



# City of Appleton

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

## Meeting Agenda - Final Safety and Licensing Committee

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Wednesday, May 14, 2025

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[25-0446](#) Safety & Licensing Committee Minutes from 4/23/2025

Attachments: [S&L Minutes 4-23-25.pdf](#)

5. **Public Hearing/Apearances**

6. **Action Items**

[25-0298](#) Resolution #3-R-25 Truancy Ordinance

Attachments: [#3-R-25 Truancy Ordinance.pdf](#)

[AASD Request to delay action- Truancy Res.pdf](#)

Legislative History

3/26/25 Safety and Licensing Committee held

*The following spoke regarding the Resolution:*

*Jax Anderson, W6188 Everglade, Greenville*

*Amanda Rudd, 912 W Lorain St*

*Emily Voight, 29 Grace Ct*

*Gloria De , 981 Grove St, Neenah*

*Ben Niles, 17 Crestview Dr*

*Robert Payne, 3221 E Northshore Blvd*

*Tianna Beebe, 821 1/2 N Oneida St*

*Ronna Swift, 230 W Seymour St*

*Carol Lenz, 1209 S Lee St*

*Scott Kornish, 807 W 3rd St*

[25-0493](#) Request to approve the revision of Municipal Code Section 9-387:  
Salvage Dealers

Attachments: [Memo- Muni Code 9-387 Salvage Dealer App. Requirements -Revision.pdf](#)

- [25-0444](#) Taxicab/Limousine Driver's License for Cara Nord  
**Attachments:** [Cara Nord Application.pdf](#)  
[Cara Nord Clerk Letter.pdf](#)  
[Cara Nord PD Letter.pdf](#)
- [25-0445](#) Taxicab/Limousine Driver's License for Sara Johnson  
**Attachments:** [Sara Johnson Application.pdf](#)  
[Sara Johnson Clerk Letter.pdf](#)  
[Sara Johnson PD Letter.pdf](#)
- [25-0461](#) Class "B" Beer and "Class B" Liquor License application for Brewsky's Good Times LLC d/b/a Brewsky's, Bradford Cox, Agent, located at 313 E Calumet St, contingent upon approval from the Health and Inspections departments  
**Attachments:** [Brewsky's.Good Times LLC.Alcohol.Class B\\_Beer Liquor.4.1.25.REDACTED.p](#)
- [25-0462](#) Class "B" Beer and "Class B" Liquor License application for Bowinator LLC d/b/a Ukiyo, Corbin Schiedermayer, Agent, located at 207 W College Ave, effective July 1, 2025 and contingent upon approval from the Community Development and Inspections departments  
**Attachments:** [Ukiyo.Bowinator LLC.ALcohol.Class B\\_Beer Liquor.4.22.25.REDACTED.pdf](#)
- [25-0463](#) Class "A" Beer and "Class A" Liquor (cider only) License Change of Agent application for Kwik Trip Inc d/b/a Kwik Trip #639, New Agent, Amber Chula, located at 2175 S Memorial Dr  
**Attachments:** [Kwik Trip 639.Alcohol.COA.4.29.25.REDACTED.pdf](#)
- [25-0464](#) Class "B" Beer and Reserve "Class B" Liquor License Change of Agent application for SK Pizzeria Pub LLC d/b/a Pizzeria Pub and Bar, New Agent, Jaspreet Kaur, located at 1200 N Sharon St  
**Attachments:** [Pizzeria Pub & Bar.Alcohol.COA.4.28.25.REDACTED.pdf](#)
- [25-0466](#) 2025-2026 Cigarette, Tobacco, and Electronic Vaping Device License Renewal applications  
**Attachments:** [2025 CTV RENEWALS.pdf](#)
- [25-0467](#) Cigarette, Tobacco, and Electronic Vaping Device License application for AY Trading Inc d/b/a Smokes and Vape, Ismail Abu Yosef, Agent, located at 2448 W College Ave  
**Attachments:** [Smokes and Vape.AY Trading Inc.CTV.4.25.25.REDACTED.pdf](#)

- [25-0468](#) Cigarette, Tobacco, and Electronic Vaping Device License application for Esales Inc d/b/a The Flower Pot, Tye Hartwell, Agent, located at 2310 W College Ave, effective July 1, 2025  
**Attachments:** [Flower Pot.Esales Inc.CTV.5.1.25.REDACTED.pdf](#)
- [25-0465](#) Secondhand Mall/Flea Market License Renewal application for Ye Old Goat, Meghan Keller, Applicant, located at 1919 E Calumet St  
**Attachments:** [Ye Old Goat.Secondhand Renewal.4.17.25.REDACTED.pdf](#)
- [25-0449](#) Taxicab Company License Renewal Application for LIR Transportation LLC, d/b/a Fox Valley Cab, Owner, Igor Leykin, 719 W Frances St., contingent upon approval from the Inspections department  
**Attachments:** [Fox Valley Cab Taxicab Co Renewal App.pdf](#)
- [25-0469](#) Temporary Class "B" Beer and "Class B" Wine License application for Appleton Downtown Inc, Jennifer Stephany, Person in Charge, at Jones Park, 301 W Lawrence St, every Thursday from June 5, 2025 through August 28, 2025 (excluding July 3, 2025) from 5:30 p.m. to 8:30 p.m. for Summer Concert Series special event, contingent upon approval from the Health department  
**Attachments:** [Appleton Downtown Inc.Alcohol.Temp B Beer.Wine.Summer Concert Series.6.:](#)
- [25-0470](#) Temporary Class "B" Beer and "Class B" Wine License application for St Joseph Parish, Mike Pusnik, Person in Charge, at 404 W Lawrence St on June 7, 2025 from 2:00 p.m. to 10:00 p.m. for Flights & Bites event, contingent upon approval from the Health department  
**Attachments:** [St Joseph Parish.Alcohol.Temp B Beer Wine.Flights & Bites.6.7.25.REDACTED](#)
- [25-0471](#) Temporary Class "B" Beer License application for Rotary Club of Appleton, Erin Schultz-Wege, Person in Charge, at Jones Park, 301 W Lawrence St, on June 21, 2025 from 1:00 p.m. to 8:00 p.m. for Fox Valley Pride special event, contingent upon approval from the Health department  
**Attachments:** [Rotary Club of Appleton.Alcohol.Temp B Beer.Fox Valley Pride.6.21.25.REDACTED](#)

## 7. Information Items

[25-0448](#)

## Special Events:

- Appleton Downtown Inc, Light the Night Market - Spring, College Avenue from Durkee St to Superior St, May 16th 2025
- Edison Elementary PTO, Edison Family Fun Run, Approved Route, May 17th 2025
- Appleton Fire Department, Appleton City Celebration, Memorial Park, May 22nd 2025
- Appleton Parade Committee, City of Appleton Memorial Day Parade, Approved Route, May 26th 2025
- Kaizen Arts Inc, Artpreneur Fair, Houdini Plaza, May 31st 2025

[25-0447](#)

## Director's Report

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

## 8. Adjournment

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

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



# City of Appleton

100 North Appleton Street  
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www.appletonwi.gov

## Meeting Minutes - Final Safety and Licensing Committee

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Wednesday, April 23, 2025

5:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

*The meeting was called to order by Chair Croatt at 5:34 p.m., then the meeting was turned over to Council president Van Zeeland*

2. Pledge of Allegiance

3. Roll call of membership

*Ald. Croatt appeared virtually*

**Present:** 5 - Croatt, Hartzheim, Van Zeeland, Fenton and Firkus

4. Approval of minutes from previous meeting

[25-0397](#)

Safety & Licensing Committee Minutes from 4/9/2025

**Attachments:** [S&L Minutes 4.9.25.pdf](#)

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

**Aye:** 5 - Croatt, Hartzheim, Van Zeeland, Fenton and Firkus

5. Public Hearing/Appearances

6. Action Items

[25-0384](#)

Elect Vice Chair

*Aldersperson Van Zeeland was elected Vice Chair*

[25-0385](#)

Set Meeting Date & Time

*The Committee agreed to keep the meeting date and time as it currently stands at 5:30 p.m. on the 2nd and 4th Wednesdays of the month*

[25-0386](#)

Designate Contact Person

*Clerk Lynch was designated as the contact person*

[25-0371](#)

Operator License for Angella Gilson.

**Attachments:**    [Angella Gilson - Operator License Application.pdf](#)  
[Angella Gilson Clerk Letter.pdf](#)  
[Angella Gilson PD Letter.pdf](#)  
[Angella Gilson Memo.pdf](#)

*Angella Gilson was present and addressed the committee*

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

**Aye:** 5 - Croatt, Hartzheim, Van Zeeland, Fenton and Firkus

[25-0387](#)

2025-2026 Alcohol License renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 30, 2025

**Attachments:**    [2025 Alcohol License Renewals.pdf](#)

**Hartzheim moved, seconded by Croatt, that the Alcohol License renewal applications be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 5 - Croatt, Hartzheim, Van Zeeland, Fenton and Firkus

### **Balance of the action items on the agenda.**

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

**Aye:** 5 - Croatt, Hartzheim, Van Zeeland, Fenton and Firkus

[25-0388](#)

Class "B" Beer and "Class B" Liquor License Change of Agent for Bowlero Wisconsin LLC d/b/a Super Bowl Family Entertainment, New Agent, Enya Carter, located at 2222 E. Northland Ave, effective July 1, 2025 and contingent on approval from the Police department

**Attachments:**    [Super Bowl Entertainment Center.Alcohol.COA.7.1.25.pdf](#)

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

[25-0389](#) Class "A" Beer and "Class A" Liquor License Change of Agent for SG Petroleums LLC d/b/a Newberry Mobil, New Agent, Suyash Goel, located at 2811 E. Newberry St, effective July 1, 2025

**Attachments:** [Newberry Mobil.Alcohol.COA.7.1.25.pdf](#)

This Report Action Item was recommended for approval.

[25-0390](#) Temporary "Class B" Wine License application for Wild Goose Collabs, located at 803 W. Prospect Ave, for Wine Walk special event on May 22, 2025 from 4:30 p.m. to 8:00 p.m. contingent upon approval from the Police, Fire, and Health departments

**Attachments:** [Wild Goose Collabs.Alcohol.Temp B\\_Wine.Wine.Walk.5.22.25.REDACTED.pdf](#)

This Report Action Item was recommended for approval.

[25-0391](#) Temporary Class "B" Beer and "Class B" Wine License application for Photo Opp, located at 621 N. Bateman St, for Heart of Darkness Art Opening event on May 2 and May 3, 2025 from 4:00 pm. to 10:00 p.m. contingent upon approval from the Police, Fire, and Health departments

**Attachments:** [Photo Opp.Alcohol.Temp B\\_Beer Wine.Heart of Darkness Art Opening.5.2.25.REDACTED.pdf](#)

This Report Action Item was recommended for approval.

## 7. Information Items

[25-0372](#) Special Events  
- Topsy Taco & Tequila Bar, Cinco de Mayo Block Party, 715 W Lawrence St - 721 W Lawrence St, May 4th 2025

[25-0398](#) Director's Report  
1. City Clerk  
2. Fire Chief  
3. Police Chief

## 8. Adjournment

Hartzheim moved, seconded by Fenton, that the meeting be adjourned at 5:44 p.m. Roll Call. Motion carried by the following vote:

Aye: 5 - Croatt, Hartzheim, Van Zeeland, Fenton and Firkus

## **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.



131 E. Washington St. Suite 1A  
Appleton, WI 54911  
P: (920) 852-5300  
[www.aasd.k12.wi.us](http://www.aasd.k12.wi.us)

May 6, 2025

Dear Members of the Appleton Common Council Safety and Licensing Committee,

Thank you for your willingness to consider the Appleton Area School District's request for the adoption of an ordinance to support improved student attendance. We were pleased to have been provided time on the March 19<sup>th</sup> Common Council meeting agenda to provide information to Council members and City staff regarding our request.

We were again given the opportunity to share information and answer questions during an April 15<sup>th</sup> meeting arranged by Mayor Jake Woodford. This meeting, which was focused on potential implementation issues, included Appleton Area School District staff, City of Appleton staff, City of Appleton elected officials, Outagamie County Youth and Family Services staff, and Outagamie County Chief Judge Carrie Schneider. The meeting was successful in allowing information to be shared, questions to be answered, and the next steps to be considered.

The purpose of this letter is to ask for a delay in action by the Safety and Licensing Committee so the next steps to be considered can be further clarified. The attendees at the April 15<sup>th</sup> meeting agreed to meet again as soon as practicable to provide further information on the role each of us would play if an attendance ordinance were to be adopted. Furthermore, a delay in action will allow staff from the AASD to continue to provide information and gather additional input from Common Council members and community members on the steps needed to support students who are struggling with consistent attendance.

Should the Committee agree to hold the action related to this item, we would work with Chair Croatt on bringing it forward again when more specific recommendations are ready.

Thank you for your consideration of this request.

Sincerely,

Greg Hartjes  
Superintendent  
Appleton Area School District



DEPARTMENT OF  
**LEGAL AND  
ADMINISTRATIVE  
SERVICES**

**OFFICE OF THE CITY CLERK**

100 N Appleton Street  
Appleton, WI 54911  
p: 920.832.6443  
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[www.appletonwi.gov](http://www.appletonwi.gov)

**MEMORANDUM**

**Revision to Chapter 9 of the Municipal Code: Salvage Dealers**

Date: May 5, 2025

To: Safety & Licensing Committee, Christopher Croatt – Chair;  
Common Council

From: Kami Lynch, City Clerk *KL*

Encl: Municipal Code Sec. 9-387 Redlined

Appleton Municipal Code Sec. 9-386 requires a person who engages in the business of buying or selling junk or salvage in the City, to obtain a salvage dealer license.

Sec.9-387. Application for license, requires that *“every application shall be signed and acknowledged before a notary public or other officer authorized to administer oaths”*.

I am requesting revision to Sec. 9-387 of the Municipal Code to remove the above section requiring that applications be signed and acknowledged before a notary public or other officer authorized to administer oaths. This is the only license application within the Office of the City Clerk that has this requirement. This requirement creates issues with the timeliness and appropriate filing of Salvage Dealer License applications as many of these are submitted by mail. I am recommending this change for consistency and equity among license applications.

Please reach out, should you have any questions regarding this proposal.

## **DIVISION 2. SALVAGE DEALERS\*\***

### **Sec. 9-386. License required.**

No person in the City shall keep, conduct or maintain any building, structure, yard or place for keeping, storing or piling in commercial quantities, whether temporarily, irregularly or continually, or for the buying and selling or picking up and selling at retail or wholesale or dealing in any old, used or secondhand materials of any kind, including cloth, rags, clothing, paper, rubbish, bottles, rubber, iron, brass, copper or other metal, furniture, used motor vehicles or the parts thereof, or other article which from its worn condition renders is practically useless for the purpose for which it was made and which is commonly classed as junk or salvage, nor shall any person engage in the business of buying or selling junk or salvage as described in this section in the City, without first having obtained a license as provided in this division. Any person engaging in the business described in this section shall be known as a salvage dealer.

### **Sec. 9-387. Application for license.**

Every applicant for a license to engage in the business of salvage dealer shall file with the City Clerk a written application upon a form prepared and provided by the City, signed by the applicant. The application shall state:

- (1) The name and residence of the applicant if an individual, partnership or firm, or the names of the principal officers and their residences if the applicant is an association or corporation.
- (2) Whether the applicant or an officer or manager of the applicant has been employed by a salvage dealer or has been a salvage dealer.
- (3) The detailed nature of the business to be conducted and the kind of materials to be collected, bought, sold or otherwise handled.
- (4) The place where such business is to be located or carried on.

Such application shall contain an agreement that the applicant accepts the license, if granted, upon the condition that it may be suspended for cause at any time by the Common Council. ~~Every application shall be signed and acknowledged before a notary public or other officer authorized to administer oaths.~~



# Application for Taxicab/Limousine Driver's License

CASH OR CHECK ONLY!

Original Application  
 Renewal - License  
 # \_\_\_\_\_

**FEES ARE NON-REFUNDABLE**

Taxicab Driver's License  
 (CLLTDL) \$57.00

Date Recv'd 3/27/25  
 Total \$ 57.00  
 Receipt #: 8327-3

License period is two years from issue date

Note: Please allow 5 business days for application processing.

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

Applicant Name (First, MI, Last) CARA L. NORD Maiden \_\_\_\_\_

Street Address 1681 Harrison St. #7 City Neenah State Wz Zip 54956

Driver's License Number \_\_\_\_\_ State Wz Are you a Citizen of the United States?  YES  NO

Date of Birth \_\_\_\_\_ Gender F Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Previous address - if less than 2 years at present address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employing Company LIR Transportation Fox Valley Cab Date hired 12-10-24 Number of years applicant has held a Driver's License 33

## SECTION 2 - CONVICTION RECORD

Has your driver's license EVER been revoked or suspended?  YES  NO

If Yes, when and for what reason? Not paying fine

Is your present driver's license a restricted occupational license?  YES  NO

If Yes, please explain: \_\_\_\_\_

Within the last 5 years have you been convicted of operating a motor vehicle while intoxicated?  YES  NO

If Yes, when and for what reason? \_\_\_\_\_

Have you been convicted of more than three moving violations in the past year?  YES  NO

If Yes, please explain: \_\_\_\_\_

Have you had more than three traffic accidents in the past year regardless of fault?  YES  NO

If Yes, please explain: \_\_\_\_\_

Have you held a driver's license in another state in the past 5 years?  YES  NO

If Yes, please explain: \_\_\_\_\_

Have you EVER been convicted of a felony or misdemeanor?  YES  NO

If Yes, please explain in detail: Theft forgery

## SECTION 3 - PENALTY NOTICE

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

Applicant's Signature [Signature]

## FOR OFFICE USE ONLY

Date sent to APD: <u>MAR 27, 2025</u>	Date Approved ____/____/____	Issue Date ____/____/____	Expiration Date ____/____/____	License Number: _____
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DEPARTMENT OF  
**LEGAL AND  
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**OFFICE OF THE CITY CLERK**

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**April 24<sup>th</sup>, 2025**

Cara Nord  
1681 Harrison St #7  
Neenah WI 54956

This letter is to notify you that we are in receipt of your application for a Taxicab/Limousine Driver's License. The Police Department has conducted a criminal background investigation and has recommended that your application for a Taxicab/Limousine Driver's License be denied based upon previous offenses substantially related to the licensed conduct, as outlined in the enclosed letter.

The recommended denial of this license will be placed on the agenda for the next regularly scheduled Safety and Licensing Committee meeting. This meeting will take place on **Wednesday May 14<sup>th</sup>, 2025**, at 5:30 p.m. in the Council Chambers, 6<sup>th</sup> floor of City Hall, 100 N Appleton St., Appleton, Wisconsin.

You have the right to appear before the Safety and Licensing Committee during the review of your license denial recommendation.

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

If you have any questions related to the Safety & Licensing Committee meeting, please contact my office at the phone number listed above.

Respectfully,

Kami Lynch  
*City Clerk*



# 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

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TO: Safety and Licensing Committee  
Common Council

FROM: Lt. Ben Goodin

DATE: 04/24/2025

RE: Police Department's Recommendation for Denial of Cara Nord's  
Taxicab/Limousine Driver's License Application

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#### Committee Members:

The police department is requesting that the Safety and Licensing Committee recommend to the Common Council to deny Cara Nord's taxicab/limousine driver's license application. Appleton Municipal Code 9-729(b) states:

*No license under this division will be issued or renewed if any of the following apply:*

*(5) The applicant was convicted of an offense that substantially relates to the licensed activity. Such offenses include, but are not limited to, burglary, sex offenses, drug offenses, possession or sale of stolen property. A license can be granted if the conviction is reversed or if the person is granted a pardon for the offense. In determining whether the circumstances of the conviction are substantially related, the Chief of Police or designee shall consider the number of convictions, the nature and seriousness of the crime(s), whether the crime(s) involved violence, theft, or other evidence of lack of trustworthiness with money, whether the crime(s) involved driving, the age and maturity of the individual at the time of the conviction, the amount of time elapsed since the conviction, and any evidence of personal rehabilitation.*

Therefore, the Appleton Police Department recommends that the application for Taxicab/Limousine Driver's License be denied.

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



# APPLETON POLICE DEPARTMENT

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

As part of any denial of licensing, the police department must determine if crimes are substantially related to the particular licensed activity to ensure that any licensing decision does not constitute unlawful discrimination. The offenses listed below are substantially related to the licensed conduct in that they provide heightened opportunity for the applicant to engage in the same conduct.

## **CONVICTIONS**

**Issuance of Worthless Check (forfeiture)** Waupaca County case # 2007CM000671

**Issue of Worthless Checks (<=\$2500)** misdemeanor Waupaca County case # 2011CM000207

**Theft-Movable Property <=\$2500 Party to a Crime**, misdemeanor Waupaca County case # 2011CM000401

**Theft-Movable Property <=\$2500 Party to a Crime**, misdemeanor Waupaca County case # 2011CF000224

**Worthless Check (forfeiture)** Juneau County case # 2011FO000571

**Theft-Movable Property <=\$2500 Party to a Crime**, misdemeanor Outagamie County case # 2012CM000078

**Theft-Movable Property <=\$2500 Party to a Crime**, misdemeanor Waupaca County case # 2012CM000146

**Theft-Movable Property <=\$2500 Party to a Crime**, misdemeanor Waupaca County case # 2012CM000450

**Theft-Movable Property <=\$2500 Party to a Crime**, misdemeanor Outagamie County case # 2014CF000854

**Receiving or Concealing Stolen Property (<=\$2500) Party to a Crime**, misdemeanor Outagamie County case # 2014CF000854

**County Retail Theft-Intentionally Take (forfeiture)** Winnebago County case # 2020FO000037

**Retail Theft - Intentionally Take >\$500 - \$5,000 Party to a Crime** Portage County case # 2022CF000023

**Theft-Movable Property >\$5,000 - \$10,000 Party to a Crime**, class H felony Winnebago County case # 2022CF000461



# APPLETON POLICE DEPARTMENT

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*Appleton Police Department*  
222 South Walnut Street  
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Phone: 920.832.5500  
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police.appletonwi.gov

**Receiving Stolen Property (>\$2,500-\$5,000)**, class I felony Waupaca County case #  
2022CF000460

**Retail Theft - Intentionally Take >\$500 - \$5,000 Party to a Crime**, class I felony Calumet County  
case # 2023CF000028

**Forgery-Uttering** class H felony Winnebago County case # 2023CF000441

For specific details on conviction dates and sentences for each crime please refer to the Wisconsin Circuit Court Access page at [wcca.wicourts.gov](http://wcca.wicourts.gov). Consideration of some convictions may be subject to evidence of rehabilitation that the applicant is able to provide.

## **OPEN CASES**

Ms. Nord has three open cases. The license may not be denied solely because she is subject to a pending charge. However, the police department still wanted to make the Council aware of these pending charges since they are substantially related to the licensed activity:

**Forgery-Uttering & Misappropriate ID Info - Obtain Money** Outagamie County case #  
2023CF001356

**Forgery-Uttering, Misappropriate ID Info - Obtain Money** Outagamie County case #  
2023CF001355

**Retail Theft >\$500 - \$5,000 Party to a Crime** Brown County case # 2021CF002141

These convictions are substantially related to the licensed activity because Ms. Nord would be driving a taxi, and that service involves the exchange of money for the service provided. Ms. Nord would be in a position where she would be handling money daily and each of these convictions relate to a lack of trustworthiness with money. These convictions substantially relate to the activity for which the license is sought, and denial would not constitute unlawful discrimination. Therefore, the police department recommends Ms. Nord's license application be denied.

Very Respectfully,

Lt. Ben Goodin

Appleton Police Department



# Application for Taxicab/Limousine Driver's License

CASH OR CHECK ONLY!

Original Application  
 Renewal - License  
 # \_\_\_\_\_

**FEES ARE NON-REFUNDABLE**

Taxicab Driver's License (CLLTDL) \$57.00  
 Date Recv'd 3/27/23  
 Total \$ 57.00  
 Receipt #: 8327-3

License period is two years from issue date

Note: Please allow 5 business days for application processing.

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

Applicant Name (First, MI, Last) SARA H Johnson Maiden \_\_\_\_\_

Street Address 135 Union St City Neenah State WI Zip 531956

Driver's License Number [REDACTED] State WI Are you a Citizen of the United States?  YES  NO

Date of Birth [REDACTED] Gender F Cell Phone Number [REDACTED] Email Address [REDACTED]

Previous address - if less than 2 years at present address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employing Company LIR Transportation FVC Date hired Aug 29<sup>th</sup> 2024 Number of years applicant has held a Driver's License 33

## SECTION 2 - CONVICTION RECORD

Has your driver's license EVER been revoked or suspended?  YES  NO  
 If Yes, when and for what reason? Fines

Is your present driver's license a restricted occupational license?  YES  NO  
 If Yes, please explain: \_\_\_\_\_

Within the last 5 years have you been convicted of operating a motor vehicle while intoxicated?  YES  NO  
 If Yes, when and for what reason? \_\_\_\_\_

Have you been convicted of more than three moving violations in the past year?  YES  NO  
 If Yes, please explain: \_\_\_\_\_

Have you had more than three traffic accidents in the past year regardless of fault?  YES  NO  
 If Yes, please explain: \_\_\_\_\_

Have you held a driver's license in another state in the past 5 years?  YES  NO  
 If Yes, please explain: \_\_\_\_\_

Have you EVER been convicted of a felony or misdemeanor?  YES  NO  
 If Yes, please explain in detail: Theft

## SECTION 3 - PENALTY NOTICE

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

Applicant's Signature Sara Johnson

## FOR OFFICE USE ONLY

Date sent to APD: <u>MAR 27 2025</u>	Date Approved ____/____/____	Issue Date ____/____/____	Expiration Date ____/____/____	License Number: _____
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DEPARTMENT OF  
**LEGAL AND  
ADMINISTRATIVE  
SERVICES**

**OFFICE OF THE CITY CLERK**

100 North Appleton Street  
Appleton, WI 54911  
p: 920.832.6443  
f: 920.832.5823  
[www.appletonwi.gov](http://www.appletonwi.gov)

**April 24<sup>th</sup>, 2025**

Sara Johnson  
135 Union St  
Neenah WI 54956

This letter is to notify you that we are in receipt of your application for a Taxicab/Limousine Driver's License. The Police Department has conducted a criminal background investigation and has recommended that your application for a Taxicab/Limousine Driver's License be denied based upon previous offenses substantially related to the licensed conduct, as outlined in the enclosed letter.

The recommended denial of this license will be placed on the agenda for the next regularly scheduled Safety and Licensing Committee meeting. This meeting will take place on **Wednesday May 14<sup>th</sup>, 2025**, at 5:30 p.m. in the Council Chambers, 6<sup>th</sup> floor of City Hall, 100 N Appleton St., Appleton, Wisconsin.

You have the right to appear before the Safety and Licensing Committee during the review of your license denial recommendation.

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

If you have any questions related to the Safety & Licensing Committee meeting, please contact my office at the phone number listed above.

Respectfully,

Kami Lynch  
City Clerk



# 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

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TO: Safety and Licensing Committee  
Common Council

FROM: Lt. Ben Goodin

DATE: 04/24/2025

RE: Police Department's Recommendation for Denial of Sara Johnson's  
Taxicab/Limousine Driver's License Application

---

#### Committee Members:

The police department is requesting that the Safety and Licensing Committee recommend to the Common Council to deny Sara Johnson's (aka Nord) taxicab/limousine driver's license application. Appleton Municipal Code 9-729(b) states:

*No license under this division will be issued or renewed if any of the following apply:*

*(5) The applicant was convicted of an offense that substantially relates to the licensed activity. Such offenses include, but are not limited to, burglary, sex offenses, drug offenses, possession or sale of stolen property. A license can be granted if the conviction is reversed or if the person is granted a pardon for the offense. In determining whether the circumstances of the conviction are substantially related, the Chief of Police or designee shall consider the number of convictions, the nature and seriousness of the crime(s), whether the crime(s) involved violence, theft, or other evidence of lack of trustworthiness with money, whether the crime(s) involved driving, the age and maturity of the individual at the time of the conviction, the amount of time elapsed since the conviction, and any evidence of personal rehabilitation.*

Therefore, the Appleton Police Department recommends that the application for Ms. Johnson's Taxicab/Limousine Driver's License be denied.

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



# 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

As part of any denial of licensing, the police department must determine if crimes are substantially related to the particular licensed activity to ensure that any licensing decision does not constitute unlawful discrimination. The offenses listed below are substantially related to the licensed conduct in that they provide heightened opportunity for the applicant to engage in the same conduct.

## **CONVICTIONS**

**Burglary-Building or Dwelling Party to a Crime**, class C felony Waupaca County case # 1993CF000169

**Issue of Worthless Checks (<=\$2500)**, misdemeanor Waupaca County case # 2008CM000497

**Theft-Movable Property <=\$2500 Party to a Crime**, misdemeanor Waupaca County case # 2011CM000402

**Theft-Movable Property <=\$2500 Party to a Crime two counts**, misdemeanors Waupaca County case # 2011CF000223

**Theft-Movable Property <=\$2500 Party to a Crime**, misdemeanor Outagamie County case # 2012CM000079

**Receiving Stolen Property (<=\$2500)**, misdemeanor Kewaunee County case # 2012CM000050

**Theft-Movable Property <=\$2500 Party to a Crime**, misdemeanor Waupaca County case # 2012CM000451

**Theft-Movable Property <=\$2500 Party to a Crime three counts**, misdemeanors Milwaukee County case # 2014CF002258

**Possession of Methamphetamine**, class I felony Winnebago County case # 2022CF000288

**Theft-Movable Property >\$5,000-\$10,000 Party to a Crime**, class H felony Winnebago County case # 2022CF000460

**Forgery-Uttering Party to a Crime**, class H felony Calumet County case # 2022CF000263

**Forgery-Uttering**, class H felony Waupaca County case # 2022CF000459

**Theft-False Representation <=\$2500**, misdemeanor Winnebago County case # 2023CF000077



# 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

**Retail Theft - Intentionally Take >\$500 - \$5,000 Party to a Crime**, class I felony Calumet County case # 2023CF000025

**Forgery-Uttering Party to a Crime** H felony Winnebago County case # 2023CF000440

For specific details on conviction dates and sentences for each crime please refer to the Wisconsin Circuit Court Access page at [wcca.wicourts.gov](http://wcca.wicourts.gov). Consideration of some convictions may be subject to evidence of rehabilitation that the applicant is able to provide.

## **OPEN CASE**

Ms. Johnson has one open case. The license may not be denied solely because she is subject to a pending charge. However, the police department still wanted to make the Council aware of these pending charges since they are substantially related to the licensed activity:

**Forgery-Uttering & Misappropriate ID Info – Obtain Money**, class H felonies Outagamie County case # 2023CF001354

These convictions are substantially related to the licensed activity because Ms. Johnson would be driving a taxi and that service involves the exchange of money for the service provided. Ms. Johnson would be in a position where she would be handling money daily and each of these convictions relate to a lack of trustworthiness with money. These convictions substantially relate to the activity for which the license is sought, and denial would not constitute unlawful discrimination. Therefore, the police department recommends Ms. Johnson's license application be denied.

Very Respectfully,

Lt. Ben Goodin

Appleton Police Department

Form  
AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	

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

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

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

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>Brewsky's Good Times LLC</u>			
2. Business Trade Name or DBA <u>Brewsky's</u>			
3. FEIN		4. Wisconsin Seller's Permit Number <u>456-1032013238-04</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>WI</u>		7. Date of Organization <u>3/28/2025</u>	8. Wisconsin DFI Registration Number <u>B121894</u>
9. Premises Address <u>313 E Calumet St</u>			
10. City <u>Appleton</u>		11. State <u>WI</u>	12. Zip Code <u>54915</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>920-810-0247</u>	17. Premises Email <u>brox1710@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>Liquor will be kept in Dining Room, Bar Area, outdoor Area, cooler, kitchen, closets (roughly 1200-1400 sq feet)</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

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

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

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

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

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

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No  
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No  
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

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

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

Last Name	First Name	Title	Phone
COX	Bradford	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 COX	First Name Bradford	M.I. M
Title owner	Email	Phone
Signature 		Date 4-1-2025

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 4/1/25	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)

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

### Part A: Business Information

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

### Part B: Agent Information

1. Last Name <b>Cox</b>	2. First Name <b>Brackford</b>	3. M.I. <b>M</b>
4. Email		5. Phone
6. Home Address <b>2116 Henry St Apt 9</b>		
7. City <b>Neenah</b>	8. State <b>WI</b>	9. Zip Code <b>54956</b>
10. Age	11. Drivers License/State ID Number	
12. Drivers License/State ID State of Issuance		

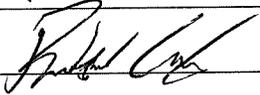
### Part C: Agent Questions

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 →

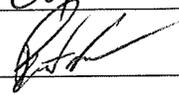
**Part D: Business Attestation**

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

Last Name <b>Cox</b>		First Name <b>Bradford</b>		M.I. <b>M</b>
Title <b>Owner</b>	Email		Phone	
Signature 			Date <b>4-1-2025</b>	

**Part E: Agent Attestation**

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

Last Name <b>Cox</b>		First Name <b>Bradford</b>		M.I. <b>M</b>
Signature 			Date <b>2025</b>	



# City of Appleton

## Alcohol License Questionnaire

1. Applicant Name: Bradford M Cox

2. Business Name: Brewsky's

Date the LLC/corporation/partnership/sole proprietorship commenced: 3/28/2025

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: 313 E. Calumet St Appleton WI 54915

4. Primary Business Activity:

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

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

If existing building, please indicate the primary nature of the previous business that operated at this location: Bar/Tavern

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? May 1 - 2025

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

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

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

Yes  No

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

Yes  No

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

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

8. Anticipated date of opening? May 8 2025

9. Will your business sell or serve food?

Yes  If yes, please describe the type of food offerings available But not for  
6 months

No

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

Seating Capacity: Inside: 100

Outside: 10

Operating Days/Hours: Inside: 11AM - 2AM

Outside: 11 AM - 2 AM

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

Approximate floor building area of the premises to be licensed: 1200 sq. ft.

Approximate outdoor area of the premises to be licensed: 100 sq. ft.

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

Business will open at 11 Am and ~~close~~  
close when the night gets slow by 2 Am  
if not way earlier.

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]  
Signature

4-18-2025  
Date

Form  
AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF APPLETON
License Period	July 1, 2025

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

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

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 60
<b>Total Fees</b>	<b>\$ 660</b>

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <i>Bowinator LLC</i>			
2. Business Trade Name or DBA <i>Ukiyo</i>			
3. FEIN		4. Wisconsin Seller's Permit Number <i>456-1031197907-04</i>	
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 <i>Wisconsin</i>		7. Date of Organization <i>12/23/22</i>	8. Wisconsin DFI Registration Number <i>B110920</i>
9. Premises Address <i>207 W. College Ave</i>			
10. City <i>Appleton, WI</i>		11. State <i>WI</i>	12. Zip Code <i>54911</i>
13. County <i>Outagamie</i>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Appleton</i>	15. Aldermanic District <i>11</i>
16. Premises Phone <i>(920) 903-4959</i>		17. Premises Email <i>colb.schied@gmail.com</i>	18. Website <i>N/A</i>
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. <i>1200 sq ft All alcohol will be sold, stored, and consumed on the first floor of the building and stored behind the bar and served in the dining area. y. Towards the back first floor is a law office and upstairs is a salon where no alcohol will be.</i>			
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
Schiedermaier	Corbin	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 Schiedermaier	First Name Corbin	M.I.
Title Owner	Email	Phone
Signature 	Date 4/21/25	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 4/22/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

## Alcohol Beverage Appointment of Agent

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

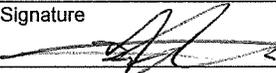
Part B: Agent Information			
1. Last Name <u>Schiedermaier</u>	2. First Name <u>Corbin</u>	3. M.I.	
4. Email		5. Phone	
6. Home Address <u>928 W. Hayes Ave</u>			
7. City <u>Appleton</u>	8. State <u>WI</u>	9. Zip Code <u>54914</u>	10. Age
11. Drivers License/State ID Number		12. Drivers License/State 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, 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 →

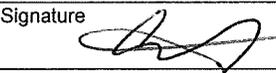
**Part D: Business Attestation**

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 <i>Schieder Mayer</i>	First Name <i>Corbin</i>	M.I.
Title <i>Owner</i>	Email	Phone
Signature 	Date <i>4/21/25</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>Schieder Mayer</i>	First Name <i>Corbin</i>	M.I.
Signature 	Date <i>4/21/25</i>	



# City of Appleton

## Alcohol License Questionnaire

1. Applicant Name: Corbin Schiedermaier

2. Business Name: Bowinster LLC - Ukiyo

Date the LLC/corporation/partnership/sole proprietorship commenced: 12/23/22

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: 207 W. College Ave Appleton WI 54911

4. Primary Business Activity:

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

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

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

If existing building, will there be construction or renovations?  Yes  No

If yes, explain \_\_\_\_\_

NOTE: Contact the Inspections department (920-832-6411) for information on building codes and permits.

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? 1/1/23

7. Did you purchase the business from another individual or 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? 1/1/23 currently open

9. Will your business sell or serve food?

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

No

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

Seating Capacity: Inside: 20

Outside: N/A

Operating Days/Hours: Inside: N/A

Outside: N/A

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

Approximate floor building area of the premises to be licensed: 1200 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 are a private event space for small gatherings  
of up to 20 people max by appointment only

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]  
Signature

4/21/25  
Date

# Alcohol Beverage Appointment of Agent

Date  
**4/29/25**

**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)  
Kwik Trip, Inc.

2. Business Trade Name or DBA  
Kwik Trip 639

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

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

6. Describe the reason for appointing a successor agent, if successor is checked above.  
  
New manager assigned to oversee the store.

**Part B: Agent Information**

1. Last Name      2. First Name      3. M.I.  
Chula      Amber      L.

4. Email      5. Phone

6. Home Address  
504 Meadow Heights Rd.

7. City      8. State      9. Zip Code      10. Date of Birth  
Black Creek      WI      54106

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 (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?  Yes     No

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

Continued →

<b>Part D: Business Attestation</b>			
<p>READ CAREFULLY BEFORE SIGNING: I, the <b>Undersigned</b>, 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.</p>			
Last Name Zietlow		First Name Scott	M.I. P.
Title President	Email		Phone
Signature <i>Scott P. Zietlow</i>		Date 4-7-25	

<b>Part E: Agent Attestation</b>			
<p>READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b>, 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.</p>			
Last Name Chula		First Name Amber	M.I. L.
Signature <i>[Handwritten Signature]</i>	Date 4/10/25		

Form  
AB-101

# Alcohol Beverage Appointment of Agent

Date  
4/28/25

Agent Type (check one)	
<input 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) SK PIZZERIA PUB LLC	
2. Business Trade Name or DBA PIZZERIA PUB & BAR	
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. New Manager owning Bar	

Part B: Agent Information			
1. Last Name KAUR	2. First Name JASPREET	3. M.I.	
4. Email		5. Phone	
6. Home Address W6028 BLAZING STAR DR			
7. City APPLETON	8. State WI	9. Zip Code 54915	10. Date of Birth
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 (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<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 SINGH		First Name SATBIR		M.I.
Title OWNER	Email		Phone	
Signature <i>Satbir Singh</i>			Date 04/28/2025	

**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 KAUR		First Name JASPREET		M.I.
Signature <i>Jaspreet Kaur</i>			Date 04/28/2025	

2025-2026 CIGARETTE, TOBACCO, AND ELECTRONIC VAPING DEVICE RENEWALS

TRADE NAME	BUSINESS NAME	ADDRESS
APPLETON CLARK	THAPA PETROLEUM LLC	1200 W WISCONSIN AVE
APPLETON HILTON	DRIFTWOOD SPECIAL SERVICING LLC	333 W COLLEGE AVE
APPLETON MOTOMART #4404	FKG OIL COMPANY	3400 E CALUMET ST
A-Z TOBACCO	A-Z TOBACCO INC	201 W NORTHLAND AVE STE K
BADGER GAS	BADGER GAS INC	911 W COLLEGE AVE
BADGER MOBIL	SK GAS MART LLC	1201 N BADGER AVE
BADGER MOTOMART #3410	FKG OIL COMPANY	1850 W WISCONSIN AVE
BALLARD MOTOMART #3415	FKG OIL COMPANY	2838 N BALLARD RD
B.P.	D.K. PETROLEUM INC	2619 N RICHMOND ST
CALUMET PANTRY	AADYA LLC	319 E CALUMET ST
DR. JEKYLL'S	STRANGE CASE LLC	314 E COLLEGE AVE
FESTIVAL FOODS	SKOGEN'S FOODLINER INC	3800 EMERALD DR EAST
FLANAGAN'S STOP & SHOP	PATRICK FLANAGAN	522 W COLLEGE AVE
HOLY SMOKES	NLC WIS CORPORATION	2929 N RICHMOND ST STE 1, 2
JIM'S PLACE	DDCT INC	223 E COLLEGE AVE
KENSINGTON MOTOMART #3414	FKG OIL COMPANY	320 S KENSINGTON DR
KWIK TRIP #181	KWIK TRIP INC	730 E WISCONSIN AVE
KWIK TRIP #182	KWIK TRIP INC	306 N RICHMOND ST
KWIK TRIP #200	KWIK TRIP INC	2120 E EDGEWOOD DR
KWIK TRIP #639	KWIK TRIP INC	2175 S MEMORIAL DR
KWIK TRIP #678	KWIK TRIP INC	3232 S ONEIDA ST
KWIK TRIP #685	KWIK TRIP INC	4085 E CALUMET ST
MEMORIAL LIQUOR	NEPAL LLC	415 S MEMORIAL DR
MISSFITS TAVERN	ELDORADO MOON LLC	317 N APPLETON ST
NANGLO MOMOS & CURRY	1619 COLLEGE AVE LLC	1619 W COLLEGE AVE
NEWBERRY MOBIL	SG PETROLEUMS LLC	2811 E NEWBERRY ST
NORTHLAND MOBIL	DEPU LLC	105 W NORTHLAND AVE
PICK'N SAVE #123	ULTIMATE MART LLC	2700 N BALLARD RD
PICK'N SAVE #187	ULTIMATE MART LLC	511 W CALUMET ST
RICHMOND CITGO	SAI KRUPA LLC	1601 N RICHMOND ST
RICHMOND MOBIL	BSS CORPORATION	3401 N RICHMOND ST
STOP-N-GO #556	KWIK TRIP INC	1342 W PROSPECT AVE
THE DISPENSARY	D8D BY H4H LLC	3020 E COLLEGE AVE STE F
THE PUB & GRILL	RICHMOND BAR & GRILL LLC	2611 N RICHMOND ST
TRUE NORTH ENERGY #822	TRUE NORTH ENERGY LLC	3411 N BALLARD RD
VALLEY MOBIL	VAN ZEELAND OIL INC	2661 S ONEIDA ST
WISCONSIN AVE PANTRY	JALIYAN GAS LLC	111 W WISCONSIN AVE

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

FOR CLERKS ONLY	
Municipality	Appleton
License Period	

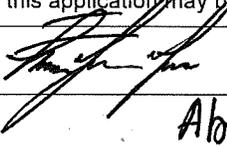
**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietor) AY Trading Inc			
2. Business Trade Name or DBA Smokes and Vape			
3. FEIN		4. Wisconsin Seller's Permit Number 4561032045862 - 04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation			
6. State of Organization Wisconsin		7. Date of Organization March 2025	8. Wisconsin DFI Registration Number A115903
9. Premises Address (do not use PO Box) 2448 W College Ave			
10. City Appleton		11. State WI	12. Zip Code 54914
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone 612 479 3059		21. Premises Email ismailabu.yosef@gmail.com	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.  2000 sqf retail store. goods will be sold behind a counter.			

**Part B: Questions**

1. What products will be sold at this business location? (check all that apply)		
<input checked="" type="checkbox"/> Cigarettes	<input checked="" type="checkbox"/> Tobacco Products	<input checked="" type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)		
<input checked="" type="checkbox"/> Over the counter	<input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.		
3a. Name of Parent Company: _____		
3b. FEIN of Parent Company: _____		

Part C: Individual Information			
An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.			
List the full name, title, and phone number for each person below. Attach additional sheets if necessary.			
Last Name	First Name	Title	Phone
Abu Yosef	Ismail	Owner	

Part D: Attestation	
<p>One of the following must sign and attest to this application:</p> <ul style="list-style-type: none"> <li>• sole proprietor</li> <li>• one general partner of a partnership</li> <li>• one corporate officer</li> <li>• one managing member of an LLC</li> </ul> <p><b>READ CAREFULLY BEFORE SIGNING:</b></p> <p>I understand and agree to the following:</p> <ul style="list-style-type: none"> <li>• I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.</li> <li>• I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.</li> <li>• I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<a href="https://witobaccocheck.org">https://witobaccocheck.org</a>).</li> <li>• I will not sell single cigarettes.</li> <li>• I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.</li> <li>• I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.</li> <li>• I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.</li> </ul> <p>Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.</p>	
Signature	Date
	3/26/2025
Name (Last, First, M.I.)	
Abu Yosef, Ismail I.I	
Title	Email
Owner	

Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
4/25/25			
License fees	Signature of Clerk/Deputy Clerk		

**Cigarette, Tobacco, and Electronic Vaping Device  
Appointment of Agent**

Date 3/26/2025

Agent Type (check one):  Original  Change

**Part A: Agent Information**

1. Last Name <u>Abu Yosef</u>	2. First Name <u>Ismail</u>	3. M.I. <u>IJ</u>
4. Email		5. Phone
6. Home Address <u>3860 Ballantroye Road, Apt 9</u>		
7. City <u>Eagan</u>	8. State <u>Mn</u>	9. Zip Code <u>55122</u>
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

**Part B: Questions**

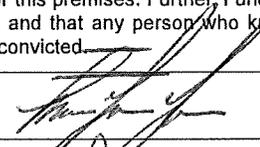
1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ....  Yes  No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

**Part C: Business Information**

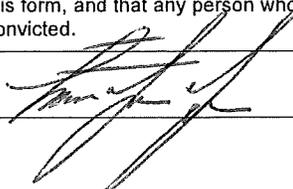
1. Legal Business Name (individual name if sole proprietor) <u>AY Trading Inc</u>		
2. Business Trade Name or DBA <u>Smokes and Vape</u>		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address <u>2448 W College Ave</u>		
5. City <u>Appleton</u>	6. State <u>WI</u>	7. Zip Code <u>54914</u>

**Part D: Attestations**

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

Signature of Licensee (officer, member, or authorized signatory) 	Date <u>4/2/2025</u>
Name of Person Signing for Licensee <u>Ismail Abu Yosef</u>	Title <u>Owner</u>

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

Signature of Agent 	Date <u>4/2/2025</u>
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**Cigarette, Tobacco, and Electronic Vaping  
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	Appleton
License Period	25-26

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietor) Esales inc		
2. Business Trade Name or DBA The Flower Pot		
3. FEIN	4. Wisconsin Seller's Permit Number 456-1027038277-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
6. State of Organization WI	7. Date of Organization 12/16/2009	8. Wisconsin DFI Registration Number 5040006
9. Premises Address (do not use PO Box) 2310 W college Ave		
10. City Appleton	11. State WI	12. Zip Code 54914
13. County Outagamie	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Mailing Address (if different from premises address)		
17. City	18. State	19. Zip Code
20. Premises Phone 920-441-0016	21. Premises Email wireless7jb@comcast.net	22. Website theflowerpot.life
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.  20' x 20' store front		

**Part B: Questions**

1. What products will be sold at this business location? (check all that apply) <input type="checkbox"/> Cigarettes <input type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices		
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine		
3. Is the applicant business owned by another business entity? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary 3a. Name of Business Entity: _____ 3b. FEIN of Business Entity: _____		

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Hartwell	Tye	CEO	

**Part D: Attestation**

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

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

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 5-1-25
Name (Last, First, M.I.) Hartwell Tye D	
Title CEO	Email _____
	Phone _____

**Part E: For Clerk Use Only**

Date application was filed with clerk 5/1/25	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Agent Type (check one):  Original  Change

Part A: Agent Information		
1. Last Name Herrwell	2. First Name TYC	3. M.I. D
4. Email		5. Phone
6. Home Address 2099 River Point CT		
7. City De Pere	8. State WI	9. Zip Code 54115
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part B: Questions
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) E Sales Inc		
2. Business Trade Name or DBA The Flower Pot		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address 2310 W College Ave		
5. City Appleton	6. State WI	7. Zip Code 54914

Part D: Attestations	
<p><b>READ CAREFULLY BEFORE SIGNING:</b> I, the Licensee or Permittee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>	
Signature of Licensee or Permittee (officer, member, or authorized signatory)	Date 5-1-25
Name of Person Signing TJC Herrwell	Title CEO
<p><b>READ CAREFULLY BEFORE SIGNING:</b> I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.</p>	
Signature of Agent	Date 5-1-25



# 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

**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

**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 4/17/25  
Total \$ 172.00  
Receipt #: 8449-3

**SECTION 1 - APPLICANT INFORMATION**

Applicant Name (First, MI, Last) <u>Meghan M. Kelter</u>		Date of Birth	
Home Address <u>8355 mud creek Rd</u>		City <u>Larsen</u>	State <u>WI</u>
		Zip Code <u>54947</u>	
Applicant Drivers License/State ID Number		DL/ID State of Issuance	
Phone Number (Required)		Email Address	
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>Ye Old Goat</u>	<u>1919 E Calumet</u>	<u>Appleton</u>	<u>WI</u>	<u>54915</u>	<u>920-243-4014</u>
Owner's Name <u>Meghan Kelter</u>					
Business Manager's Name <u>Meghan Kelter</u>	<u>8355 mud creek Rd</u>	<u>Larsen</u>	<u>WI</u>	<u>54947</u>	
Building Owner's Name <u>Rollie Winter Assoc</u>	<u>3315 N Ballard</u>	<u>Appleton</u>	<u>WI</u>	<u>54911</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: Ye Old Goat LLC State of Incorp. (if applicable)

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: Meghan M. Kellu Date: 3, 20, 25

**FOR OFFICE USE ONLY**

Department	Approve	Deny	Staff Member	Reason	
Police					
Fire					
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 1<sup>st</sup>- December 31<sup>st</sup>, 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.



# Application for Taxicab/Limousine Company License

CASH OR CHECK ONLY!

25-0449

Original Application  
 Renewal License  
 # 2-25

**FEES ARE NON-REFUNDABLE**

Fee Per Each Individual Vehicle (CLLTSE) \$30.00  
 Investigation Fee (CLLPIF) \$7.00

Date Recv'd APR 29 2025  
 Total \$ 607.00  
 Receipt # 8511-1

LICENSE PERIOD IS FROM  
July 1<sup>st</sup> – June 30<sup>th</sup>

Note: please allow 3 weeks for application processing

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

Company Name  
**LIR Transportation LLC dba Fox Valley Cab**

Business Address  
**719 W Frances St**

City  
**Appleton**

State  
**WI**

Zip Code  
**54914**

Company Email Address [REQUIRED]  
**accounting@foxvalleycab.com**

Company Phone Number [REQUIRED]  
**920-734-4545**

Individual  
 Partnership  
 Corporation

Business Owners Name  
**Igor Leykin**

Date of Birth  
[REDACTED]

Gender  
**Male**

Business Owner Phone Number  
[REDACTED]

Business Owner Email Address  
[REDACTED]

Driver's License Number  
[REDACTED]

State Licensed  
**Wisconsin**

## SECTION 2 - COMPANY HISTORY

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

If Yes, what municipality? \_\_\_\_\_

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

If Yes, please explain: \_\_\_\_\_

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

If Yes, please explain: \_\_\_\_\_

Describe the basic operations of the company:  
**Taxi Operations**

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

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

Vehicle Number	Capacity	Make/Model	DOT License Plate #
See attached Sheet			

## SECTION 4 – INSURANCE NOTICE

Insurance Carrier  
**FIRST CHICAGO INSURANCE**

Insurance Agent Name  
**MCCLURE & ASSOCIATES**

Insurance Agent Phone Number  
[REDACTED]

Insurance Agent Email Address  
[REDACTED]

Policy Number  
[REDACTED]

Policy Period  
**4/21/25 - 4/21/26**

**SECTION 5- PENALTY NOTICE**

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

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

Applicant's Signature Gregory Gussert Date: 4 / 29 / 2025

**FOR OFFICE USE ONLY**

Department	Approve	Deny	Date of Recommendation	Staff Member	
Risk Management	<input checked="" type="checkbox"/>		APR 29 2025	B. Morgan	
Police	<input checked="" type="checkbox"/>		MAY 02 2025	B. Goodin	
Fire	<input checked="" type="checkbox"/>		APR 29 2025	D. Hanson	
Inspection					
Safety and Licensing			5-14-25		
Common Council			5-21-25		
COI on File?	Denial Reasoning		Date Issued	Expiration Date	License Number
<input checked="" type="radio"/> YES <input type="radio"/> NO					

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

**TAXICAB/LIMOUSINE/COMMERCIAL QUADRICYCLE**  
**COMPANY LICENSE INFORMATION**

- Taxicab/Limousine Service Company Licenses are required within the City of Appleton when individuals are intending to operate a taxicab or limousine company. See City of Appleton Municipal code Sec. 9-721 for more information and definitions.
  - Commercial Quadricycles as defined in §340.01(8m) of the Wisconsin Statutes are to be licensed as limousines.
- The process to obtain a Taxicab/Limousine Service License takes approximately 3 weeks from the date of application until the date of issuance and requires approval from several City departments, the Safety and Licensing Committee and the Common Council.
  - When applying for a Commercial Quadricycle license, proposed route maps are required to be submitted attached to the application. These maps are then reviewed for approval by the Appleton Police Department. See City of Appleton Municipal code Sec. 9-729 for more information.
- If your company is licensed in another Wisconsin municipality you are exempt from paying a fee to the City of Appleton. A completed, signed application form along with a current Certificate of Insurance is all that is required for the company.
- Each Taxicab/Limousine Service Company License includes a single Taxicab Driver's License.

<u>Unit</u>	<u>Make/Model</u>	<u>Capacity</u>	<u>WI License</u>
111	2014 Hyundai Equus	5	190VSW
401	2021 Lincoln Navigator	5	AAK1520
402	2019 Lincoln MKT	4	AYL4480
467	2008 Toyota Sequoia	6	299ZNE
475	2014 Chrys T & C	5	AYH3343
485	2012 Toyota Sienna	7	ADF4993
497	2013 Chrysler Town and Country	7	AKZ4161
499	2010 Chrysler Town and Country	7	AKZ4113
503	2014 Dodge Grand Caravan	7	AMG1092
514	2017 GMC Terrain	3	ANP4028
515	2016 Jeep Cherokee Wagon 4 door	3	ANP4029
517	2014 Hyundai Sonata	3	ASJ6104
518	2009 Mazda	5	ASJ8800
521	2017 Chrysler Pacifica LX	5	ASU3855
524	2014 Ford Transit Connect	5	AUG5379
526	2015 Toyota Sienna	5	ATT6681
527	2015 Toyota Sienna	5	APD8270
534	2017 Kia Sedona	5	AYK7780
538	2014 Lexus RX	5	AZW7124
539	2025 Nissan Rogue	3	BAC-6302

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

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

FEE \$ 10 per event + \$7 (applicant background investigation fee) Application Date: \_\_\_\_\_  
 Town  Village  City of Appleton County of OUTAGAMIE

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.  
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 6/5/2025 and ending 8/28/2025 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

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

(a) Name APPLETON DOWNTOWN, INC.

(b) Address 333 W. COLLEGE AVE., APPLETON, WI 54911  
(Street)  Town  Village  City

(c) Date organized 4/2/1993

(d) If corporation, give date of incorporation \_\_\_\_\_

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

(f) Names and addresses of all officers:

President LYSSA KING, 211 W. COLLEGE AVE., APPLETON, WI 54912

Vice President STEVE LONSWAY, 1004 S. OLDE ONEIDA ST., APPLETON, WI 54911

Secretary KOLBY KNUTH, 901 S. LAWE ST., APPLETON, WI 54915

Treasurer TOM KLISTER, 229 E. WASHINGTON ST., APPLETON, WI 54911

(g) Name and address of manager or person in charge of affair: JENNIFER STEPHANY, 333 W. COLLEGE AVE., APPLETON, WI 54911

(g)1. Date of Birth. \_\_\_\_\_ (g)2. Drivers License #: \_\_\_\_\_ (g)3. Email \_\_\_\_\_ Phone. \_\_\_\_\_

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

(a) Street number 301 W. Lawrence St., Appleton, WI 54911

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? FULL USE OF JONES PARK AREA

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: FULL USE OF JONES PARK AREA

## 3. Name of Event

(a) List name of the event SUMMER CONCERT SERIES

(b) Dates of event Every Thursday from 6/5/2025 through 8/28/2025 (EXCLUDING 7/3/2025) (12 Thursdays)

(c) Time(s) of event 5:30 PM - 8:30 PM

## DECLARATION

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

Officer Jennifer Stephany  
(Signature / Date)

Appleton Downtown Inc  
(Name of Organization)

Date Filed with Clerk 2/20/25

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

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

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

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

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

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

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

Application Date: 4-10-2025

Town  Village  City of Appleton

County of DOUTHAM

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 6-7-25 and ending 6-7-25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

**1. Organization** (check appropriate box) →

- Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name St. Joseph Parish

(b) Address 404 W LAWRENCE ST APPLETON, WI 54911  
(Street)  Town  Village  City

(c) Date organized 1868

(d) If corporation, give date of incorporation \_\_\_\_\_

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

(f) Names and addresses of all officers:  
~~President~~ BRODER ROY STAD MEYER - PASTOR  
 Vice President \_\_\_\_\_  
 Secretary DANA SCHMIDT  
~~Treasurer~~ PAULITY MADAGER MIKE DUSNIK

(g) Name and address of manager or person in charge of affair: MIKE DUSNIK  
 (g) \_\_\_\_\_

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

(a) Street number 404 W LAWRENCE ST

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

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

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

**3. Name of Event**

(a) List name of the event KNIGHTS & BITES

(b) Dates of event JUNE 7, 2025

(c) Time(s) of event 2:00 PM - 10:00 PM

**DECLARATION**

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

Officer Michael J. [Signature]  
(Signature / Date)

ST. JOSEPH PARISH  
(Name of Organization)

Date Filed with Clerk 4/10/25  
 Date Granted \_\_\_\_\_

Date Reported to Committee \_\_\_\_\_  
 License No. \_\_\_\_\_

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

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

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

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

Application Date: 03/05/2025

Town  Village  City of Appleton

County of Outagamie

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 1:00pm and ending 8:00pm and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

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

(a) Name Rotary Club of Appleton

(b) Address PO Box 7037 Appleton, WI 54912  
(Street)  Town  Village  City

(c) Date organized 04/1917 (4/1917)

(d) If corporation, give date of incorporation \_\_\_\_\_

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

(f) Names and addresses of all officers:

President Erin Schultz-Wegge 22 N. Saint Josephs Lane, Fond du Lac, WI 54911

Vice President Garrett Singer 1411 N. Superior St. Appleton, WI 54911

Secretary Holly Mestiko 1835 E. Edgewood Dr, Suite 102 Appleton, WI 54913

Treasurer Garrett Singer same as above

(g) Name and address of manager or person in charge of affair: Erin Schultz-Wegge

(g)1. Date of Birth: \_\_\_\_\_ (g)2. Drivers License #: \_\_\_\_\_ 3. Email: \_\_\_\_\_ Phone \_\_\_\_\_

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

(a) Street number Jones Park - 301 W. Lawrence St.

(b) Lot Parking Lot by Stage Block \_\_\_\_\_

(c) Do premises occupy all or part of building? No

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

**3. Name of Event**

(a) List name of the event Fox Valley Pride

(b) Dates of event 06/21/2025 (Rain date: 6/28/2025)

(c) Time(s) of event 1:00pm to 8:00pm

**DECLARATION**

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

Officer Erin Schultz-Wegge, President Rotary Club of Appleton  
(Signature / Date) (Name of Organization)

Date Filed with Clerk 3/5/25

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

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

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

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