



City of Appleton

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

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, May 28, 2025

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[25-0575](#) Safety & Licensing Committee Minutes from 5/14/25

Attachments: [S&L Minutes 5.14.25.pdf](#)

5. Public Hearing/Apearances

[25-0566](#) Alcohol License Demerit Point Violation Appearance - Mr. Frogs on the Ave

Attachments: [Mr.Frogs Demerit Pt Letter \(2nd\).pdf](#)

6. Action Items

[25-0572](#) WI United Football Club - Summer Shootout Special Event Application

Attachments: [WI UFC -Summer Shootout- Kickin' for a Cure -Application .pdf](#)

[Memo - WI United Football Summer Shootout Event.pdf](#)

[25-0573](#) McFleshman's Full-Service Retail Outlet Request for alcohol sales/service at the ADI Farmer's Market July 12, 19 & 26 (2025)

Attachments: [McFleshmans AB-105 Farmers Market 2025.pdf](#)

[25-0579](#) Stone Arch Full-Service Retail Outlet Request for alcohol sales/service at the July 3rd Independence Day celebration in Memorial Park

Attachments: [Stone Arch AB-105 July 3rd Fireworks_Redacted.pdf](#)

[25-0567](#) 2025-2026 Late Alcohol License renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 30, 2025

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

[25-0565](#) Class "B" Beer and Reserve "Class B" Liquor License application for Vault 202 Brewery and Taproom LLC d/b/a Vault 202 Brewery and Taproom, Frederick Stuedemann, Agent, located at 202 W College Ave, contingent upon approval from the Health and Inspections departments
Attachments: [Vault 202 Brewery & Taproom LLC.Alcohol.Class B Beer Reserve Liquor.2.26.25.pdf](#)

[25-0568](#) 2025-2026 Late Cigarette, Tobacco, and Electronic Vaping Device License renewal applications
Attachments: [2025 LATE CTV RENEWALS.pdf](#)

[25-0569](#) 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
Attachments: [Flower Pot.Esales Inc.CTV.5.16.25REDACTED.pdf](#)

[25-0570](#) Pet Store License renewal application for HSA Corporation d/b/a Pet Supplies Plus, Angela DeHaan, Applicant, located at 702 W Northland Ave, contingent upon approval from the Inspections department
Attachments: [Pet Supplies Plus.HSA Corporation.PK.5.14.25.REDACTED.pdf](#)

[25-0571](#) Pet Store License renewal application for Just Pets LLC d/b/a Just Pets, Craig Weborg, Applicant, located at 2009 N Richmond St
Attachments: [Just Pets.PK.5.16.25.REDACTED.pdf](#)

[25-0577](#) Salvage Dealer's License renewal application for Mr C's Motorcycles LLC d/b/a Mr C Cycle, Janet Ristau, Applicant, located at 724 S Outagamie St, contingent upon approval from the Inspections department
Attachments: [Mr C's Motorcycles.REDACTED.pdf](#)

[25-0335](#) Temporary Class "B" Beer License application for Appleton Downtown Inc, Jennifer Stephany, Person in Charge, located at 333 W. College Ave, ~~on May 16, 2025~~ from 5:00 p.m. to 10:00 p.m. on College Avenue, from Superior Street to Durkee Street, for Light the Night Market special event, RESCHEDULED TO FRIDAY, MAY 30, 2025
Attachments: [Appleton Downtown Inc.Alcohol.Temp B Beer.Light the Night Market.5.16.25.R](#)

Legislative History

4/9/25	Safety and Licensing Committee	recommended for approval
--------	--------------------------------	--------------------------

7. Information Items

[25-0574](#) AASD Truancy Initiatives Update

[25-0557](#) Special Events
- Appleton Downtown Inc., Heid Music Summer Concert Series, Jones Park, Thursdays June 5th 2025 - August 28th 2025
- Appleton Parade Committee, City of Appleton Flag Day Parade, Approved Route, June 16th 2025

[25-0576](#) 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
Appleton, WI 54911-4799
www.appletonwi.gov

Meeting Minutes - Final Safety and Licensing Committee

Wednesday, May 14, 2025

5:30 PM

Council Chambers, 6th Floor

1. Call meeting to order

This meeting was called to order by Chair Croatt at 5:31 p.m.

2. Pledge of Allegiance

3. Roll call of membership

Present: 4 - Croatt, Hartzheim, Fenton and Firkus

Excused: 1 - Van Zeeland

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](#)

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

Aye: 4 - Croatt, Hartzheim, Fenton and Firkus

Excused: 1 - Van Zeeland

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](#)

The following spoke regarding the Resolution:

Greg Hartjes, AASD Superintendent

Scott Kornish, 807 W 3rd St

Jax Anderson, W6188 Everglade Greenville

Hartzheim moved, seconded by Fenton, that the Resolution be held at Committee indefinitely. Roll Call. Motion carried by the following vote:

Aye: 4 - Croatt, Hartzheim, Fenton and Firkus

Excused: 1 - Van Zeeland

Balance of the action items on the agenda.

Firkus moved, Fenton seconded, to approve the balance of the agenda excluding items 25-0444 & 25-0445 the Taxi-cab driver licenses. The motion carried by the following vote:

Aye: 4 - Croatt, Hartzheim, Fenton and Firkus

Excused: 1 - Van Zeeland

[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](#)

This Report Action Item was recommended for approval.

[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.pdf](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[25-0466](#)

2025-2026 Cigarette, Tobacco, and Electronic Vaping Device License Renewal applications

Attachments: [2025 CTV RENEWALS.pdf](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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](#)

This Report Action Item was recommended for approval.

[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.6.5.25.REDACTED.pdf](#)

This Report Action Item was recommended for approval.

[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.pdf](#)

This Report Action Item was recommended for approval.

[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.pdf](#)

This Report Action Item was recommended for approval.

[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](#)

Hartzheim moved, seconded by Fenton, that the Taxicab/Limousine Driver's License be recommended for denial. Roll Call. Motion carried by the following vote:

Aye: 4 - Croatt, Hartzheim, Fenton and Firkus

Excused: 1 - Van Zeeland

[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](#)

Fenton moved, seconded by Hartzheim, that the Taxicab/Limousine Driver's License be recommended for denial. Roll Call. Motion carried by the following vote:

Aye: 4 - Croatt, Hartzheim, Fenton and Firkus

Excused: 1 - Van Zeeland

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

Hartzheim moved, seconded by Fenton, that the meeting be adjourned at 5:50 p.m. Roll Call. Motion carried by the following vote:

Aye: 4 - Croatt, Hartzheim, Fenton and Firkus

Excused: 1 - Van Zeeland



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

May 12, 2025

**Mr. Frog's on the Ave
409 W College Avenue
Appleton, WI 54911**

Attention: Vanessa Alvarado

Dear Alcohol License Holder,

The purpose of this letter is to inform you of the status of the demerit points against your alcohol license for the premises known as Mr. Frog's, located at 409 W College Ave, in the City of Appleton. Furthermore, you are hereby required to attend the Safety and Licensing Committee on Wednesday, May 28th at 5:30 p.m. in the Council Chambers, 6th floor of City Hall, to inform the Committee about your efforts to rectify the issues that caused the imposition of any demerit points.

Your establishment recently had a violation for Open After Hours on March 13, 2025, which resulted in convictions on May 7, 2025. Open After Hours carries an assessment of 50 demerit points. At this time, the license for this establishment has a total of 130 demerit points assessed against it within the last 24 months.

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

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

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

Respectfully,

Kami Lynch, City Clerk



Special Event Permit Application Form

CASH OR CHECK ONLY!

Additional Documentation

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

FEES ARE NON-REFUNDABLE

- ☐ Special Event Application Fee
(CLLCMS) \$75.00
- ☐ Police Investigation Fee
(CLLPF) \$7.00

Date Rec'd MAY 12 2025
Total \$ 82.00
Receipt #: 8568-7

Applicants will be assessed the cost of 25% of City services rendered for the event. Invoices will be sent within 45 days after the event concludes.

Please Note: Incomplete applications will not be accepted and will be returned to applicant. Applications are forwarded for review once payment is received. Applying does not guarantee the application will be approved. For additional information, please refer to the Special Event Policy or Manual.

PLEASE PRINT CLEARLY!

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

Organization's Name:

Wisconsin United Football Club

Organization's Address:

PO Box 1444, Appleton, WI 54912

Organization's Phone Number:

920.205.7116

Organization's Email/Website:

info@wiunitedfc.org / wiunitedfc.org

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

Name :

Ann Bona

Date of Birth:

Address:

1910 Greenfield Avenue, Green Bay, WI 54313

Phone Number:

Email Address:

tournaments@wiunitedfc.org

SECTION 3 – EVENT INFORMATION – Application must be filed at least 45 days prior to the event.

Name of Event:

Summer Shootout: Kickin' for a Cure

Event Location:

USA Youth Sports Complex

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

6/20/2025, 6/21/2025, 6/22/2025

Event Set Up Time:

7am on 6/20

Event Start Time:

3pm on 6/20

Event End Time:

7pm on 6/22

Head of Security's Name:

Shant Mesdjian and Dusty Rhodes

Head of Security Phone Number:

Anticipated Attendance (Participants/Attendees):

2,400 total, 1,200 at any one time

Admission Requirements:

None

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

This is a youth soccer tournament that teams pre-register for. It has been held for many years at this location on this same weekend.

This year we have decreased the size of the event by about 20% due to the road construction and traffic congestion.

We will have 260 youth teams that will compete over three days. We will use all of the soccer fields and the concession stand at USA Youth.

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

DEPARTMENT OF PUBLIC WORKS – (920) 832-5580

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

FIRE DEPARTMENT – (920) 832-5810

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

HEALTH DEPARTMENT– (920) 832- 6429

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

PARKS & RECREATION DEPARTMENT – (920) 832-5905

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

POLICE DEPARTMENT – (920) 832-5500

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

RISK MANAGEMENT – (920) 832-6300

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

CITY CLERK'S OFFICE – (920) 832-6443

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

SECTION 5 – ADDITIONAL INSURED REQUIREMENT

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

Signature of Applicant:

Amy Bona

Date:

9/12/25

Print Name:

Ann Bona

SECTION 6 – CERTIFICATION

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

Signature of Applicant:

Amy Bona

Date:

9/12/25

Print Name:

Ann Bona

SECTION 7 – INDEMNIFICATION

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

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

INDEMNIFICATION: BY SIGNING BELOW I ACKNOWLEDGE THAT FOR GOOD AND VALUABLE CONSIDERATION, I, THE APPLICANT, ON BEHALF OF MYSELF AND THE ORGANIZATION, IF APPLICABLE, AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF APPLETON AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGE, EXPENSES AND COSTS, INCLUDING ATTORNEY FEES, ARISING OUT OF THE ACTIVITIES PERFORMED AS DESCRIBED HEREIN, CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENT ACT OR OMISSION OF THE APPLICANT/ORGANIZATION, ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM OR ANYONE WHOSE ACTS ANY OF THEM MAY BE LIABLE, EXCEPT WHERE CAUSED BY THE SOLE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY.

Signature of Applicant:

Ann Bona

Date:

9/12/25

Print Name:

Ann Bona



City of Appleton Special Event Safety and Emergency Response Plan

A special event safety plan is crucial for ensuring the well-being and security of all staff and attendees. By proactively identifying risks and implementing measures to mitigate them, event organizers can create a safe and secure environment that fosters enjoyment and minimizes the likelihood of accidents, injuries, or emergencies. The safety plan serves as a comprehensive framework of procedures, protocols, and resources for managing various scenarios, from medical emergencies and crowd control to weather-related incidents and security threats. Through careful planning, the safety plan helps to instill confidence among stakeholders, enhance emergency preparedness, and ultimately, ensures that everyone can participate in the event without compromising their safety.

Please describe in detail the following aspects of your proposed event. Use additional sheets if necessary. Add additional lines, pages, maps, or attachments as needed.

Event Information	
Event Name:	Summer Shootout Soccer Tournament
Primary Event Contact:	Ann Bona
Contact Phone Number:	
Contact Email Address:	tournaments@wiunitedfc.org
Event Location:	USA Youth Sports Complex

Staff Directory and Communications		
How are staff identifiable?	Tournament Staff t-shirts	
Staff communication method:	Walkie talkies, cell phones	
Public broadcast method:	Email notification, social media, website, air horn	
Staff / Volunteers – listed in order of hierarchy of command		
Name and Title	Phone	Responsibilities / Location / Notes
Vicki King		On-site Tournament Director / Main concession area
Isaiah Tate		Tournament Committee / Main concession area
Justin Oshefsky		Referee coordinator, Schommer maintenance building
Shant Mesdjian		WIUFC Director / Around the fields
Dusty Rhodes		WIUFC Director / Around the fields
Greg Bear		Assistant referee coordinator, Schommer maintenance building
Drew Jepson		On-site Tournament Director / Main concession area
Adam Strange		Tournament Committee / Main concession area
Jillian Amezquita		Tournament Committee / Main concession area

Event Timeline	
<i>Include start and finish times, road closure and reopening times, setup, clean up, etc.</i>	
Time	Action
6/20 7am - 2pm	Field and event set up
6/20 3pm - 9pm	Friday night games, concessions open
6/21 6am	Daily set up
6/21 7:30am - 9pm	Saturday games, concessions open
6/22 6am	Daily set up
6/22 7:30am - 6pm	Sunday games, concessions open
6/22 6pm - 9pm	Take down and clean up

Security / Event Attendance	
<ul style="list-style-type: none"> Designated security is required at the rate of 1/600 people for alcohol free events. Designated security is required at the rate of 1/300 people for events serving alcohol 	
Total number of people attending event?	2,400
Number of people present at busiest time?	1,200
Will alcohol be served?	no
Admission requirements (guest list, public, etc)	Public, though teams have to register
Primary event security contact	Shant Mesdjian
Total number of staff dedicated to security	4 constant, 13 rotating
How security staff will be identifiable	Reflective vests and staff shirts
Location of security staff during event	Entrance, riding around park, headquarters above concessions and Schommer maintenance building
Will private security be hired?	No
Private security main contact name and #	N/A

Medical Emergencies and Resources	
Does your event include strenuous activity?	Yes
Will EMS services be hired?	No, but we have certified athletic trainers
<ul style="list-style-type: none"> Company name and primary contact 	NA
<ul style="list-style-type: none"> List resources (ambulance, EMT, etc.) 	NA
List any event staff with EMS training	NA
Who is responsible for activating EMS / 911?	Hired certified athletic trainers
Location of first aid stations	Throughout the park
Any UTV / ATV / Golf Carts for transport	Yes
List mass casualty collection location	Schommer Maintenance Building by field 2

Weather Monitoring and Cancellation	
Person responsible for weather monitoring	Justin Oshefsky
Shelter location	Schommer Garage building and Concession area
Evacuation plan / location	Notify via air horn, send everyone to their card or shelter location. Player's Choice/Xtreme Air, W3035 Edgewood Trail, Appleton, WI
Emergency announcement method	Air horn, email notification
Predetermined criteria for weather cancellation	6 mile radius of the field, delay for 30 minutes after each strike, normal USFS guidance
Link to the National Weather Service	NWS Forecast Page For Your Event

Road Closure and Parking Restrictions

Private events are responsible for securing a barricade contract and ensuring proper and timely delivery of signs and barricades. Failure to do so may result in event cancellation.

Barricade company	Warning Lites of Appleton (change if different)
Road closure start time	None needed
Road closure end time	None needed
Responsibility	Staff member
Securing barricade contract	NA
Verify accurate and timely barricade delivery	NA
Verify barricade removal from roadway	NA
Verify parking restrictions are posted	NA

Vehicle Threat Mitigation

- *Private events are responsible for securing their events.*
- *All barricade vehicles must be quickly moveable for emergency vehicle access.*
- *See Vehicle Threat Mitigation Recommendations document for further information.*

[illegible]

Protestors / Demonstrators Response

- Demonstrators often take advantage of the crowds at special events to voice their cause.
- It is important for all event staff to have a clear understanding of protestor rights and protocols.
- See APD Protestor Guidelines document for further details.

Is the event on public or private property	Public, but cars must pass through staffed gate security
List event areas open to the public	All fields and around concession area
List event areas restricted to staff only	Above concession stand, Schommer maintenance area
Predetermined criteria for cancellation	NA
Staff member with authority to cancel	Shant Mesdjian, Dusty Rhodes

Missing Children / Vulnerable Adult Plan	
<ul style="list-style-type: none"> All event staff must be trained on the Missing Children / Vulnerable Adult plan Staff should have pre-determined search locations to avoid redundancy. 	
Primary event contact for missing persons	Vicki King
Who is responsible for calling 911?	Vicki King
Communication method for event staff	Walkie talkies on specific channel and cell phones
Public broadcast communication method	Email notifications
Rally point – where will found people or guardians go if not promptly reunited?	Above the concession building
Describe identity verification procedures	We follow USYS's Missing Child procedure listed in their EAP
Describe documentation procedures	We follow USYS's Missing Child procedure listed in their EAP
List search locations and staff member responsible for searching it	
Location	Staff member
Stays put above concession area	Vicki King
North of Concession building	Drew Jepson
South West of Concession building	Isaiah Tate
South East of Concession building	Justin Oshefsky

Lost / Found Property Plan	
Primary event contact person for lost/found	Vicki King
Location of lost/found repository	Valuable items are stored above the concession area, other items are stored by the state by concessions
Describe identity verification procedures	Depends on the item being collected. We ask for specific details.
Describe documentation procedures	Documented via shared Google document

Other
List any additional Safety Planning Procedures
<p>We will have three referees per field. The referee coordinator and assistant coordinator and responded to problem spectators. All cars must pass through gate security and receive a parking pass. Front gate security will rotate every 4 hours. All volunteers must check in with Vicki King. They will be briefed on their duty with a printed job description. Those roles include: gate security/parking, general security, clean up, and concessions. There will also be paid staff onsite led by Vicki King (club registrar), Shant Mesdjan (club director), and Dusty Rhodes (club director). We follow the normal USYS guidance for lightening which is within 6 miles. Play is delayed 30 minutes from the last strike within 6 miles according to the Weather Bug Lightning map. There will be 15 fields managed by 42 game officials on a continuous basis. A response team of Justin Oshefsky, and Greg Baer will respond to any fans who get belligerent. If a fan is asked to leave the game area and refuses to leave the tournament Committee will abandon the game and the crowd will disperse. Referees will have the support of two Directors - Dusty and Shant. Shanda and Dusty will be supported by security at all gates as well as a team of 4-5 persons traveling by golf carts. We will have 3 10x10 red Tents with trainers in them. Trainers will travel in red golf carts and maintain communication on channel 5. There will be a defibrillator above the concession stand. All WI United coaching staff and trainers are certified in CPR and first aid. There are approximately 30 coaches and 3 trainers on-site. We maintain the normal insurance provided by the United States Youth Soccer. We can provide the document upon request. A radio is placed in a holder at midfield at each field on the coaches side. Coaches and referees may communicate directly using the radio with headquarters, referee support, security management, and trainers. Trainers are hired through Go4Ellis, which also generates the EAP.</p>

Items on this page fall under the direction of the Appleton Fire Department

Crowd Managers	
<ul style="list-style-type: none"> For inside events with over 500 people, one certified crowd manager is required per 250 people. For outside events with over 1,000 people, one certified crowd manager is required per 250 people Contact the Appleton Fire Department for crowd manager training 	
Describe evacuation plan	Player's Choice/Xtreme Air, W3035 Edgewood Trail, Appleton, WI 54913
Describe shelter plan	Player's Choice/Xtreme Air, W3035 Edgewood Trail, Appleton, WI 54913
Total # of crowd managers for your event	5
List crowd managers	Vicki King, Shant Mesdjan, Dusty Rhodes, Isaiah Tate, Justin Oshefsky

Fire Alarm / Fire Safety / Other Hazards	
<ul style="list-style-type: none"> The Appleton Fire Department is committed to a fire prevention program that places a high priority on the safety and welfare of the public while minimizing potential fire and life safety hazards. Establishing fire prevention and life safety procedures at your special event is an essential component of the event planning process. Contact the Appleton Fire Department at (920)832-3934 for additional information. 	
Will the event be taking place in a building?	Partially - concession building open
How will staff respond to an indoor fire?	Evacuate building and call 911
Who is responsible for reporting a fire/alarm?	Concession area manager on duty
Will the event be taking place outdoors?	Yes
How will staff respond to an outdoor fire?	Evacuate and call 911
Fire Extinguishers	
List locations for any additional extinguishers	Concession building, in the concession area
Have staff been trained on their use?	Yes
Are staff expected to use extinguishers?	They can if it's safe to do so
Or, are staff expected to simply evacuate?	Yes
Will a fire watch be provided for the event?	No
If you answer YES to any of the following, complete Form SE-07	
Will there be chemicals / hazardous materials?	No
Will there be pyrotechnics or explosives?	No
Will there be tents at the event?	Only small tents

Other
List any additional Safety Planning Procedures
We will be getting crowd manager training for the 5 people listed above.

Emergency Action Plan

REVIEW AND FINALIZE EAP

To facilitate a safe job, carefully review the generated EAP to make sure all details are accurate.

Menasha Classic Soccer Tournament

Sports / Tournament / Soccer

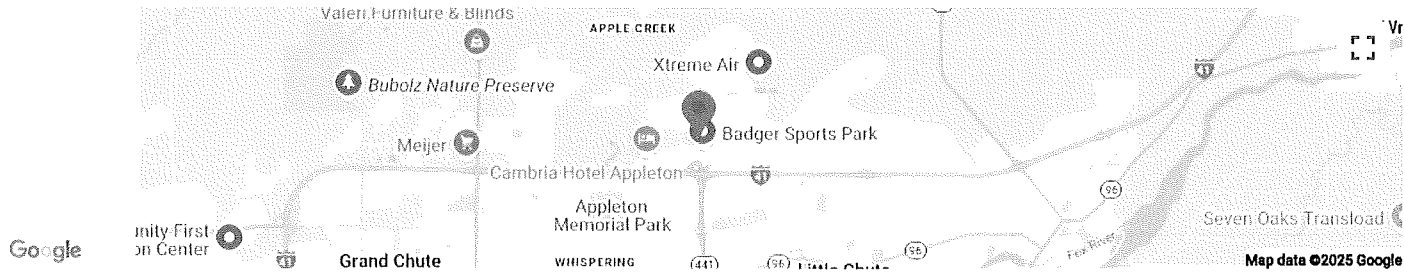
FACILITY LOCATION

Address

3300 E Evergreen Dr
3300 East Evergreen Drive
Appleton, WI 54913
[EDIT](#)

GPS Coordinates

(44.304697, -88.357013)



FACILITY MAP

If you have a facility map, upload it here.

UPLOAD MAP

Map File Uploaded:



EMERGENCY SERVICES

Hospital

Primrose memory care
5715 North Meade Street
Appleton, WI 54913

[EDIT](#)

Police

Appleton Police Department
222 South Walnut Street
Appleton, WI 54911
Ph: (920) 832-5500

[EDIT](#)


Fire Dept.

Appleton Fire Department Station 6
4930 North Lightning Drive
Appleton, WI 54913

[EDIT](#)

All data from the Venue Location and Emergency Services section of this emergency action plan, including, without limitation, emergency room, police, and fire department locations and contact numbers, are automatically pulled into this emergency action plan from Google maps as a service to you. Go4 does not independently verify their accuracy. To ensure these are correct, we suggest you verify them in advance of this job.

CONTACT LIST

Role	Name	Phone Number
Job Contact	Ann Bona 	<div><div></div></div>

[ADD EMERGENCY CONTACT](#)

SUPPLIES & EQUIPMENT

Finalize the list of supplies and equipment provided for this job, along with the locations of each item.

WATER	Concession building	DELETE
WALKIE TALKIE	With each trainer	DELETE
MEDICAL TENT	Assigned at check in	DELETE
ICE BAGS	Above concession area	DELETE
ICE	Above concession area	DELETE
GOLF CART	By concession area	DELETE
COOLERS	On-Site Location	DELETE
AED	Above concession area	DELETE

Other supplies & equipment

On-Site Location

[DELETE](#)

[ADD EQUIPMENT](#)

FACILITY SPECIFIC INSTRUCTIONS

Facility Information

Add safety instructions specific to the facility/venue.

Ambulance Access Point

Entrance on E Evergreen Avenue

Weather Plans/Shelters

Add weather plans or shelter information.

Other

If there is any facility info needed, add it here.



additional Shelter Area
40 x 80 yard open turf
field under a roof indoors



DEPARTMENT OF
**LEGAL AND
ADMINISTRATIVE
SERVICES**

OFFICE OF THE CITY CLERK
100 N Appleton Street
Appleton, WI 54911
p: 920.832.6443
f: 920.832.5823
www.appletonwi.gov

MEMORANDUM

Special Event Denial – WI United Football Club: Summer Shootout

Date: May 21, 2025

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

From: Kami Lynch, City Clerk *KL*

Encl: Special Event denial letter & appeal request.

The Special Events Policy requires applications to be submitted a minimum of forty-five (45) days prior to the event date. This is to allow for adequate planning and resource availability to support special events. WI United Football Club applied for their Summer Shootout event on May 12th which is thirty-nine (39) days out from the event date. As a result of the late submittal, the application was automatically denied pursuant to the policy. The policy allows for applications that are denied for any reason to be submitted to the Common Council by way of the Safety & Licensing Committee for final determination.

The event organizers have been in frequent contact with the City regarding the event prior to the submittal of their application. This event has been occurring within the City for several years and it was mutually agreed upon that this year it would be categorized as a Special Event due to the impact it has on the surrounding roadways as a result of vehicular traffic and the number of people in attendance for the event.

Despite the late filing of the application, City staff are prepared to provide support to the event planners in order to promote a safe and successful event. Please take this into consideration when deciding whether to grant the special event application.



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

May 19, 2025

Ann Bona
1910 Greenfield Avenue
Green Bay, WI 54313
tournaments@wiunitedfc.org

This letter is in reference to your application for a Special Event Permit filed on May 12, 2025 for a Summer Shootout: Kickin' for a Cure event to occur June 20th – June 22nd 2025. Per the City of Appleton Special Event Policy V.A.1. completed applications for a special event permit must be received a minimum of forty-five (45) days prior to the commencement of the event. Late applications result in an automatic denial of the special event permit.

Due to the late submission of your application, it is automatically denied. You have the right to appeal this denial recommendation to the Safety & Licensing Committee. The request to appeal the denial must be received within thirty (30) days of receipt of this letter, but please note that the opportunity for an appeal to be decided by the Safety & Licensing Committee and Common Council must occur prior to the scheduled event. Therefore, it is best to provide notification of your intent to appeal as soon as possible.

The next scheduled Safety & Licensing Committee meeting is on Wednesday, May 28th at 5:30 p.m.

Should you have any questions related to this matter, please contact my office at the phone number provided above.

Respectfully,

Kami Lynch
City Clerk

Kami L. Lynch

From: Ann Bona <tournaments@wiunitedfc.org>
Sent: Monday, May 19, 2025 5:43 PM
To: Eric Gebhard
Cc: Kami L. Lynch; Tom Flick; Abby McDaniel
Subject: Re: Summer Shootout Special Event Denial

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Kami,

I know you've spoken with Eric already. I just wanted to send this email to officially inform you of our intent to appeal. Eric and I will be at the meeting on Wednesday.

Thank you,
Ann Bona
WIUFC Tournament Director

On Mon, May 19, 2025 at 3:16 PM Eric Gebhard <execdirector@wiunitedfc.org> wrote:
Kami,

I am devastated to receive this news. Ann has a full time job and she may not be able to reply right away. I would like to respectfully inform you of our intent to appeal.

We were informed of the new permitting process on April 11 with a May 6 deadline. The language of the application was foreign to us. It is lengthy and thorough.

We tried to do as much due diligence as possible including meeting with deputy director Tom Flick to go through the application line by line. Additionally I have had calls with Chief Sargent Ostermeier and Fire Battalion Commander Henson.

During the course of our due diligence we missed the deadline by three business days. We believe during our correspondence with the City, Fire and Police that we have already fast tracked many of the conversations that it may help expedite the process in less than 45 days.

The Summer Shootout is an event that spans several decades. The infrastructure of the park and the business community around the park including the hotels and restaurants look forward to the event. Our club is a nonprofit 501 c3. In addition to the park and the business community we have donated \$25 per tournament team to cancer related charities for over three decades.

The cultural significance of this event and what it means to youth soccer in Appleton is important. Canceling the event is not an option. We would prefer to feature the City of Appleton and the tradition of its sporting community while also being a good neighbor.

Teams have registered for the event and booked hotels as far back as December. We capped registration for this event in March.

We have altered the event this year by reducing capacity 25% due to the road construction in the area.

Respectfully, we intend on appealing the denial letter.

Best Regards,

Eric Gebhard
Executive Director
Wisconsin United Football Club

On Monday, May 19, 2025, Kami L. Lynch <Kami.Lynch@appletonwi.gov> wrote:

Hello Ann,

Per our Special Events Policy, please find the denial letter for your Summer Shoot-out event June 20th – June 22nd at the USA Youth Sports Complex. As City staff have worked collaboratively with you and your organization on the safety and success of this event, we are continuing to review and prepare for your event in anticipation of your appeal of this denial.

As soon as you are able, please advise if you wish to appeal the special event application denial. The next Safety & Licensing Committee meeting is next week Wednesday, May 28th at 5:30 p.m. Should you choose to appeal the automatic denial per our Special Events Policy, your application would be reviewed by this Committee who would then make a recommendation to the Common Council, meeting on June 4th at 7:00 p.m. for a final determination on the application/event.

Please get in touch with me to discuss further if you have any questions.

Thank you,

Kami

Kami Lynch

City Clerk
City of Appleton, Department of Legal and Administrative Services

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor)

McFleshman's Brewing Co., LLC

2. Business Name or DBA

McFleshman's Brewing Co.

3. Agent Name

Bobby Fleshman

4. FEIN

5. Wisconsin Seller's Permit Number

456-1029314691-02

6. Wisconsin Producer Permit Number

BR-WI-21177

7. Producer Type

☐ Brewery☒ Winery☐ Liquor Manufacturer/Rectifier

8. Contact Person's First Name

Bobby

9. Last Name

Fleshman

10. M.I.

L

11. Contact Person's Phone

12. Contact Person's Email

bobby@mcfleshmans.com

Part B: Production Quantity

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

Brewery☐ Less than 250 barrels☒ 250 - 2,499 barrels☐ 2,500 - 7,499 barrels☐ 7,500 or more barrels**Manufacturer/Rectifier**☐ Less than 1,500 liters☐ 1,500 - 4,999 liters☐ 5,000 - 34,999 liters☐ 35,000 or more liters**Winery**☐ Less than 1,000 gallons☐ 1,000 - 4,999 gallons☐ 5,000 - 24,999 gallons☐ 25,000 or more gallons

Calendar year: 2025

Calendar year:

Calendar year:

Quantity: 852

Quantity:

Quantity:

Complete only ONE of Part C, D or E.**Part C: Request for Full-Service Retail Sales at the Production Premises**

1. Start Date

2. Production Premises Address

3. City

4. State

5. Zip Code

6. County

7. Governing Municipality ☐ City ☐ Town ☐ Village
of: _____**Part D: Request for Fixed Full-Service Retail Outlet**1. Are you transferring one fixed full-service retail outlet to a new location? ☐ Yes ☐ No
If yes, complete boxes 2 through 9.

2. Current Outlet Name

3. Current Outlet Premises Address

4. City

5. State

6. Zip Code

7. County

8. Governing Municipality ☐ City ☐ Town ☐ Village
of: _____

9. Premises Phone Number

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)**New Fixed Retail Outlet Information (complete boxes 10 through 23)**

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

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

1. Name of Event (if applicable) Downtown Appleton Farm Market		
2. Dates of Operation (attach a schedule, if necessary) July 12, 19, 26 (2025)		3. Hours of Operation 9am-1pm
4. Premises Address 100-116 N Morrison St, Appleton WI 54911		
5. City Appleton	6. State WI	7. Zip Code 54911
8. County Outagamie	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton	
10. Organizer of Event (if not the named applicant) Appleton Downtown Incorporated	11. Email and/or Phone Number for Organizer of Event jennifer@appletondowntown.org	
12. Organizer Website appletondowntown.org	13. Event Website https://appletondowntown.org/events/downtown-appleton-farm-market/	
14. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. map attached; area will be open tables in the street with shade canopies		
15. On-Site Contact (Last Name, First Name) Bobby Fleshman	16. On-Site Contact Phone	17. On-Site Contact Email bobby@mcfleshmans.com
18. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. What alcohol beverages will be offered for sale? (check all that apply) <input checked="" type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
20. What alcohol beverages does the permittee produce? (check all that apply) <input checked="" type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
21. How will customers be served? (check all that apply) . . . <input checked="" type="checkbox"/> Samples <input checked="" type="checkbox"/> On-premises consumption <input checked="" type="checkbox"/> Off-premises consumption		

Part F: Attestation

Who must sign this application?

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

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

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

Signature



Date

05/08/2025

Last Name

Freshman

First Name

Bobby

M.I.

L

Title

owner

Email

bobby@mcfleshmans.com

Phone

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)1. Will the municipality limit the scope of alcohol beverages offered for sale? ☐ Yes ☐ No2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? ☐ Yes ☐ No

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

4. Last Name of Municipal Official

5. First Name

6. M.I.

7. Signature of Municipal Official

8. Date

9. Date Application was Filed with Clerk

May 8, 2025

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

N Morrison St

204

205

206

208



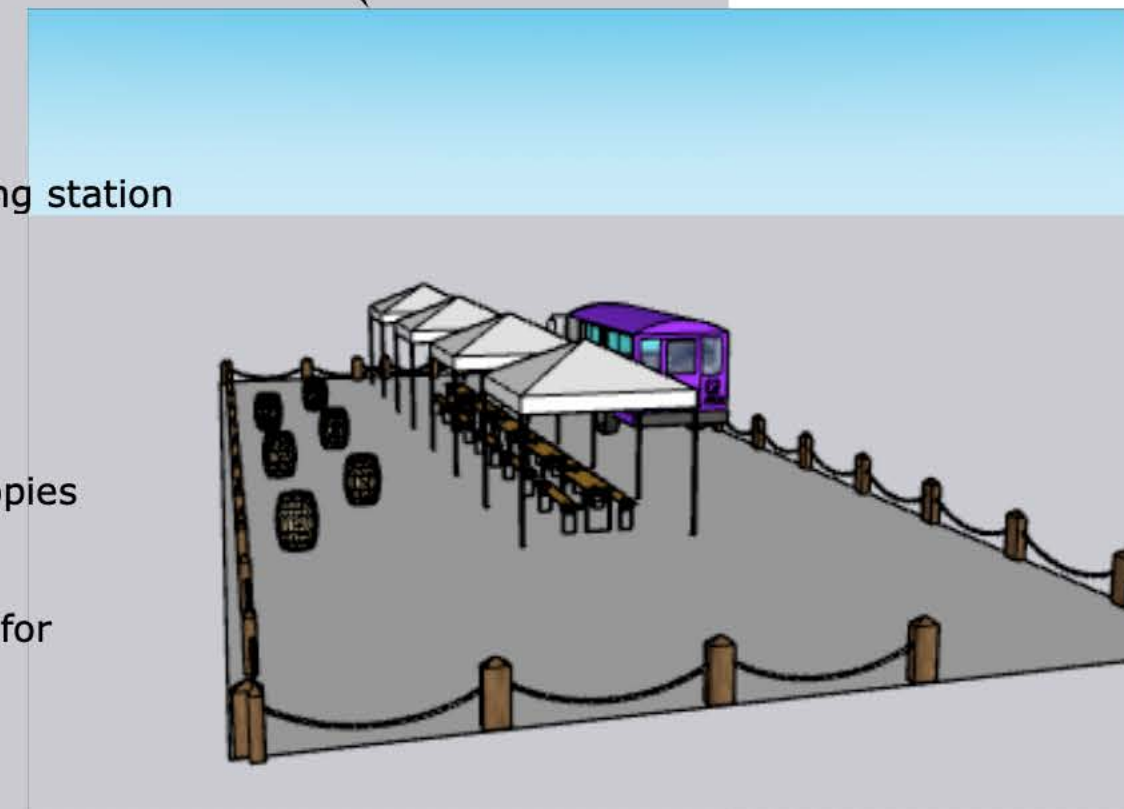
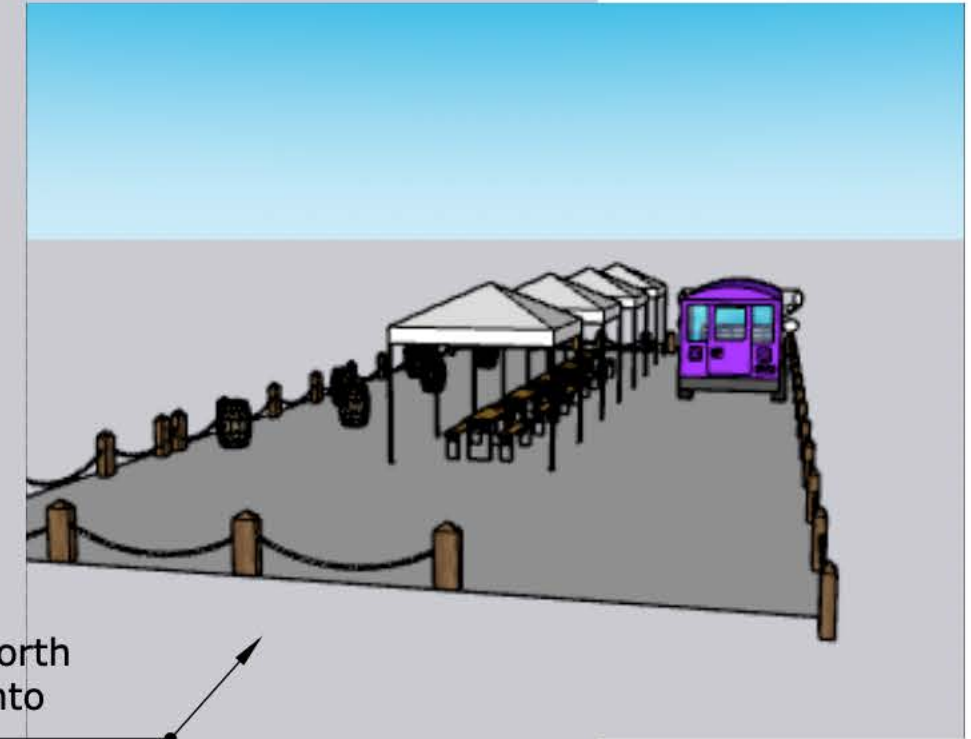
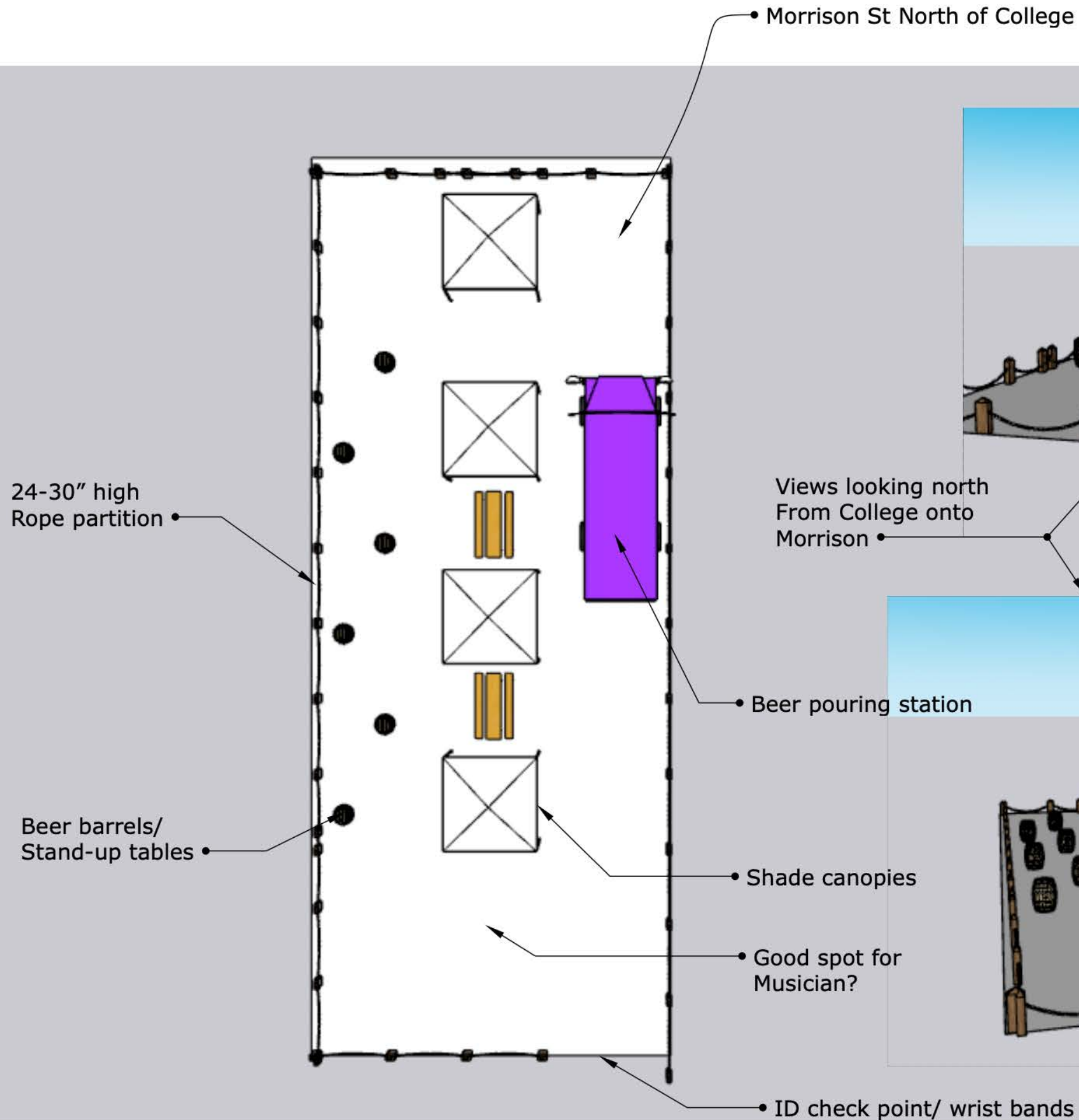
Antojitos Mexica
Mexican



200 E College Ave
Recently viewed

E College Ave

McFleshman's layout proposal for Downtown Appleton Farm Market 2025 (updated 5/8/25)



Producer Full-Service Retail Sales Application

Date
05/21/2025

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor) Stone Arch Brewpub, Inc.		
2. Business Name or DBA Stone Arch Brewpub	3. Agent Name Steven Lonsway	
4. FEIN	5. Wisconsin Seller's Permit Number 456-0002131926-03	
6. Wisconsin Producer Permit Number WIBRST015000	7. Producer Type <input checked="" type="checkbox"/> Brewery <input type="checkbox"/> Winery <input type="checkbox"/> Liquor Manufacturer/Rectifier	
8. Contact Person's First Name Steven	9. Last Name Lonsway	10. M.I. T.
11. Contact Person's Phone	12. Contact Person's Email steve@stonearchbrewpub.com	

Part B: Production Quantity

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

Brewery	Manufacturer/Rectifier	Winery
<input type="checkbox"/> Less than 250 barrels <input checked="" type="checkbox"/> 250 - 2,499 barrels <input type="checkbox"/> 2,500 - 7,499 barrels <input type="checkbox"/> 7,500 or more barrels	<input type="checkbox"/> Less than 1,500 liters <input type="checkbox"/> 1,500 - 4,999 liters <input type="checkbox"/> 5,000 - 34,999 liters <input type="checkbox"/> 35,000 or more liters	<input type="checkbox"/> Less than 1,000 gallons <input type="checkbox"/> 1,000 - 4,999 gallons <input type="checkbox"/> 5,000 - 24,999 gallons <input type="checkbox"/> 25,000 or more gallons
Calendar year: 2024	Calendar year:	Calendar year:
Quantity: 1,396	Quantity:	Quantity:

Complete only ONE of Part C, D or E.

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

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

Part D: Request for Fixed Full-Service Retail Outlet

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

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)**New Fixed Retail Outlet Information (complete boxes 10 through 23)**

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

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

1. Name of Event (if applicable) 4th Of July Celebration		
2. Dates of Operation (attach a schedule, if necessary) July 3, 2025	3. Hours of Operation 3:00 pm to 10:00 pm	
4. Premises Address 1620 Witzke Blvd.		
5. City Appleton	6. State WI	7. Zip Code 54911
8. County Outagamie	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton	
10. Organizer of Event (if not the named applicant) Dean Gazza	11. Email and/or Phone Number for Organizer of Event dean.gazza@appletonwi.gov	
12. Organizer Website	13. Event Website	
14. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Near the band shell pavilion in the south east corner of the park.		
15. On-Site Contact (Last Name, First Name)	16. On-Site Contact Phone	17. On-Site Contact Email
18. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. What alcohol beverages will be offered for sale? (check all that apply) <input checked="" type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
20. What alcohol beverages does the permittee produce? (check all that apply) <input checked="" type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
21. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input checked="" type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption		

Part F: Attestation

Who must sign this application?

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

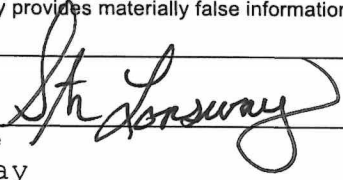
READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

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

Signature



Date

05/21/2025

Last Name

Lonsway

First Name

Steven

M.I.

T.

Title

President

Email

steve@stonearchbrewpub.com

Phone

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)1. Will the municipality limit the scope of alcohol beverages offered for sale? ☐ Yes ☐ No2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? ☐ Yes ☐ No

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

4. Last Name of Municipal Official

5. First Name

6. M.I.

7. Signature of Municipal Official

8. Date

9. Date Application was Filed with Clerk

May 22, 2025

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

2025-2026 RENEWALS

CLASS "A" FERMENTED MALT BEVERAGE & "CLASS A" LIQUOR (CIDER ONLY) LICENSE

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Van Zeeland Oil Co Inc Ryan Van Zeeland, Agent, 33 Meadowbrook Ct, Appleton WI 54914	Valley Mobil	2661 S Oneida St

CLASS "A" FERMENTED MALT BEVERAGE & "CLASS A" LIQUOR LICENSE

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Appleton Liquor LLC Heidi Guta, Agent, 1325 E Overland Rd, Appleton WI 54911	Appleton Liquor	2727 N Meade St
Indianhead Oil Co LLC Brad Larson, Agent, W2505 Pearl St, Seymour WI 54165	Circle K	1935 E Calumet St
Dolgencorp LLC John Greene, Agent, W145 Lake Sandia Dr, Krakon WI 54547	Dollar General #6535	1320 W Wisconsin Ave
Dolgencorp LLC John Greene, Agent, W145 Lake Sandia Dr, Krakon WI 54547	Dollar General #21851	1010 W College Ave
Lindo Michoacan Mexican Restaurant LLC Pedro Juarez, Agent, 1017 Grove St, Menasha WI 54952	Lindo Michoacan	211 N Richmond St
Depu LLC Chiranjibi Lamichhane, Agent, W6323 Arborvitae Ln, Menasha WI 54952	Northland Mobil	105 W Northland Ave
Oneida Street Mini Mart LLC Prabhu Dhungana, Agent, 4716 W Grand Meadows Dr, Appleton WI 54914	Oneida BP	1306 S Oneida St
Target Corporation Nicolas Bedolla, Agent, 1301 Rosehill Rd #18, Little Chute WI 54140	Target Store T-1248	1800 S Kensington Dr
The Free Market Inc Lucinda Weinfurter, Agent, E2723 Cty Rd B, Scandinavia WI 54977	The Free Market	734 W Wisconsin Ave
Tiffani's Bridal & Consignment LLC Tiffani Ebben, Agent, W7234 School Rd, Greenville WI 54942	Tiffani's Bridal	210 W College Ave 2 nd Fl
Samyam LLC Sadhana Lamichhane, Agent, 1000 Kernan Ave, Menasha WI 54952	Wisconsin Avenue Marathon	1920 E Wisconsin Ave

CLASS “B” FERMENTED MALT BEVERAGE LICENSE

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Bennett Manor 2 LLC Heidi Bennett, Agent, 309 E Wentworth Ln, Appleton WI 54913	Cozzy Corner	111 N Walnut St
Newell Company Inc David Oshefsky, Agent, 2053 Shady Ln, Green Bay WI 54313	Lumberjack Johnny’s	2701 N Oneida St Ste E
United Sports Association for Youth Inc Eric Gebhard, Agent, 828 Jefferson St, Algoma WI 54201	USA Sports Complex	3300 E Evergreen Dr

**CLASS “B” FERMENTED MALT BEVERAGE LICENSE
AND “CLASS C” WINE LICENSE**

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Off the Vine Woodfire Pizza Co LLC Keith Schreiner, Agent, 629 Hansen St, Neenah WI 54956	Broken Tree Pizza	201 S Riverheath Way Ste 1100
Garden View Family Restaurant LLC Rose Salinas Villanueva, Agent, 315 Tyler Ct #1, Menasha WI 54952	Garden View Family Restaurant	216 E College Ave
MYMY LLC Pa Zao Chang, Agent, 3518 S Barker Ln, Appleton WI 54915	MYMY	2825 N Ballard Rd
OTOTO LLC Lor Lee, Agent, 3518 S Barker Ln, Appleton WI 54915	OTOTO Ramen	205 N Richmond St
MK2 Investments LLC Mari Kessenich, Agent, 4509 N Knollwood Ln, Appleton WI 54913	Pinot’s Palette	226 E College Ave

“CLASS C” WINE LICENSE

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Memorial Florists & Greenhouses Inc Robert Aykens, Agent, 1112 Harold Dr, Menasha WI 54952	Memorial Florists & Greenhouses	2320 S Memorial Dr

CLASS “B” FERMENTED MALT BEVERAGE & “CLASS B” LIQUOR LICENSE

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Capo Gooble LLC Colin Torrez, Agent, 181 S Riverheath Way, Appleton WI 54915	Ambassador	117 S Appleton St
Antojitos Mexicanos LLC Fernando Almanza, Agent, 580 Cornrow Ln, Combined Locks WI 54113	Antojitos Mexicanos	204 E College Ave
Apollon LLC Kelly-Jo St Aubin, Agent, 924 Oviatt St, Kaukauna WI 54130	Apollon	207 N Appleton St
Appleton Souvenir & Cigar Inc Norman Kopesky III, Agent, 741 Woodfield Rd, Neenah WI 54956	Appleton Souvenir & Cigar Co	415 W College Ave
Mauthe Ventures LLC Jennifer Mauthe, Agent, 3824 N Millwood Dr, Appleton WI 54913	Bazil's Pub	109 W College Ave
Bowl Ninety-One LLC Thong Vue, Agent, 53 Meadow Row Ct, Appleton WI 54913	Bowl Ninety-One	100 E College Ave
Calaveras Fine Fusions LLC Rebekka Garcia, Agent, 720 Wind Flower Way, Kimberly WI 54136	Calaveras Fine Fusions	511 W College Ave
Camelot of Appleton LLC Brian Striegel, Agent, 802 E College Ave, Appleton WI 54911	Camelot	1700 E Wisconsin Ave
Thao Enterprises Inc Maiyoua Thao, Agent, 5310 N Rosemary Dr, Appleton WI 54913	Chung's Sandwich Bar	1804 S Lawe St
ANK Restaurant Inc Adam Delfosse, Agent, N207 Country Ayre Ct, Appleton WI 54915	Cinder's Charcoal Grill	221 S Kensington Dr
TNE, Inc Sharon Reader, Agent, N1522 Sandview Dr, Fremont WI 54940	Emmett's Bar & Grill	139 N Richmond St
Mauthe Ventures LLC Jennifer Mauthe, Agent, 3824 N Millwood Dr, Appleton WI 54913	Firefly Downstairs Pub	109 W College Ave
Galvan's LLC Spresium Useini, Agent, 843 Sundial Ln, Neenah WI 54956	Galvan's	2220 E Northland Ave
The Original Music Collaborative LLC David Willems, Agent, 59 S Meadows Dr, Appleton WI 54915	Gibson Community Music Hall	211 W College Ave
DCMX LLC Mylee Xiong, Agent, N8831 Noe Rd, Menasha WI 54952	Gingerootz	2920 N Ballard Rd Ste A

Appleton Nickel Inc Stacy Knaack, Agent, 927 Caroline St, Neenah WI 54956	Glass Nickel Pizza Co	2120 W College Ave
Gonzalez Mexican Grill LLC Carolina Gonzalez Ramirez, Agent, 2425 N Skylark Dr, Appleton WI 54914	Gonzalez Mexican Grill	2190 S Memorial Dr
Hideout Bar LLC Amanda Ernst, Agent, 75 Paulina St, Clintonville WI 54929	Hideout Bar	2828 N Ballard Rd
Ferg5 James Ferg, Agent, 1238 Appleton St, Menasha WI 54952	Home Burger Bar	205 W College Ave
Lindo Michoacan Mexican Restaurant LLC Pedro Juarez, Agent, 1017 Grove St, Menasha WI 54952	Lindo Michoacan	207 N Richmond St
Fox Valley Rentals & Investments LLC Brian Tomaszewski, Agent, 1459 Mera Ln, Kaukauna WI 54130	M.T. Pockets	2906 E Newberry St
Sonys Bistro LLC Synona Meyer, Agent, 1342 N Lake Ct, Appleton WI 54913	Meade Street Bistro	2729 N Meade St
Mill City Public House LLC Russell Leary, Agent, 904 Winona Way, Appleton WI 54911	Mill City Public House	1103 W College Ave
Mauthe Ventures LLC Jennifer Mauthe, Agent, 3824 N Millwood Dr, Appleton WI 54913	Olde Town Tavern	107 W College Ave
Ka Lee & Peng Xiong 1767 Sandys Ln, Menasha WI 54952	Shadows Food & Spirits	211 S Walter Ave
Spats Food & Spirits LLC Nicholas Kapheim, Agent, 5740 W Packard St, Appleton WI 54913	Spats Food & Spirits	733 W College Ave
Kim Williams 200 E Harding Dr, Appleton WI 54915	Study Hall Grille & Pub	313A E Calumet St
THBJ Investments LLC Bruce Hawley, Agent, 349 White Cedar Pkwy Apt H, Kimberly WI 54136	The Bent Keg	417 W College Ave
Supple Fondue LLC John Supple III, Agent, 4244 S Shady Ln, Oshkosh WI 54902	The Melting Pot	2295 W College Ave
Victorias of Appleton Inc Cresencio Victoria, Agent, 503 W College Ave, Appleton WI 54911	Victorias Restaurant	503 W College Ave

Tudy Wilder LLC	Wilder's Bistro	2639 S Oneida St Ste 1
Terrance Wilder, Agent, 705 Arthur St, Little Chute WI 54140		

**CLASS "B" FERMENTED MALT BEVERAGE & RESERVE "CLASS B" LIQUOR
LICENSE**

<u>NAME</u>	<u>TRADE NAME</u>	<u>ADDRESS</u>
Blazin Wings Inc Kimberly Lutzewitz, Agent, W6983 Center Valley Rd, Shiocton WI 54170	Buffalo Wild Wings	3201 E Calumet St
Foster Cocktail Company LLC Patrick Frawley, Agent, 803 W Winnebago St, Appleton WI 54914	Commodore Club	231 & 233 E College Ave
Fox Cities Performing Arts Center Inc Maria Van Laanen, Agent, 4726 N Tony Ct, Appleton WI 54913	Fox Cities Performing Arts Center	400 W College Ave
J Restaurant LLC Jay Supple, Agent, 4716 Bay View Ln, Oshkosh WI 54902	Fratellos Waterfront Restaurant	501 W Water St
Marvol LLC Adam Marty, Agent, 429 E Roosevelt St, Appleton WI 54911	Marvol	126 E Pacific St
Rivera Restaurants LLC Vanessa Alvarado, Agent, 4821 N Latitude Ln Unit C, Appleton WI 54913	Mr Frogs on the Ave	409 W College Ave
1619 College Ave LLC Sandip Bhandari, Agent, 809 Indiana Ave, Sheboygan WI 53081	Nanglo Momos & Curry	1619 W College Ave Ste A
Viand Hospitality LLC Aaron Sloma, Agent, W2547 County Line Rd, Cleveland WI 53015	Parker Johns BBQ & Pizza	2331 E Evergreen Dr Unit 2
Thai Ginger Bistro LLC Bounpheng Ping Luangpraseuth, Agent, 364 Forest View Rd, Oshkosh WI 54904	Thai Ginger Bistro	1619 W College Ave Ste F

Form
AB-200

Alcohol Beverage License Application

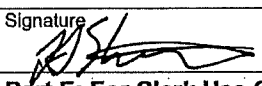
For Municipal Use Only	
Municipality	Appleton
License Period	24-25

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

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

Fees	
License Fees	\$10,600
Background Check Fee	\$ 21
Publication Fee	\$ 60
Total Fees	\$10,681

Part A: Premises/Business Information			
1. Legal Business Name (Individual name if sole proprietorship) Vault 202 Brewery and Taproom LLC			
2. Business Trade Name or DBA Vault 202 Brewery and Taproom			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1031901818-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 10/31/2024	
8. Wisconsin DFI Registration Number			
9. Premises Address 200 W College Ave			
10. City Appleton		11. State WI	12. Zip Code 54911
13. County Outagamie		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of Appleton	
15. Aldermanic District 1			
16. Premises Phone (515) 720-4197		17. Premises Email cstuede@gmail.com	
18. Website www.vault202brewery.com			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Vault 202 Brewery & Taproom LLC will be at 200 W. College Ave. and utilize 6000 sq ft on the first floor and 3000 sq ft in basement. The north side of the floor space will have a separate room that will house the brewery and the rest of the space will be utilized as the taproom. This building is located north of College Ave. and west of N. Appleton St in the city of Appleton. Outdoor table area approx. 300 sq ft. See addendum/drawing attached.			
20. Mailing Address (if different from premises address) 240 Adella Beach Road			
21. City Neenah		22. State WI	23. Zip Code 54956
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	
Penalty Imposed		Trial Date	
Was sentence completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
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 . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Stuedemann	Frederick	President	
Statz	Samuel	Member	
Krebsbach	Scott	Member	
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		First Name	M.I.
Stuedemann		Frederick	J
Title	Email	Phone	
President			
Signature		Date	
		2/23/25	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
2/26/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

2/23/25

**Addendum for AB-200 Premises Description
Vault 202 Brewery and Taphouse LLC**

Vault 202 Brewery and Taphouse LLC will be located in the building at 200 W. College Avenue in Appleton, WI. This building is on the north side of College Avenue and to the west of N. Appleton Street.

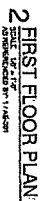
The building is a multiple floor building. Vault 202 Brewery and Taphouse LLC will house part of the first floor and part of the basement. On the First floor, Vault 202 Brewery and Taphouse LLC will have 6,000 square feet and the basement will have 3,000 square feet. Vault 202 Brewery and Taphouse LLC also intends to have a spot in the front of the building on the sidewalk in Appleton that will allow a small sitting area for food and drink that is outdoors during warmer weather only. This area will be 300 Square Feet.

Other tenants in the building are:

- A Bank (Chase) that occupies part of the first floor. The entrance to Chase Bank is totally separate from the Brewery and can only be accessed by the street.
- Floor's 2-4 are currently under construction and are intended to be rental residential units. These are set to open later this year. There is a common hallway shared by the brewery and the residential units to allow access to the elevators.

The area in the north side of the building will house the brewery equipment and the office for brewery operations. This area is separated from the rest of the space via a wall that has windows and some doors that will typically remain closed. The office is a lockable office in which all records will be kept. The non-brewery area will house a bar, seating, small kitchen and coolers. This is where the beer and food will be served from Vault 202 Brewery and Taphouse LLC. There will be (1) cooler directly behind the bar where some of the beer will be stored in ½ BBL's. There will be taps coming through the wall to the bar area for the servers to pour and serve beer. There will also be an additional storage cooler in the basement, in an area not open to the public, which will be storage of ½ BBL's.

See below a drawing of the spaces as described above. We are using a construction company to build the space and to assure all spaces are up to code.



NORTH



NORTH

PRELIMINARY
NOT FOR CONSTRUCTION

AE-101

VAULT 202 BREWERY AND TAPROOM
FRITZ STUDEMANN
200 WEST COLLEGE AVE
APPLETON, WI 54911

CONSULTANT:







WALL DIMENSION KEY

NOTE: WALLS ARE DIMENSIONED IN INCHES OR FEET AND INCHES. CLADDING BARRELS ARE FROM INSIDE OF WALLS.

KEYNOTE	DESCRIPTION	CLADDING
1	KEYNOTE TIEBOND	CLADDING
2	KEYNOTE TIEBOND	CLADDING
3	KEYNOTE TIEBOND	CLADDING
4	KEYNOTE TIEBOND	CLADDING
5	KEYNOTE TIEBOND	CLADDING
6	KEYNOTE TIEBOND	CLADDING
7	KEYNOTE TIEBOND	CLADDING
8	KEYNOTE TIEBOND	CLADDING
9	KEYNOTE TIEBOND	CLADDING
10	KEYNOTE TIEBOND	CLADDING
11	KEYNOTE TIEBOND	CLADDING
12	KEYNOTE TIEBOND	CLADDING
13	KEYNOTE TIEBOND	CLADDING
14	KEYNOTE TIEBOND	CLADDING
15	KEYNOTE TIEBOND	CLADDING
16	KEYNOTE TIEBOND	CLADDING
17	KEYNOTE TIEBOND	CLADDING
18	KEYNOTE TIEBOND	CLADDING
19	KEYNOTE TIEBOND	CLADDING
20	KEYNOTE TIEBOND	CLADDING
21	KEYNOTE TIEBOND	CLADDING
22	KEYNOTE TIEBOND	CLADDING
23	KEYNOTE TIEBOND	CLADDING
24	KEYNOTE TIEBOND	CLADDING
25	KEYNOTE TIEBOND	CLADDING
26	KEYNOTE TIEBOND	CLADDING
27	KEYNOTE TIEBOND	CLADDING
28	KEYNOTE TIEBOND	CLADDING
29	KEYNOTE TIEBOND	CLADDING
30	KEYNOTE TIEBOND	CLADDING
31	KEYNOTE TIEBOND	CLADDING
32	KEYNOTE TIEBOND	CLADDING
33	KEYNOTE TIEBOND	CLADDING
34	KEYNOTE TIEBOND	CLADDING
35	KEYNOTE TIEBOND	CLADDING
36	KEYNOTE TIEBOND	CLADDING
37	KEYNOTE TIEBOND	CLADDING
38	KEYNOTE TIEBOND	CLADDING
39	KEYNOTE TIEBOND	CLADDING
40	KEYNOTE TIEBOND	CLADDING
41	KEYNOTE TIEBOND	CLADDING
42	KEYNOTE TIEBOND	CLADDING
43	KEYNOTE TIEBOND	CLADDING
44	KEYNOTE TIEBOND	CLADDING
45	KEYNOTE TIEBOND	CLADDING
46	KEYNOTE TIEBOND	CLADDING
47	KEYNOTE TIEBOND	CLADDING
48	KEYNOTE TIEBOND	CLADDING
49	KEYNOTE TIEBOND	CLADDING
50	KEYNOTE TIEBOND	CLADDING
51	KEYNOTE TIEBOND	CLADDING
52	KEYNOTE TIEBOND	CLADDING
53	KEYNOTE TIEBOND	CLADDING
54	KEYNOTE TIEBOND	CLADDING
55	KEYNOTE TIEBOND	CLADDING
56	KEYNOTE TIEBOND	CLADDING
57	KEYNOTE TIEBOND	CLADDING
58	KEYNOTE TIEBOND	CLADDING
59	KEYNOTE TIEBOND	CLADDING
60	KEYNOTE TIEBOND	CLADDING
61	KEYNOTE TIEBOND	CLADDING
62	KEYNOTE TIEBOND	CLADDING
63	KEYNOTE TIEBOND	CLADDING
64	KEYNOTE TIEBOND	CLADDING
65	KEYNOTE TIEBOND	CLADDING
66	KEYNOTE TIEBOND	CLADDING
67	KEYNOTE TIEBOND	CLADDING
68	KEYNOTE TIEBOND	CLADDING
69	KEYNOTE TIEBOND	CLADDING
70	KEYNOTE TIEBOND	CLADDING
71	KEYNOTE TIEBOND	CLADDING
72	KEYNOTE TIEBOND	CLADDING
73	KEYNOTE TIEBOND	CLADDING
74	KEYNOTE TIEBOND	CLADDING
75	KEYNOTE TIEBOND	CLADDING
76	KEYNOTE TIEBOND	CLADDING
77	KEYNOTE TIEBOND	CLADDING
78	KEYNOTE TIEBOND	CLADDING
79	KEYNOTE TIEBOND	CLADDING
80	KEYNOTE TIEBOND	CLADDING
81	KEYNOTE TIEBOND	CLADDING
82	KEYNOTE TIEBOND	CLADDING
83	KEYNOTE TIEBOND	CLADDING
84	KEYNOTE TIEBOND	CLADDING
85	KEYNOTE TIEBOND	CLADDING
86	KEYNOTE TIEBOND	CLADDING
87	KEYNOTE TIEBOND	CLADDING
88	KEYNOTE TIEBOND	CLADDING
89	KEYNOTE TIEBOND	CLADDING
90	KEYNOTE TIEBOND	CLADDING
91	KEYNOTE TIEBOND	CLADDING
92	KEYNOTE TIEBOND	CLADDING
93	KEYNOTE TIEBOND	CLADDING
94	KEYNOTE TIEBOND	CLADDING
95	KEYNOTE TIEBOND	CLADDING
96	KEYNOTE TIEBOND	CLADDING
97	KEYNOTE TIEBOND	CLADDING
98	KEYNOTE TIEBOND	CLADDING
99	KEYNOTE TIEBOND	CLADDING
100	KEYNOTE TIEBOND	CLADDING



Hoffman
Planning, Design & Construction, Inc.
800.238.2370 | hoffman.net

 = coolers
 - Brewery Area
 - Government Seating
 = Kitchen + Bar Area
 - First Floor Seating + Restrooms
 - Misc Storage
 (Not for public)

Form
AB-101

**Alcohol Beverage
Appointment of Agent**

Date
02/20/2025

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)

Vault 202 Brewery and Taphouse LLC

2. Business Trade Name or DBA

Vault 202 Brewery and Taproom

3. Entity Type (check one)

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License

☒ State Permit

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

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

Part B: Agent Information

1. Last Name

Stuedemann

2. First Name

Frederick

3. M.I.

J

4. Email

5. Phone

6. Home Address

240 Adella Beach Road

7. City

Neenah

8. State

WI

9. Zip Code

54956

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? ☒ Yes ☐ No
Submit proof of completion.

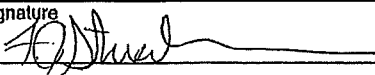
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No

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

Continued →

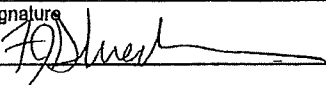
Part D: Business Attestation

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 Stuedemann		First Name Frederick		M.I. J
Title President	Email		Phone	
Signature 			Date 02/20/25	

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 Stuedemann		First Name Frederick		M.I. J
Signature 			Date 02/20/25	



City of Appleton

Alcohol License Questionnaire

1. Applicant Name: Frederick J Stuedemann

2. Business Name: Vault 202 Brewery and Taphouse LLC

Date the LLC/corporation/partnership/sole proprietorship commenced: 10/31/2024
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: 200 W College Ave. Appleton, WI 54911

4. Primary Business Activity: 202 W. College
☐ Restaurant
☐ Tavern/Night Club/Wine Bar
☐ Painting/Craft Studio
☒ Other (describe) Brewpub

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: Chase Bank

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? 2/1/25

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

If yes, is your acquisition of the business based upon an "arm's length transaction"?
An arm's length transaction is defined as an open market sale in which the owner is willing but not obligated to sell, and the buyer is willing, but not obligated to buy.

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☒ No If yes, explain: _____

8. Anticipated date of opening? 6/1/25

9. Will your business sell or serve food?

Yes ☒ If yes, please describe the type of food offerings available basic wood-fired pizza and appetizers

No ☐

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

Seating Capacity: Inside: 150 main/50 basement

Outside: _____

Operating Days/Hours: Inside: 6 days/wk - 10 hrs/day

Outside: _____

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

Approximate floor building area of the premises to be licensed: 9000 sq. ft.

Approximate outdoor area of the premises to be licensed: ~~1000~~ 300 sq. ft. approx.

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

We will function as a brewery and taproom that serves pizza.

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


Signature

2/21/25

Date

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

TRADE NAME	BUSINESS NAME	ADDRESS
APPLETON CIGAR CO	APPLETON SOUVENIR & CIGAR INC	415 W COLLEGE AVE
APPLETON LIQUOR	APPLETON LIQUOR LLC	2727 N MEADE ST
CIRCLE K	INDIANHEAD OIL CO INC	1935 E CALUMET ST
DOLLAR GENERAL #6535	DOLGENCORP LLC	1320 W WISCONSIN AVE
DOLLAR GENERAL #21851	DOLGENCORP LLC	1010 W COLLEGE AVE
EVAPOR OF APPLETON	B&S DISTRIBUTING LLC	2929 N RICHMOND ST #3
EVAPOR OF APPLETON	B&S DISTRIBUTING LLC	1725 S ONEIDA ST
FAMILY DOLLAR STORE #23800	FAMILY DOLLAR STORES OF WI LLC	808 W WISCONSIN AVE
NORTHLAND AMOCO	SWAMI LLC	800 E NORTHLAND AVE
ONEIDA BP	ONEIDA STREET MINI MART LLC	1306 S ONEIDA ST
SMOKE SHOP	ALL N ONE SMOKE VAPE PLUS LLC	2700 E CALUMET ST
WALGREENS #2921	WALGREEN CO	1901 S ONEIDA ST
WALGREENS #5102	WALGREEN CO	700 W COLLEGE AVE
WALGREENS #7323	WALGREEN CO	3330 E CALUMET ST
WALGREENS #12019	WALGREEN CO	2803 N MEADE ST
WALGREENS #12693	WALGREEN CO	729 W NORTHLAND AVE
WISCONSIN AVENUE MARATHON	SAMYAM LLC	1920 E WISCONSIN AVE

Form
CTV-100

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

FOR CLERKS ONLY	
Municipality	Appleton
License Period	24-25

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) 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 12-16-09	8. Wisconsin DFI Registration Number E040006
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 wireless15@gmail	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 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
Herrnell	Tye	CEO	

Part D: Attestation

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

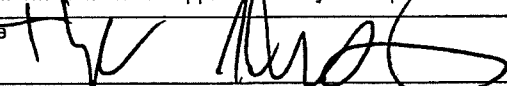
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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	5-16-25
Name (Last, First, M.I.)	Herrnell Tye D		
Title	CEO	Em--"	Phone

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
5/16/25			
License fees	Signature of Clerk/Deputy Clerk		

Form
CTV-102

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

Date

Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information

1. Last Name Hartwell	2. First Name Tye	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

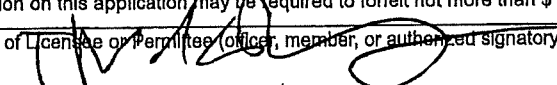
1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

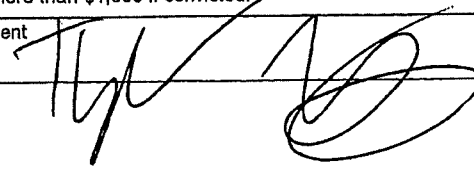
1. Legal Business Name (individual name if sole proprietor) Esales inc		
2. Business Trade Name or DBA The Flower Pot		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address 2310 W College Ave		
5. City Appleton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

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: 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.

Signature of Licensee or Permittee (owner, member, or authorized signatory) 	Date 5-16-25
Name of Person Signing Tye Hartwell	Title CEO

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

Signature of Agent 	Date 5-16-25
---	-----------------



Application for Pet Store/Kennel License

LICENSE PERIOD IS
JULY 1st TO JUNE 30th

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE

CASH OR CHECK ONLY!

See SECTION 4 for fee schedule

Date Recv'd 5/14/25

☐ License Fee - Initial \$ _____

Total \$ 82

☒ License Fee - Renewal \$ 82

Receipt #: 8588-1

SECTION 1 – BUSINESS LOCATION

Business Name (Company and Trade Name/DBA)

HSA Corporation dba Pet Supplies Plus

Business Street Address

702 W. Northland Ave.

City

Appleton

State

WI

Zip

54914

Business Phone Number (Required)

920-832-3858

Business Email Address

psp97@askpsp.com

SECTION 2 – APPLICANT INFORMATION

Name (First, MI, Last)

Angela J. DeHaan

Date of Birth

Home Address

8985 Buchanan St.

City

Allendale

State

MI

Zip

49401

Drivers License/State ID Number

DL/ID State of Issuance

Phone Number (Required)

Email Address

SECTION 3 – SERVICES TO BE PROVIDED

Please check the type(s) of service your establishment will offer: ☒ Live animals ☒ Pet Food ☒ Pet Accessories ☒ Fish

☒ Other Grooming

SECTION 4 – FEE SCHEDULE

 NOTE: all application fees include a \$7 Police Investigation fee

Pet Store License

Initial Fee – \$97.00

Renewal Fee – \$82.00

Kennel License

1-10 animals - \$62.00

11-25 animals - \$137.00

26-50 animals - \$262.00

More than 50 animals - \$5.00 ea. (minimum \$287.00 fee)

SECTION 5 – PENALTY NOTICE

Having knowledge of all governmental laws, rules or regulations governing the keeping or protection of animals, I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Angela DeHaan Date 05 / 01 / 2025

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Finance				
Inspections				
City Sealer				

Date Sent for Approval	Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	



Application for Pet Store/Kennel License

LICENSE PERIOD IS
JULY 1st TO JUNE 30th

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE

CASH OR CHECK ONLY!

See SECTION 4 for fee schedule

Date Rec'd 5/16/25

☐ License Fee - Initial \$ _____

Total \$ 82

☒ License Fee - Renewal \$ 82

Receipt #: 8604-2

SECTION 1 - BUSINESS LOCATION					
Business Name (Company and Trade Name/DBA) <u>Just Pets llc.</u>					
Business Street Address <u>2009 N. Richmond St.</u>			City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>
Business Phone Number (Required) <u>920-733-6788</u>		Business Email Address <u>ccwjustpets@aol.com</u>			
SECTION 2 - APPLICANT INFORMATION					
Name (First, MI, Last) <u>Craig L. Weberg</u>				Date of Birth _____	
Home Address <u>N8803 Kernan Ave</u>			City <u>Menasha</u>	State <u>WI</u>	Zip <u>54952</u>
Drivers License/State ID Number _____				DL/ID State of Issuance _____	
Phone Number (Required) _____		Email Address _____			
SECTION 3 - SERVICES TO BE PROVIDED					
Please check the type(s) of service your establishment will offer: <input checked="" type="checkbox"/> Live animals <input checked="" type="checkbox"/> Pet Food <input checked="" type="checkbox"/> Pet Accessories <input checked="" type="checkbox"/> Fish <input type="checkbox"/> Other _____					
SECTION 4 - FEE SCHEDULE NOTE: all application fees include a \$7 Police Investigation fee					
Pet Store License					
Initial Fee - \$97.00			Renewal Fee - \$82.00		
Kennel License					
1-10 animals - \$62.00			11-25 animals - \$137.00		
26-50 animals - \$262.00			More than 50 animals - \$5.00 ea. (minimum \$287.00 fee)		
SECTION 5 - PENALTY NOTICE					
Having knowledge of all governmental laws, rules or regulations governing the keeping or protection of animals, I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief. <u>Craig Weberg</u> Signature of Applicant: _____ Date <u>5/15/25</u>					
FOR OFFICE USE ONLY					
Department	Approve	Deny	Staff Member	Reason	
Police					
Fire					
Finance					
Inspections					
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

Application for Salvage Dealer's License



License period is
July 1st - June 30th

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE CASH OR CHECK ONLY

☒ City License - \$ 207.00

Date Rec'd 5/12/25

☐ Outside City License - \$82.00

Total \$ 207

Receipt #: 8561-3

SECTION 1 - BUSINESS INFORMATION

Legal Business Name AND Trade Name/DBA

Mr C's Motorcycles LLC and MRC CYCLE

Business Street Address

724 S. Outagamie St

City

Appleton

State

WI

Zip

54914

Business Phone Number

920-205-7821 (920-277-7062)

Business Email Address

janet@mrcycle.com

Indicate the business activities. Check all that apply: ☐ Purchasing ☒ Selling ☐ Collecting ☐ Other (explain):

List the kind of materials the business deals in

Used motorcycle parts

SECTION 2 - APPLICANT INFORMATION

Applicant Name (First, MI, Last)

Janet Ristau

Date of Birth

Address

716 Woodland Dr

City

Kaukauna

State

WI

Zip

54130

Drivers License

DL/ID State of issuance

Has the applicant previously been a salvage dealer or employed by another salvage dealer? If so, with who?

No

Phone Number (Required)

SECTION 3 - PARTNERSHIP/CORPORATION/ASSOCIATION/LLC INFORMATION

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

Name (First, MI, Last)

Glenn Ristau

Title

member

Date of Birth

Address

420 Green Haven Lane

City

Kaukauna

State

WI

Zip

54130

Name (First, MI, Last)

Daniel Ristau

Title

member

Date of Birth

Address

926 Manor Pl

City

Little Chute

State

WI

Zip

54140

Name (First, MI, Last)

Title

Date of Birth

Address

City

State

Zip

Have any members listed above previously been a salvage dealer or employed by another salvage dealer? If so, who and with what company?

No

SECTION 4 - PENALTY NOTICE

I certify that I am familiar with Section 9-386 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

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

Signature of Applicant:

Janet Ristau

Date:

5/6/2025

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Finance				
Inspections				
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

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 5/16/2025 and ending 5/16/2025 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 COLLEGE AVENUE, FROM SUPERIOR STREET TO DURKEE STREET

(b) Lot _____ 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: TWO BAR LOCATIONS ON COLLEGE AVENUE WITH LICENSED BARTENDERS. WRISTBANDS & 1 TICKETS REQUIRED WITH PROPER ID.

3. Name of Event

(a) List name of the event LIGHT THE NIGHT MARKET

(b) Dates of event 5/16/2025

(c) Time(s) of event 5:00 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

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 _____