty

2. Business Name: Marvol

Date the LLC/corporation/partnership/sole proprietorship commenced: 2025

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: 126 E Pacific St

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: 126 E Pacific St, Appleton, WI

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? 1/1/25

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? 4/16/25

9. Will your business sell or serve food?

Yes If yes, please describe the type of food offerings available Shareables/Apps, Snacks

No

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

Seating Capacity: Inside: 15

Outside: 0

Operating Days/Hours: Inside: Thursday - Saturday 4p - 11p

Outside: N/A

Employees/Staff (per shift/day) Number of Personnel: 2.5

Approximate floor building area of the premises to be licensed: 600 sq. ft.

Approximate outdoor area of the premises to be licensed: 0 sq. ft.

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

we will serve lighter fare, Creative Cocktail Menu
alongside some Beer + wine

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".



Signature

2/10/25

Date

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

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

- Class "A" Beer \$ 250 Class "B" Beer \$ _____
 "Class A" Liquor \$ 450 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____ Deposit \$50

Fees	
License Fees	\$ 700
Background Check Fee	\$ 7
Publication Fee	\$ 60
Total Fees	\$ 767

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Jai Sung Mah Pool Club NUSARA YANG</u>			
2. Business Trade Name or DBA <u>Jai Sung Mah pool club</u>			
3. FEIN -		4. Wisconsin Seller's Permit Number <u>456-1023405645-03</u>	
5. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WISCONSIN</u>		7. Date of Organization <u>1-1-2013</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>122 W. Wisconsin 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>920-364-0904</u>	17. Premises Email <u>kelatitha02007@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>approx. 2,600 sq. ft. west wall of the building I will place cold class storage along that wall to store cold beverages, middle section I will like to have 4 aisle shelf for hard liquor</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 <u>Fraud/Benefit Application</u>	Location <u>Wisconsin</u>	Trial Date <u>6-5-2017</u>
Penalty Imposed <u>Paid money back / community service / 5yr Probation</u>		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated <u>Commercial Gambling</u>	Location <u>Wisconsin</u>	Trial Date <u>6-5-2017</u>
Penalty Imposed <u>Paid money back, Community service, 5yr Probation</u>		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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
Yang	Nusara	All	

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 Yang	First Name Nusara	M.I.
Title Owner	Email	Phone
Signature + <i>[Signature]</i>		Date x 1-13-2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 2/10/25	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. Applicant Name: Nusara Yang

2. Business Name: Jai Sung Mah Pool Club

Date the LLC/corporation/partnership/sole proprietorship commenced: 1-1-2013

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: 122 W Wisconsin Ave

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: Asian Grocery

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? 4/15/2018

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? all ready open

9. Will your business sell or serve food?

Yes If yes, please describe the type of food offerings available Thai Food

No

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

Seating Capacity: Inside: 30

Outside: 0

Operating Days/Hours: Inside: Tues - Sunday 9am - 9pm

Outside: _____

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

Approximate floor building area of the premises to be licensed: 2,600 sq. ft.

Approximate outdoor area of the premises to be licensed: 0 sq. ft.

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

Sell carryout Alcohol beverages, and sell food

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".

X [Signature]
Signature

1-13-2025
Date

Alcohol Beverage
Appointment of Agent

Date
March 13, 25

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)
TANDEM Wine & Beer LLC

2. Business Trade Name or DBA
TANDEM

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.
I am present at Tandem during operating hours.

Part B: Agent Information

1. Last Name
Thompson

2. First Name
Karter

3. M.I.
A

4. Email

5. Phone

6. Home Address
419 CHURCH ST.

7. City
Neenah

8. State
WI

9. Zip Code
54956

10. Age

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? 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 →

Metafile: Approved 3/14/25

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>Thompson</i>		First Name <i>Karter</i>	M.I. <i>A</i>
Title <i>Agent</i>	Email		Phone
Signature <i>Karter Thompson</i>		Date <i>March 13, 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>Thompson</i>		First Name <i>Karter</i>	M.I. <i>A</i>
Signature <i>Karter Thompson</i>		Date <i>March 13, 25</i>	

OAK # 68

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
3/11/25

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) ALDI INC. (WISCONSIN)	
2. Business Trade Name or DBA ALDI #68	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" 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 29-AA-24
6. Describe the reason for appointing a successor agent, if successor is checked above. STORE MANAGER/AGENT CHANGE	

Part B: Agent Information

1. Last Name Goodman	2. First Name Gregory	3. M.I. S.
4. Email	5. Phone	
6. Home Address N9569 Friendship Dr., Unit 2		
7. City Kaukauna	8. State WI	9. Zip Code 54130
11. Drivers License/State ID Number		10. Age
12. Drivers License/State ID State of Issuance		

Part C: Agent Questions

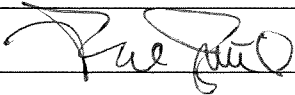
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input 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 →

OAK# 68

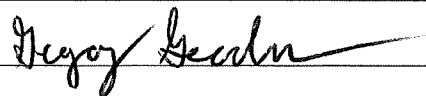
Part D: Business Attestation

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 BEATTIE		First Name PHILIP		M.I. J
Title ASSISTANT TREASURER	Email		Phone	
Signature: 			Date 3/10/2025	

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 Goodman		First Name Gregory		M.I. S.
Signature: 			Date 3/1/25	

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
3/19/25

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Playful Pursuits LLC	
2. Business Trade Name or DBA Appleton Axe	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above. <div style="text-align: center; font-family: cursive; font-size: 1.2em;">AGENT NO LONGER WITH BUSINESS</div>	

Part B: Agent Information			
1. Last Name Rana	2. First Name Animesh	3. M.I.	
4. Email		5. Phone	
6. Home Address 1785 Granite Rapids Dr			
7. City Frisco	8. State TX	9. Zip Code 75036	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

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

Continued →

Part D: Business Attestation

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

Last Name Rana		First Name Animesh		M.I.
Title	Email		Phone	
Signature <i>Animesh Rana</i>			Date 3/17/2025	

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 Rana		First Name Animesh		M.I.
Signature <i>Animesh Rana</i>			Date 3/17/2025	

Alcohol License Premises Amendment Request Form



NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!
<input checked="" type="checkbox"/> License Fee - \$10.00	Date Recv'd <u>2/28/25</u>
	Total \$ <u>10</u>
	Receipt #: <u>8160-2</u>

SECTION 1 - ESTABLISHMENT INFORMATION	
Establishment Name <p style="text-align: center;">Appleton Hilton</p>	Establishment Phone Number <p style="text-align: center;">(920) 733-8000</p>
Establishment Address <p style="text-align: center;">333 West College Avenue Appleton WI 54911-5862</p>	
Agent Name <p style="text-align: center;">Linda Garvey</p>	Agent Phone Number (Required)

SECTION 2 - PREMISES AMENDMENT <small>*A drawing/diagram of the proposed area must be submitted with this application*</small>
Is this Premises Amendment permanent or temporary? <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY
Please describe the change in premises: <u>Eliminating the four separate licenses at the property and attaining one license to encompass the entire hotel/property at 333 West College Avenue.</u>
<u>Entire hotel approx. 345,740 sq. ft. - to include outside deck area, hotel property beneath canopy entrance, and storage in basement</u>
<u>If temporary</u> , please specify the event or reason for the amendment: _____
<u>If temporary</u> , please list the date(s) and time(s) that this premises amendment will be utilized: _____

SECTION 3 - PENALTY NOTICE
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council. Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.
Signature of Applicant: <u>[Signature]</u> Date: <u>2/19/25</u>

FOR OFFICE USE ONLY				
Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				
Safety and Licensing Date:		Recommendation:		Common Council Date:
Date sent for Review <u>2/28/25</u>	Date Approved ____/____/____	Date Issued ____/____/____	Expiration Date ____/____/____	License Number

Return completed form to the Office of the City Clerk, 100 N Appleton St Appleton, WI 54911



Application for Secondhand Article Dealer License

Applies to: Secondhand Mall/Flea Market, Pawnbroker, Secondhand Article Dealer, Secondhand Jewelry Dealer

**License Period Is One
Calendar Year***

*Except Secondhand Mall/Flea Market Licenses

FEES ARE NON-REFUNDABLE

CASH OR CHECK ONLY!

- Pawnbroker - \$217.00
- Secondhand Mall/Flea - \$172.00
- Secondhand Article/Jewelry:
 - Original - \$107.00
 - Renewal - \$82.00

Date Recv'd 3/14/25
 Total \$ 82
 Receipt #: 8249-5

NOTE: Please allow approx. 4 weeks for application processing

Individual license - Complete Sections 1, 2, 3 and 5
 Corporate/Partnership/LLC license - Complete Sections 1 - 5

SECTION 1 - APPLICANT INFORMATION

Applicant Name (First, MI, Last) <u>Mark H. Robinson</u>		Date of Birth	
Home Address <u>6123 Waggoner Dr.</u>		City <u>Dallas</u>	State <u>TX</u>
Applicant Drivers License/State ID Number		DL/ID State of Issuance <u>TX</u>	
Phone Number (Required)	Email Address <u>licensingandsalestax@gamestop.com</u>		
Has the applicant ever resided outside of Wisconsin? If so, please list previous state(s) of residence.			

SECTION 2 - BUSINESS INFORMATION

Individual/Business	Street Address	City	State	Zip Code	Phone Number
Business Name <u>GameStop #5520</u>	<u>3825 E. Calumet St.</u>	<u>Appleton</u>	<u>WI</u>	<u>54915</u>	
Owner's Name <u>GameStop Inc.</u>	<u>625 Westport Pkwy</u>	<u>Grapevine</u>	<u>TX</u>	<u>76051</u>	
Business Manager's Name <u>Nathan Edwards</u>	<u>3825 E. Calumet St.</u>	<u>Appleton</u>	<u>WI</u>	<u>54915</u>	
Building Owner's Name <u>Eisenhower Properties</u>	<u>111 N. Washington</u>	<u>Green Bay</u>	<u>WI</u>	<u>54301</u>	

SECTION 3 - CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

A felony within the last ten (10) years? YES NO

Within the last ten (10) years of:

A misdemeanor? YES NO

A statutory violation punishable by forfeiture? YES NO

A county or municipal ordinance violation? YES NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information: _____

SECTION 4 - PARTNERSHIP/CORPORATION/LIMITED LIABILITY COMPANY INFORMATION

Check the box that applies to your business: Partnership Corporation Limited Liability Company (LLC)

Partnership/Corporation/LLC name: GameStop Inc. State of Incorp. (if applicable) MN

List information for all additional partners/members. Attach additional sheets, if necessary

Name (First, MI, Last)	Date of Birth	Home Address	City	State	Zip Code
Drivers License/State ID Number					
DL/ID State of Issuance					
Name (First, MI, Last)	Date of Birth	Home Address	City	State	Zip Code
Drivers License/State ID Number					
DL/ID State of Issuance					
Name (First, MI, Last)	Date of Birth	Home Address	City	State	Zip Code
Drivers License/State ID Number					
DL/ID State of Issuance					

SECTION 5 – PENALTY NOTICE						
I understand that this license may be denied or revoked for fraud, misrepresentation or false statements contained in the application or for any violation of Wis. Stats. §§ 134.71, 943.34, 948.62 or 948.63. Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.						
Signature of Applicant: <u>Mark Henson</u>				Date: <u>03, 05, 2025</u>		
FOR OFFICE USE ONLY						
Department	Approve	Deny	Staff Member	Reason		
Police						
Fire	✓		D.Henson			
City Sealer						
Date Sent for Approval	Safety and Licensing		Common Council	Date Issued	Expiration Date	License Number
___/___/___	___/___/___		___/___/___	___/___/___	___/___/___	

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

SECONDHAND ARTICLE DEALER LICENSE INFORMATION

- Secondhand Article Dealer Licenses are required within the City of Appleton by persons who operate as secondhand article dealer, pawnbroker, secondhand jewelry dealer or secondhand article dealer in a mall or flea market. An article is defined as any item of value, excluding only motor vehicles, large appliances, furniture, books, and clothing other than furs. See City of Appleton Municipal code Sec. 9-416 for more information and definitions.
- Secondhand Article Dealer Licenses are valid for one calendar year from January 1st- December 31st, excepting Secondhand Mall/Flea Market Licenses, which are valid for 2 years from May 1 of an odd-numbered year to April 30 of the next odd-numbered year.
- Once a completed Secondhand Article Dealer License application is returned to the Office of the City Clerk, it is reviewed by several City Departments, the Safety and Licensing Committee, and the Common Council for approval. This process takes approximately 4 weeks, so please plan accordingly.
- License fees are non-refundable and are to be paid at the time of filing the application form. Fees are as follows:
 - Pawnbroker initial/renewal - \$217.00
 - Secondhand Article/Jewelry initial - \$107.00
 - Secondhand Article/Jewelry renewal - \$82.00
 - Secondhand Article Mall/Flea Market initial/renewal - \$172.00

Additional Questions?

Please contact the Office of the City Clerk at (920) - 832 - 6443.

2024

ANNUAL REPORT



For more information go to:
Appletonwi.gov

A Letter From Chief Olson



The foundation of the Appleton Police Department is built on the trust given to us by the members of our community. I'm excited to share our successes from 2024, resulting in a safer community for those who live, work, and visit the City of Appleton. Our team continues to focus on delivering excellence in policing – with the additional goals of: increasing traffic safety efforts, growing neighborhood watch programs and connections, and focusing on nuisance properties and drug-related crime. Thank you for taking the time to read about the great work happening within our community. *Polly Olson*



Todd Freeman continues to serve the Appleton Police Department as Assistant Chief.



In 2024, Inspired by the City's updates, our redesigned patch proudly features Appleton's historic city seal, honoring our rich heritage and tradition of excellence, while also reflecting our continued commitment to meeting the modern needs of our community and all those we serve with compassion, integrity, and courage.

FISCAL RESOURCES



SueAnn Teer
Fiscal Resources Manager

The Fiscal Resource Unit manages all financial transactions pertaining to the department budget and grant administration, ensuring funds are allocated according to fiscal policies and procedures. With the retirement of two K9's in 2024 the continued community support provided funding to purchase and train two new K9's (Quinn and Drakon).

Grant funding through federal, state, and other agencies exceeded \$300,000 providing funds for equipment, training, vest protection, traffic / drug enforcement, and other department initiatives. The unit also provides oversight of payroll administration, travel coordination, and other fiscal-related activities.

ADMINISTRATIVE SERVICES UNIT



Cathy Allcox
Administrative Services Manager

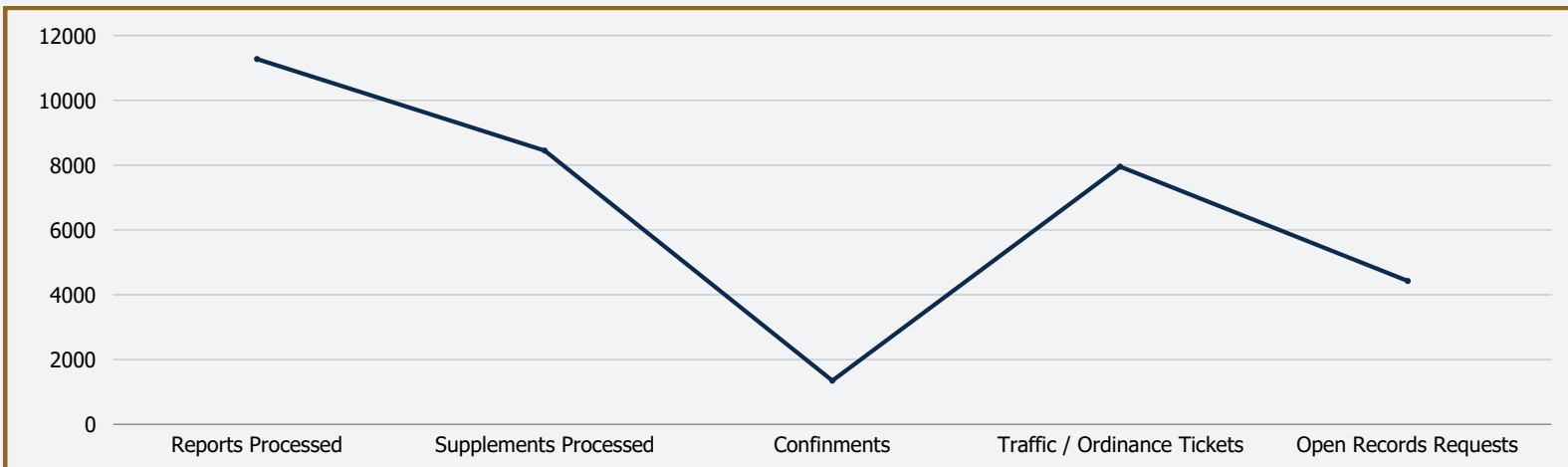
Our Administrative Services Unit is comprised of our Front Desk Unit as well as our Records Unit.

The APD front desk is staffed from 6:00am-10:00pm Monday through Friday in which they handle all walk-in traffic and answer non-emergency phone lines.

In 2024 there were 71,653 calls to our non-emergency line. Additional administrative tasks include processing community member needs involving the following:

Warnings.....	7,192
Offense reports written by PCS's.....	127
Accident Reports Processed.....	1,855
Animal License Issued.....	2,775
Other.....	59,704

Clerical Statistics for our Records Unit



PATROL UNIT



Captain Jack Taschner
Northern / Southern Command
Blue Group

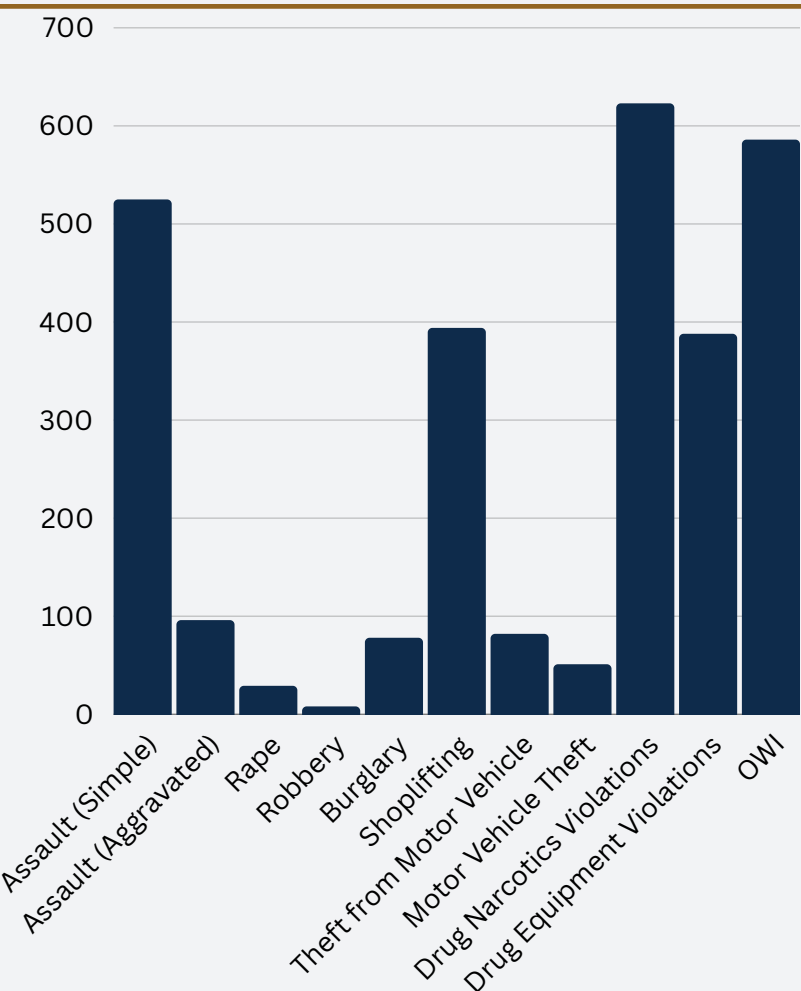
Patrol is the first responding unit on all calls for service. They are the backbone of the department and the launching point for all career paths at the APD. Our patrol officers carry caseloads and have the ability to see calls for service through to the end. Yet, they also have the ability to transfer the case to the appropriate Investigative Services Unit (ISU, SRO, SIU, CRU) to follow up on. Most Patrol officers are also trained in crisis intervention.



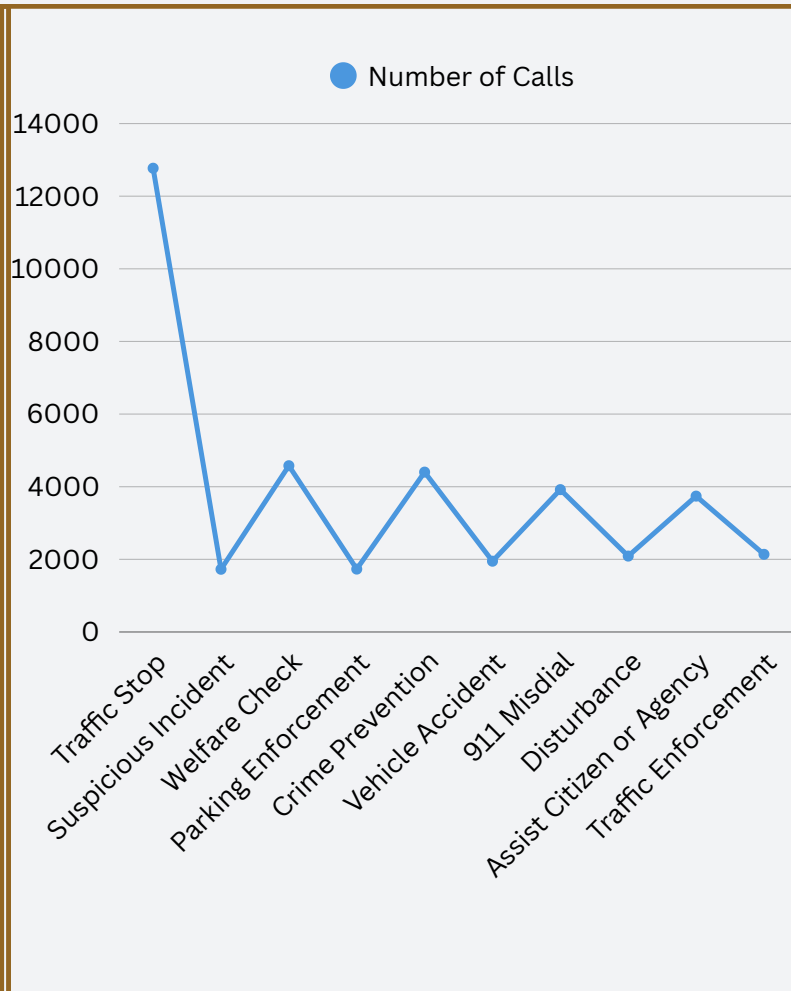
Captain Gary Lewis
Downtown Command / Ops Coordination
Red Group

- Patrol is comprised of two groups (Red and Blue) who work alternating schedules comprised of mostly 12 hour shifts.
- Each group has 30 patrol officers (when fully staffed), 6 Patrol Lieutenants, and 1 Captain.
- Each shift maintains minimums based on the time of day, per best practice.

Serious Offenses Broken Down



Top 10 Calls (by Nature Code)



INVESTIGATIVE SERVICES UNIT

Captain Mike Wallace oversees both the Investigative Services Unit and Community Resource Unit. These unit are comprised of Investigative Services, Special Investigations, School Resource Officers and Community Resources.



Captain Mike Wallace

Investigative & Community Resource Units



The Investigative Services Unit (ISU) is comprised of 10 detectives and a dedicated unit Lieutenant. ISU members have specialized training and years of experience working complex cases. They investigate major felonies such as homicides, frauds, burglaries, and robberies. Investigators work closely with patrol officers and forensic evidence specialists to identify witnesses, preserve crime scenes, gather critical information, and develop leads.



Lt. Adam VanZeeland

Investigative Services

Major Incidents:

- On 5/15/24 Investigators responded for a suspicious death investigation on E Summer St. Two individuals were found deceased inside of their residence. The investigation determined that one subject had died by suicide. The cause of death of the second individual was undetermined.
- On 7/18/24 Investigators responded for the homicide of Joseph Carnot. As a result of the investigation Samantha Krebs was arrested for 1st degree intentional homicide. This case remains in the court system.
- On 11/24/24 Investigators responded for the homicide of Daniel Juedes Sr. As a result of the investigation Gregory Juedes was arrested for 1st degree intentional homicide. This case remains in the court system.
- Investigators spent significant time in preparation for 2 jury trials for homicide investigations from previous years. Both defendants, Yia Lor and Eric Rogers, were found guilty of homicide charges at trial.
- ISU worked with SIU on an armed robbery investigation on S. Oneida St. The suspect in the case was identified and, through collaboration with other agencies, arrested in Florida.

SPECIAL INVESTIGATIONS UNIT

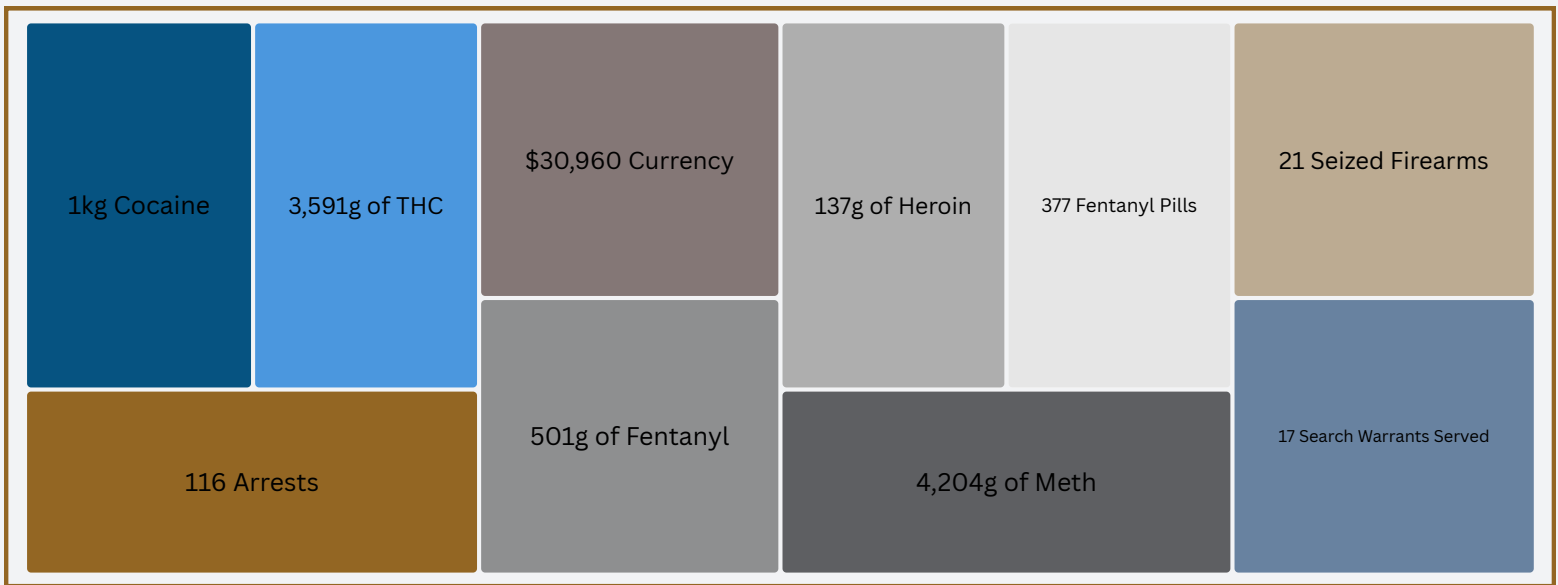


Lt. Eric Holdorf

Special Investigations Unit

Members of the Special Investigations Unit (SIU) worked in partnership with the United States Marshals Service to apprehend many fugitives whose crimes have impacted Appleton and Northeast Wisconsin. SIU regularly provides assistance to patrol, Investigative Services Unit (ISU) and sensitive crimes investigators in locating and arresting wanted individuals.

In 2024 SIU was directly responsible for the seizure of:



LAKE WINNEBAGO AREA MEG UNIT

2024 LWAM Drug Seizure Statistics:

SIU continued their partnership with the Lake Winnebago Metropolitan Drug Unit, assigning one full time Narcotics Investigator to the unit.

SIU investigators also created or assisted LWAM regularly on narcotics investigations in the City of Appleton and greater Fox Valley area.

	CATEGORY	QUANTITY
	Firearms Seized	80.00
Cocaine - Base (g)	1,439.91	
Cocaine - HCL (g)	7,469.90	
Fentanyl (g)	9,561.98	
Heroin (g)	654.98	
THC Products (g)	75,644.57	
Marijuana Plants	1.00	
Meth (g)	37,401.75	
Prescription (du)	2,072.45	
Psilocybin (g)	606.62	
LSD (g)	25.50	
MDMA (g)	1,870.76	



SCHOOL RESOURCE OFFICERS



Lt. Adam Nagel
School Resource Unit

The School Resource Officer Unit consists of a Lieutenant, 11 sworn officers and one officer directly assigned to investigate Sex Offenses.

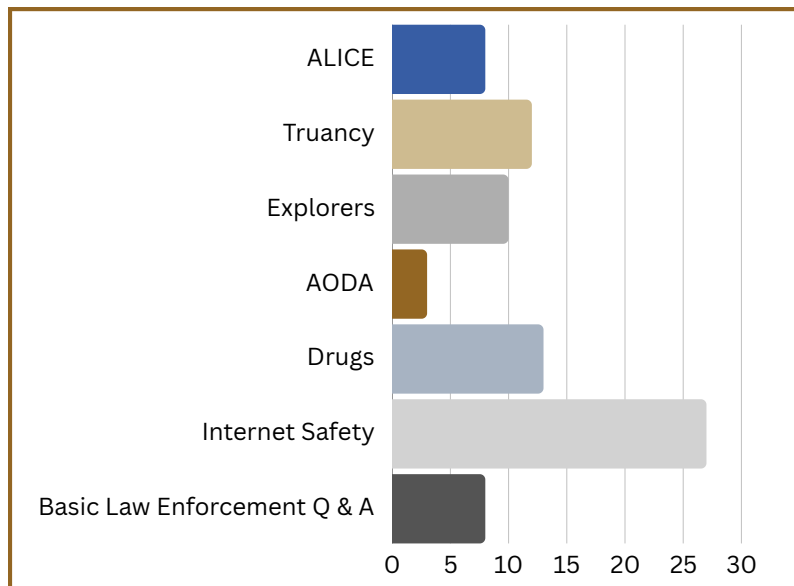
- This team successfully investigated many sensitive crimes involving sexual assault and child abuse and neglect.
- Together, the team closed over 20 cases of Internet Crimes Against Children
- Officer Hughes created a Sextortion Policy which has now been utilized as a model policy throughout the state.



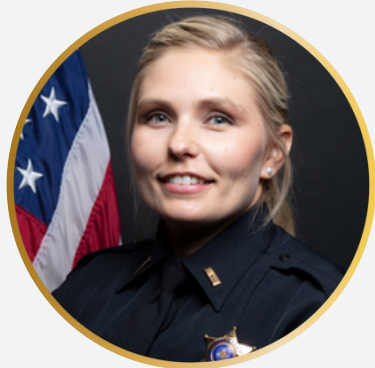
2024 School Presentations

Our SRO Unit actively participated in 260 events with the Appleton Area School District. The events and activities they participated in include: parades, homecomings, sporting events, school dances, color runs, roller skating, family nights, etc.

NORTH Area : 80 events and activities
 EAST Area : 95 events and activities
 WEST Area : 85 events and activities



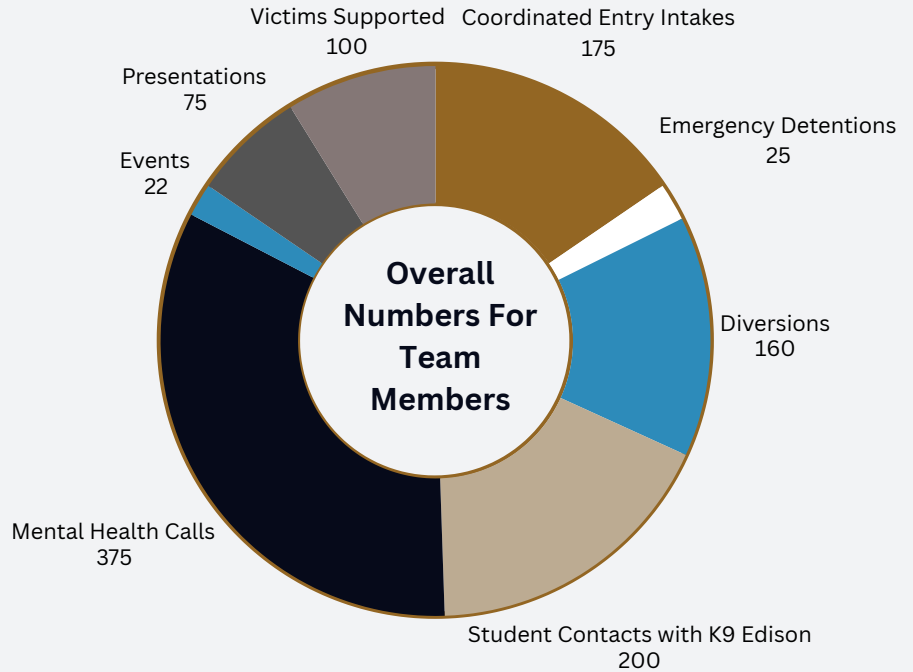
COMMUNITY RESOURCE UNIT



Lt. Meghan Cash
Community Resource Unit

The Community Resource Unit consists of: Victim Service Officer, Community Liaison Officer, Behavioral Health Officer, Co-Responder Team, Threat Assessment Officer, The Basic Needs Team, Community Engagement Specialist and Public Information Officer.

Our Threat Assessment Officer was involved in some major cases that resulted in individuals being taken into custody prior to them taking destructive action, likely keeping many community members safe.



BASIC NEEDS TEAM



Liz



Cheryl

The Basic Needs Team housed at the Appleton Police Department, is comprised of Appleton Health Department employees Liz Croley and Cheryl Schefe. They play a vital role in connecting individuals and families experiencing homelessness or hardship to resources in our community. Partnering with local organizations, the team was expanded to include Cheryl in 2024. In just a year approximately 175 Coordinated Entry (CE) intakes have been completed, helping those at risk of or currently experiencing homelessness, not including children and significant others. Beyond Coordinated Entry intakes, the team has assisted individuals with accessing food, shelter, housing, and employment resources. They have also established strong partnerships within the community. One of the team's key initiatives is the Interagency Collaboration meeting, which brings together various local agencies to provide coordinated support for those struggling to meet basic needs.



TECHNOLOGY UNIT



Lt. Blaine VanderWielen
Technology Unit

The Appleton Police Department Technology Unit is comprised of 8 members who are cross-trained to operate small unmanned aerial systems and the APD robot. The APD Technology Unit operates on a near 24/7 coverage, and is utilized in many situations to include:

- Search and rescue
- Crime scene reconstruction
- Suspect apprehension
- Building clearing
- In support of SWAT situations

The use of this equipment has aided with saving lives and increasing the safety for officers and the public.

OPERATIONS UNIT



Sgt. John Ostermeier
Operations Unit

John is a member of the Appleton Parade Committee, the City of Appleton Special Events Committee, a representative on the Octoberfest and License to Cruise Planning Committee and has processed contested billing claims for false alarm responses while also participating in the selection and interview process for CSO applicants.

Special Events	Tow Trucks	Off-Duty Contracts	Traffic Grants
<ul style="list-style-type: none"> • 83 permitted special events • 38 additional event days for multi-day special events • 19 Saturday Farmers Markets 	<ul style="list-style-type: none"> • Yearly contracts for Contract Tow Service • Secondary Contract Tow Service • Abandoned Autos • Oversight on the tow ordinance and next-up tow list • Processed and addressed 3 violations of the tow ordinance and completed 1 background investigation. 	<ul style="list-style-type: none"> • Processed and staffed 5 off-duty security contracts. 	<ul style="list-style-type: none"> • OWI • Speed • Pedestrian Safety <p>Totaling about \$217,000 in grant funding.</p>



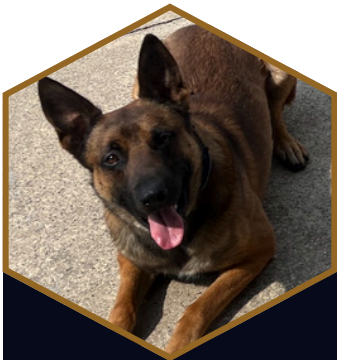
K9 UNIT



Lt. Ty West
K9 Unit

Our K9 Team is comprised of a Lieutenant, four handlers and four K9s plus Sgt. Duven and K9 Edison who is a Facility K9. Our K9s are purchased through donations and grants; however, our explosives trained K9 was purchased by the Green Bay Packers and in turn works the games, ensuring safety for all fans. Two K-9s are assigned to Blue Shift while the other two are assigned to Red Shift yet, this team trains, problem solves and sometimes deploys together. This unit also supports the surrounding communities of Appleton as they get called to assist other PD's and Sheriff's departments; they in turn, do the same for us.

In 2024, we lost K-9 Faro due to kidney failure and saw the retirement of K-9 Eon and K-9 Zuul.



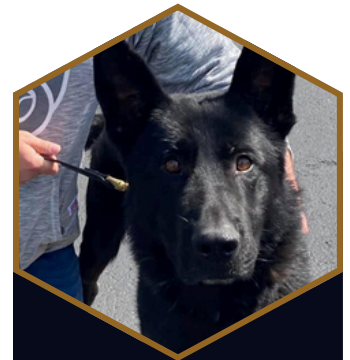
ONYX
Narcotics Detection & Patrol
Handler, Officer Josh Rieth



EON
Explosives Detection & Patrol
Handler, Sgt. David Schneider



ZUUL
Narcotics Detection & Patrol
Handler, Sgt. Tom Zieman



FARO
Narcotics Detection & Patrol
Handler, Sgt. Craig Rohm

● Total Deployments (194) ● Detection Deployments (171) ● Total Arrests (59) ● Patrol Deployments (23)



EDISON
Victim Services & Community Resource
Handler, Sgt. Lori Duven

K9 Edison provided direct support to over 100 victims, was deployed over 50 times to AASD schools, with over 200 student contacts and had additional deployments for interviews, trial preparation, trial testimony, community events, and investigations.



DRAKON
Explosives Detection & Patrol
Handler, Officer Jack Doemel



QUINN
Narcotics Detection & Patrol
Handler, Sgt. Craig Rohm



KALEB
Narcotics Detection & Patrol
Handler, Officer Jeremy Norris

ACTIVE for 2025



S.W.A.T.



Lt. Bill McCormick
S.W.A.T Team Commander

Our SWAT (Special Weapons and Tactics) team plays a crucial role in keeping the community safe. This team is comprised of 24 individuals. Most individuals are part of the Appleton Police Department, however, we have 4 TEMS (Tactical Emergency Medical Support) medics who are all part of the Appleton Fire Department.

24 Team Members



Each SWAT member has passed a rigorous tryout to be part of this team. After being selected, the training continues and includes 140 hours of team training and 24 hours each of additional individual training per year.

The types of calls SWAT is deployed, or called out for, are: armed barricaded subjects, hostage rescue operations, high risk warrant service, or other situations where the tactical abilities and / or knowledge of the team or specific members would be beneficial for the department or community.

- During the 2024 year, SWAT was called in for 2 full team activations.
- SWAT members participated in 36 fugitive apprehension / warrant service operations to include two other agency requests for APD SWAT services.

The SWAT team is not only deployed for active events but also as safety precautions. We had SWAT deployments at 11 special events in Appleton. APD SWAT Sniper / Observer team also assisted with a week long deployment at the Republican National Convention in Milwaukee.

The SWAT Team also participated in 3 Community engagement events: Tough Kid Challenge, Touch a truck, and Explorers.



COMMUNITY SERVICE OFFICERS

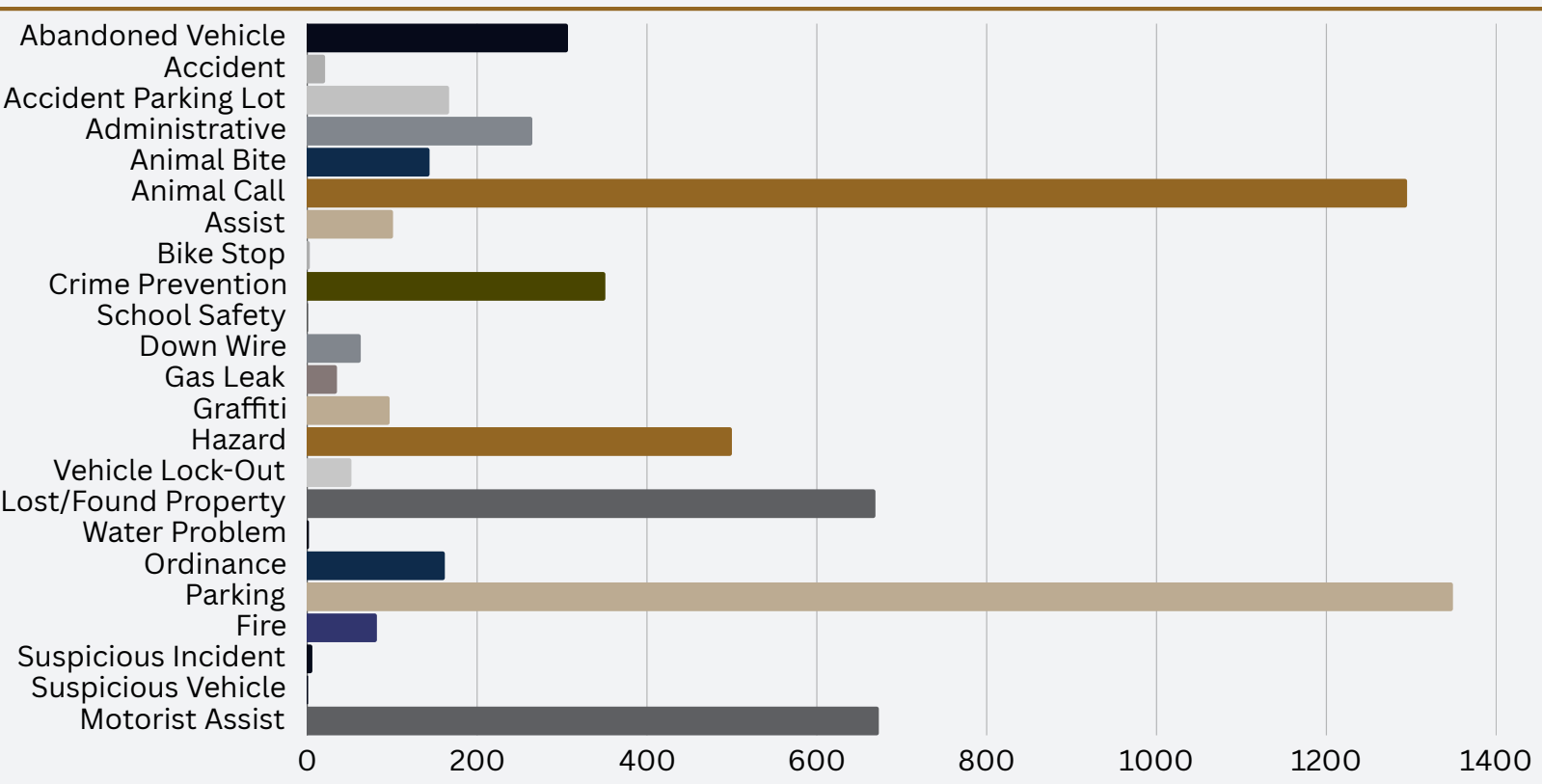


Matt Fillebrown

Lead CSO

Our Community Service Officer (CSO) Team is overseen by a Lead CSO and comprised of, up to 14 (when fully staffed) CSO's. This unit is heavily relied upon by Patrol as they assist in a wide variety of services as listed below.

2024 CSO Calls for Service



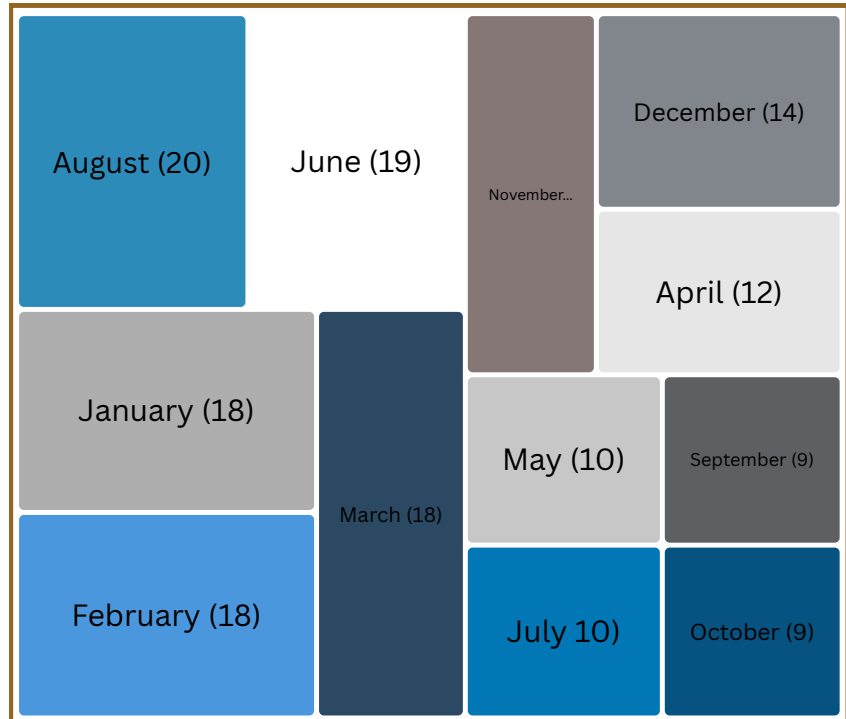


RIDE ALONG PROGRAM

Our Ride-Along program takes place all year round. Our officers willingly take civilians any day and time that works for the requesting party. This has been a great way to involve the community in what we do. Individuals who have taken part in the program range from: family members, volunteers, those interested in the field, media personnel, business owners, Chaplains, Alderpersons, County Workers, etc.

Check out our website to take part:
appletonwi.gov/police/get_involved
 Individuals must be 17+ or a high school senior

In total, we had 182 Ride Alongs in 2024



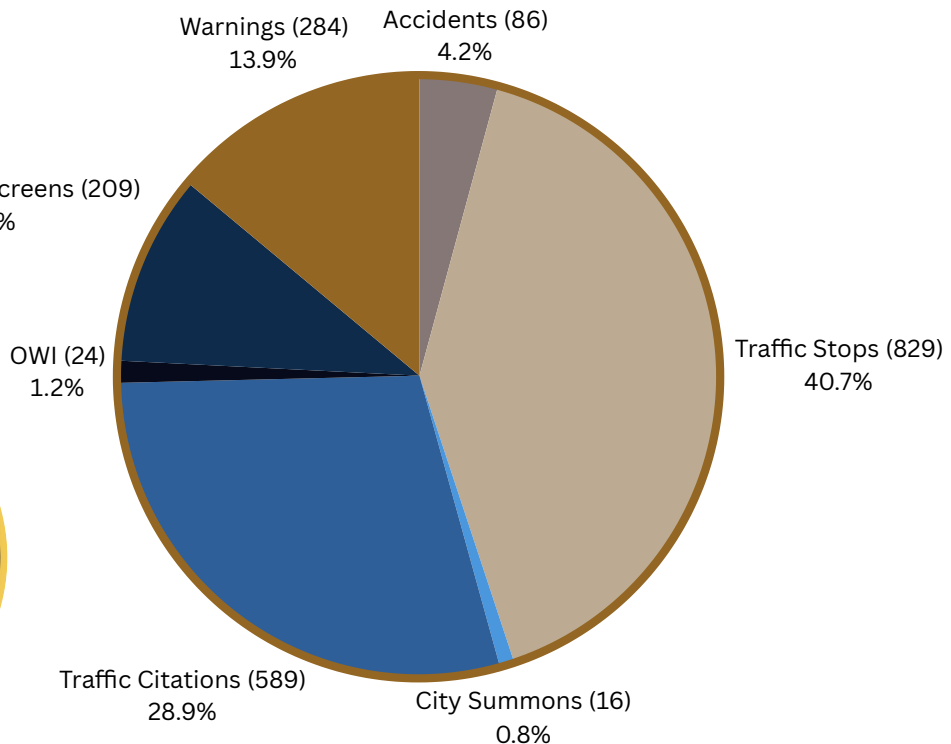
TRAFFIC SAFETY UNIT



Lt. Bill McCormick



Officer Ryan McCord



USE OF FORCE

During 2024, officers from the Appleton Police Department used a level of force that met the reporting requirements during a total of 65 calls for service involving 67 total people. As in previous years, passive countermeasures accounted for the majority of techniques used by officers to affect an arrest.

The most common use of force utilized by officers were decentralizations. This involves bringing a resisting subject to the ground for a more stable and secure handcuffing position. Appleton officers decentralized 53 of the 67 individuals. Appleton officers also used an ECD (TASER) deployment to assist in detaining or arresting 7 individuals (down 10 from the previous year). There was one use of deadly force. These uses of force occurred during a variety of days, times, and locations. As a direct result of the uses of force there were 18 officers with injuries either visible or claimed.

Types of Force Used on Individuals

	2020	2021	2022	2023	2024	5-Year Avg
ECD Deployments	11	16	14	17	7	13.0
<i>Effective</i>	7	12	11	13	5	9.6
<i>Effective %</i>	63.64%	75.00%	72.73%	76.47%	71.43%	71.85%
<i>Non-Effective</i>	4	4	3	4	2	3.4
OC Spray	0	0	0	0	0	0
Decentralization	56	49	52	68	53	55.6
Vertical/Ground Stuns	3	2	2	1	1	1.8
Hand Strikes	5	3	11	5	8	6.4
Elbow Strikes	0	3	2	0	0	1.0
Leg Kicks	0	0	0	0	0	0
Knee Strikes	8	3	1	3	1	3.2
Baton Strikes	0	0	0	0	0	0
Canine Bites	1	0	1	2	1	1.0
Incapacitating Techniques	0	0	0	0	0	0
Deadly Force	0	0	1	1	1	0.6

VOLUNTEERS



Nicky Rowan

Volunteer Coordinator

Our volunteers continue to support the Appleton Police Department on a daily basis. We wouldn't be the same without their help. They assist with:

- Transcribing old documents
- Gathering and logging APD history
- Holding museum events
- Shredding documents
- Collecting pop tabs
- Assisting with community events
- Folding brochures
- Playing McGruff the CRIME dog
- Giving tours
- And so much more!

SOCIAL MEDIA REACH

3,167
Followers



214
Subscribers



58,560
Followers



1,036
Followers

