

### **City of Appleton**

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

# Meeting Agenda - Final-revised Safety and Licensing Committee

Wednesday, June 11, 2025

5:30 PM

Council Chambers, 6th Floor

- 1. Call meeting to order
- 2. Pledge of Allegiance
- 3. Roll call of membership
- Approval of minutes from previous meeting

25-0589 Safety & Licensing Committee Minutes from 6/4/2025

Attachments: S&L Minutes 6-4-25.pdf

#### 5. Public Hearing/Appearances

#### 6. Action Items

<u>25-0622</u>	2025-2026 Late Late Alcohol License renewal applications, contingent upon approval from all departments by 12:00 p.m. on June 30, 2025 <u>Attachments:</u> 2025 Late Late Alcohol License Renewals.pdf
<u>25-0650</u>	Hop Yard Ale Works Full Service Retail Outlet Transfer Application for Flick & Sips Events: July 11, 2025 & September 13, 2025  Attachments: Hop Yard AB105 - 2025 Flick-n-Sips.pdf
<u>25-0616</u>	Class "B" Beer and Reserve "Class B" Liquor License application for American Food & Vending Corporation d/b/a American Dining Creations, Kelly Noel, Agent, located at 711 E Boldt Way <u>Attachments:</u> American Dining Creations (Warch).Alcohol.Class B Beer Reserve Liquor.5.21.2
<u>25-0619</u>	Class "B" Beer and Reserve "Class B" Liquor License renewal application for American Food & Vending Corporation d/b/a American Dining

Attachments: American Dining Creations.Warch 2025 Renewal.pdf

approval of the original application

Creations, Kelly Noel, Agent, located at 711 E Boldt Way, contingent upon

<u>25-0617</u>	Class "B" Beer and "Class C" Wine License application for American Food & Vending Corporation d/b/a American Dining Creations, Kelly Noel, Agent, located at 1201 E John St, contingent upon approval from the Community Development department  Attachments: American Dining Creations (Banta Bowl).Alcohol Class B Beer Class C Wine.5
<u>25-0621</u>	Class "B" Beer and "Class C" Wine License renewal application for American Food & Vending Corporation d/b/a American Dining Creations, Kelly Noel, Agent, located at 1201 E John St, contingent upon approval of the original application  Attachments: American Dining Creations.Banta Bowl 2025 Renewal.pdf
<u>25-0625</u>	2025-2026 Late Late Cigarette, Tobacco, and Electronic Vaping Device License renewal applications <u>Attachments:</u> 2025 LATE LATE CTV RENEWALS.pdf
<u>25-0623</u>	Class "A" Beer and "Class A" Liquor License Change of Agent for Walgreen Co d/b/a Walgreen #5102, David Gallagher, New Agent, located at 700 W College Ave, contingent upon approval from the Police department  **Attachments: Walgreens 5102.Alcohol.COA.5.19.25.pdf**
<u>25-0624</u>	Class "B" Beer and Reserve "Class B" Liquor License Change of Agent for Holidays Pub LLC d/b/a Holidays Pub & Grill, Franklin Jaramillo, New Agent, located at 3950 N Richmond St, contingent upon approval from the Police department  Attachments: Holidays Pub & Grill.Alcohol.COA.6.2.25.pdf
<u>25-0626</u>	Class "B" Beer and "Class B" Liquor License Permanent Premises Amendment application for Generation Paulson d/b/a The Daily Pint, Chris Paulson, Agent, located at 830 E Northland Ave, contingent upon approval from the Health and Public Works departments  Attachments: The Daily Pint.Alcohol.PA Perm.5.21.25.REDACTED.pdf
<u>25-0627</u>	Class "B" Beer and "Class B" Liquor License Temporary Premises Amendment application for Generation Paulson d/b/a The Daily Pint, Chris Paulson, Agent, located at 830 E Northland Ave, on July 27, 2025 from 1:00 p.m. to 8:00 p.m., contingent upon approval from the Health, Inspections and Public Works departments  Attachments: The Daily Pint.Alcohol.PA Temp.5.21.25.REDACTED.pdf

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<u>25-0628</u>	Class "B" Beer and "Class B" Liquor License Permanent Premises						
	Amendment application for Bowl Ninety-One LLC d/b/a Bowl Ninety-Or						
	Thong Vue, Agent, located at 100 E College Ave, contingent upon						
	approval from the Health, Inspections, and Public Works departments						
	Attachments: Bowl Ninety One.Alcohol.PA Perm.5.21.25.REDACTED.pdf						

25-0629 Class "B" Beer and "Class B" Liquor License Temporary Premises
Amendment application for Chandelier LLC d/b/a Broken Chandelier, Kyle
Jones, Agent, located at 215 W College Ave, contingent upon approval
from the Fire, Health, Inspections, and Public Works departments

Attachments: Broken Chandelier.PA Temp.Summer 2025.REDACTED.pdf

Class "B" Beer and "Class B" Liquor License Temporary Premises
Amendment application for Spats Food and Spirits LLC d/b/a Spats Food
and Spirits, Nicholas Kapheim, Agent, located at 733 W College Ave from
12:00 p.m. to 12:00 a.m. on July 31, August 1, 2, 3, 4, and 5, 2025 for Mile
of Music event, contingent upon approval from the Police, Inspections, and
Finance department

Attachments: Spats.Alcohol.PA Temp.Mile of Music.7.31.25.REDACTED.pdf

25-0631 Class "B" Beer and "Class B" Liquor License Temporary Premises Amendment application for SC Carrow Corp d/b/a Rookies Sports Bar & Grill, Steven Carrow, Agent, located at 325 N Appleton St, from 11:00 a.m. on July 31 to 11:00 a.m. on August 3, 2025 for Mile of Music event, contingent upon approval from the Police, Health, Inspections, and Public Works departments

Attachments: Rookies Sports Bar & Grill.Alcohol.PA Temp.Mile of Music.7.31.25.REDACTED

Class "B" Beer and "Class B" Liquor License Temporary Premises
Amendment application for Fox River House LLC d/b/a Fox River House,
Cassidy Evers, Agent, located at 211 S Walnut St, from 8:00 a.m. on July
31 to 8:00 p.m. on August 3, 2025 for Mile of Music event, contingent upon
approval from the Community Development and Inspections departments

Attachments: Fox River House.Alcohol.PA Temp.7.31.25.REDACTED.pdf

25-0633 Class "B" Beer and "Class B" Liquor License Temporary Premises Amendment application for TNE Inc d/b/a Emmetts Bar & Grill, Sharon Reader, Agent, located at 139 N Richmond St, on July 31, 2025 from 3:00 p.m. to 11:00 p.m., August 1 & 2, 2025 from 1:00 p.m. to 11:00 p.m., and August 3, 2025 from 3:00 p.m. to 8:00 p.m. for Mile of Music event, contingent upon approval from the Community Development, Inspections, and Public Works departments

Attachments: Emmetts Bar & Grill.Alcohol.PA Temp.7.31.25.REDACTED.pdf

<u>25-0586</u>	Mobile Home Park License Renewal Application for Fox Valley Estates, located at 106 Primrose Lane, contingent on approval from the Public Works department
	Attachments: Fox Valley Estates Mobile Home Park Renewal App.pdf
<u>25-0642</u>	Pet Store License renewal application for Fish Cave, Ton Vang, Applicant, located at 2110 S Memorial Dr, contingent upon approval from the Inspections department
	Attachments: Fish Cave.PK.5.29.25.REDACTED.pdf
<u>25-0638</u>	Salvage Dealer's License renewal application for Golper Supply Co Inc, David Golper, Applicant, located at 1810 W Edgewood Dr, contingent upon approval from the Inspections department <u>Attachments:</u> Golper Supply Co.SV.5.28.25.REDACTED.pdf
05.0044	Ochone Berleich Lieuwer aus wert aus lieufen fan Mark IV Mateur II O
<u>25-0641</u>	Salvage Dealer's License renewal application for Mach IV Motors LLC, Kara Tullberg, Applicant, located at 600 E Hancock St, contingent upon approval from the Fire and Inspections department <u>Attachments:</u> Mach IV Motors.SV.6.3.25.REDACTED.pdf
<u>25-0611</u>	Taxicab Company License Renewal Application for Z's Overflow LLC d/b/a Phoenix Transportation, Owner, Zonea Mims, 1280 S. Van Dyke Rd. #3, Appleton, WI 54914, contingent upon approval from the Risk Manager <u>Attachments:</u> Z's Overflow LLC - Taxicab Co Renewal App.pdf
<u>25-0634</u>	Temporary Class "B" Beer License application for The Trout Museum of Art, Christina Turner, Person in Charge, at City Park, 500 E Franklin St, on July 26, 2025 from 9:00 a.m. to 5:00 p.m. and July 27, 2025 from 9:00 a.m. to 4:00 p.m. for Art at the Park event, contingent upon approval from the Health and Fire departments  Attachments: Trout Museum.Alcohol.Temp B Beer.Art at the Park.7.26.25.REDACTED.pdf
<u>25-0635</u>	Temporary Class "B" Beer License application for Creative Downtown Appleton Inc, Jennifer Stephany, Person in Charge, at Jones Park, 301 W Lawrence St, on July 31, August 1, 2, & 3, 2025 from 11:00 a.m. to 11:00 p.m. for Mile of Music event, contingent upon approval from the Health and Fire departments  **Attachments:** Creative DT Appleton.Alcohol.Temp B Beer.Mile of Music.7.31.25.REDACTED.J
<u>25-0636</u>	Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veterans Association, David Willems, Person in Charge, for Lawrence Lawn on Lawrence University Campus, on July 31, August 1, 2, & 3, 2025 from 9:30 a.m. to 12:30 a.m. for Mile of Music event, contingent upon approval from the Health and Fire departments  **Attachments:* Fox Valley Vietnam Vets.Alcohol.Temp B Beer Wine.Mile of Music Lawrence Lawr

<u>25-0637</u>

Temporary Class "B" Beer and "Class B" Wine License application for Fox Valley Vietnam Veterans Association, David Willems, Person in Charge, for Houdini Plaza, on July 31, August 1, 2, & 3, 2025 from 9:30 a.m. to 12:30 a.m. for Mile of Music event, contingent upon approval from the Health and Fire departments

Attachments: Fox Valley Vietnam Vets.Alcohol.Temp B Beer Wine.Mile of Music Houdini Plaz

#### 7. Information Items

<u>25-0651</u> Alcohol License Violation Convictions:

#### No Licensed Operator

- Lindo Michoacan, 211 N Richmond St
- Walgreens, 700 W College Ave

#### Sell Alcohol to Minor

- Foxtrot Saloon, 812 S Oneida St
- Stucs Pizza, 110 N Douglas St
- 25-0681 AASD Truancy Initiatives Update

#### 25-0587 Special Events

- Appleton Downtown Inc., Light the Night Market Spring, College Avenue from Durkee St to Superior St, May 30th 2025
- Appleton Downtown Inc., Downtown Appleton Farm Market, College Avenue from Drew St to Appleton St including Houdini Plaza, Saturdays June 7th 2025 - October 11th 2025
- Prospera Credit Union, Prospera Community Lunch & Learn, Houdini Plaza, June 11th 2025
- Appleton Fox Cities Kiwanis Club, 15th Annual Fox Cities Butterfly Festival, City Park, June 14th 2025
- YMCA of the Fox Cities, YMCA Swim Team Summer Classic, Erb Pool, June 14th and June 15th 2025
- Lawrence University, Commencement 2025, College Avenue and Lawrence University Main Green, June 15th 2025
- Appleton Parks & Recreation Department, Kid's Fun Runs, Appleton Memorial Park Amphitheater, June 19th and July 20th 2025
- Appleton Parks & Recreation Department, Movie on the Hill Series,
   Appleton Memorial Park, June 19th and August 7th 2025
- B.A.B.E.S. Inc. Child Abuse Prevention Program, Takin' it Outside, Appleton Memorial Park, June 20th 2025
- Fox Valley Pride Festival, Jones Park, June 21st 2025
- Creative Downtown Appleton Inc., Make Music Day, College Avenue and Houdini Plaza, June 21st 2025

**25-0588** 

**Directors Report** 

- 1. City Clerk
  - Special Event Policy Update
- 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, June 4, 2025 6:00 PM Council Chambers, 6th Floor

#### **Special Meeting**

1. Call meeting to order

The meeting was called to order by Chair Croatt at 6:00 p.m.

- 2. Pledge of Allegiance
- 3. Roll call of membership

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

4. Approval of minutes from previous meeting

25-0598 Safety & Licensing Committee Minutes from 5/28/25

Attachments: S&L Minutes 5.28.25.pdf

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

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

- 5. Public Hearing/Appearances
- 6. Action Items

25-0599

Non-renewal of the Class "B" Fermented Malt Beverage and "Class B" Liquor License for Tandem Wine & Beer, LLC located at 101 W Edison Street, Suite 100, Karter Thompson, Agent.

Attachments: Tandem W

Tandem Wine & Beer Renewal 2025 Redacted.pdf

APD Memo - Tandem - alcohol license denial (renewal).pdf

Tandem Non-Renewal Hearing Notice 2025.pdf

Tandem Wine and Beer Denial Memo.pdf

Wisconsin DOT Certified CL & Driving Record Redacted.pdf

Certified Judgment of Conviction-Fond du Lac County

24CT651 Redacted.pdf

Tandem Letter & Photos to S&L 6-4-25.pdf

Findings of Fact & Conclusions of Law - Tandem - 6-4-25.pdf

The Non-renewal hearing was held. Karter Thompson & George Koenig were present and provided testimony during the hearing.

Van Zeeland moved, seconded by Hartzheim, that the Committee refuse to renew the alcohol license. Roll Call. Motion carried by the following vote:

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

Van Zeeland moved, seconded by Fenton, that Safety & Licensing Committee submit the Findings of Fact and Conclusions of Law report (as attached) to the Common Council. Roll Call. Motion carried by the following vote:

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

25-0600

The Safety and Licensing Committee may go into closed session pursuant to State Statute §19.85(1)(a) for the purpose of deliberating the non-renewal of an alcohol license and then may reconvene into open session.

The Committee did not convene into closed session.

#### 7. Information Items

#### 8. Adjournment

Hartzheim moved, seconded by Van Zeeland, that the meeting be adjourned at 7:07 p.m. Roll Call. Motion carried by the following vote:

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

#### **2025-2026 RENEWALS**

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

<u>NAME</u>	TRADE NAME	<u>ADDRESS</u>
Walgreen Co Stephanie Schroeder, Agent, 215 W	Walgreens #2921 Wilson Ave, Appleton WI 54915	1901 S Oneida St
Walgreen Co David Gallagher, Agent, 702 Kinzie	Walgreens #5102 Ct, Menasha WI 54952	700 W College Ave
Walgreen Co Garrette Kersten, Agent, 641 Grove	Walgreens #7323 St, Neenah WI 54956	3330 E Calumet St
Walgreen Co Amber Janssen, Agent, 1210 E Over	Walgreens #12019 cland Rd, Appleton WI 54911	2803 N Meade St
Walgreen Co Andrew Krueger, Agent, 836 E John	Walgreens #12693 n St, Appleton WI 54911	729 W Northland Ave
Walmart Stores East LP Jason Klunck, Agent, 1801 White W	Walmart Super Center Volf Ln, Kaukauna WI 54130	3701 E Calumet St

## CLASS "B" FERMENTED MALT BEVERAGE LICENSE AND "CLASS C" WINE LICENSE

<u>NAME</u>	TRADE NAME	<u>ADDRESS</u>
Area 509 LLC Reginald Desamour, Agent, 1629 S	Area 509 Nicolet Rd #1, Appleton WI 54914	1025 N Badger Ave
Moon Water Café LLC Shannon Boegh, Agent, 1044 E Vin	Moon Water Café e St, Appleton WI 54911	606 N Lawe St

### CLASS "B" FERMENTED MALT BEVERAGE & "CLASS B" LIQUOR LICENSE

NAME	TRADE NAME	<u>ADDRESS</u>
Santino LLC	Houdini's Escape	1216 S Oneida St
Katelyn James, Agent, 200 E James	St, Appleton WI 54915	

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

#### NAME TRADE NAME ADDRESS

Holidays Pub LLC Holidays Pub & Grill 3950 N Richmond St Franklin Jaramillo, Agent, 1004 Lucerne Dr #1C, Menasha WI 54952

KayZa LLC Tomaso's 115 E Washington St Ste 106 Janelle Curlee, Agent, 201 S Riverheath Way #202, Appleton WI 54915

Save
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#### Form

**AB-105** 

### **Producer Full-Service Retail Sales Application**

Date		
Date		

Part A: Producer Information							
1. Business Legal Name (individual name if sole	oroprietor)						
Hop Yard Ale Works LLC							
Business Name or DBA     Hop Yard Ale Works	3. Agent Name Amy Behm						
4. FEIN			5. Wi	sconsin Seller's P	ermit Number		
			456-	-1030505526	-04		
6. Wisconsin Producer Permit Number		7. Producer	Туре				
BR-WI-21258		☐ Brewery ✓ Winery ☐ Liquor Manufacturer/Rectifier					
8. Contact Person's First Name		9. Last Name 10. M.I.					
Amy		Behm					
11. Contact Person's Phone		12. Contact	Person's	s Email			
		amy@ho	pyaro	daleworks	.com		
Part B: Production Quantity							
<b>Note:</b> Check appropriate quantity for permit he quantity produced for each type of permit. E						l aggregate	
Brewery	Manufacture	er/Rectifier			Winery		
Less than 250 barrels	Less tha	n 1,500 liter	S		Less than 1,000 ga	allons	
∠ 250 - 2,499 barrels		,999 liters			1,000 - 4,999 gallo		
2,500 - 7,499 barrels		34,999 liters					
		·			5,000 - 24,999 gallons		
7,500 or more barrels	_ ,	r more liters	i		25,000 or more gallons		
Calendar year: 2024	Calendar year:			Calendar y	Calendar year:		
Quantity: 331	Quantity:			Quar	Quantity:		
Complete only ONE of Part C, D or E	ļ.						
Part C: Request for Full-Service Ret	ail Sales at the Pro	duction P	romiso	ne .			
1. Start Date	2. Production Premises		CIIIISC	;3			
1. Start Date	2. Floduction Flemises	Address					
3. City			4. State	5. Zip Code			
6. County			7. Gove	rning Municipality	City Town	n 🗌 Village	
			of:				
Part D: Request for Fixed Full-Servi	ce Retail Outlet						
Are you transferring one fixed full-service     If yes, complete boxes 2 through 9.	retail outlet to a new lo	cation?			\[ \]	∕es ☐ No	
2. Current Outlet Name							
3. Current Outlet Premises Address							
4. City			5. State	6. Zip Code			
			J. State	0. 2ip 00de			
7. County	8. Governing Municipality	City [	Town	n	9. Premises Phone	Number	
	of:						

 $Continued \rightarrow$ 

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	12. New Outlet Premises Address					
13. City			14. State	15. Zip Code		
16. County	17. Governing Municipali	ty City	Town	Village	18. Premises Phone Number	
Premises Description - Describe the bustored, or consumed, and related record alcohol beverage activities and storage diagram and additional sheets if necessary.	ilding or buildings and ds are kept. Describe of records may occur o	all rooms w	ithin the bu	ilding, includ	ing living quarters. Authorized	
20. Will you operate a restaurant on the pre	mises?				Yes No	
21. What alcohol beverages will be offered for s	sale? (check all that appl	y)	Beer	Wine Into	oxicating Liquor (other than wine)	
22. What alcohol beverages does the permittee	e produce? (check all tha	it apply)	Beer	Wine Into	oxicating Liquor (other than wine)	
23. How will customers be served? (check all the	nat apply) 🗌 Sampl	es 🗌 C	n-premises	consumption	Off-premises consumption	
Part E: Request for Unlimited Transf	fer Full-Service Ret	ail Outlet				
Name of Event (if applicable)     Flicks & Sips						
2. Dates of Operation (attach a schedule, if neces July 11,2025 AND Sept 13	• /	3. Hours of <b>6p-10p</b>	Operation			
4. Premises Address 301 W Lawrence St, Appleton,	WI 54911					
5. City			6. State	7. Zip Code		
Appleton			WI	54911		
8. County Outagamie			9. Governin	g Municipality	✓ City ☐ Town ☐ Village	
10. Organizer of Event (if not the named applican	t)	11 Fmail a			ganizer of Event	
Appleton Parks and Recreation	•				etonwi.gov	
12. Organizer Website		13. Event V	/ebsite		<del>-</del>	
www.appletonparkandrec.	org	https://	parks.appl	Letonwi.gov/	/programs_events/	
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.						
Beer/Seltzer will be served f checked with bracket given fr leave the park.				_		
15. On-Site Contact (Last Name, First Name) Amy Behm	16. On-Site Contact Pho		on-Site Conta Manager	act Email ırdalewo	rks.com	
18. Will you operate a restaurant on the prei	mises?				Yes 🗹 No	
19. What alcohol beverages will be offered for s	sale? (check all that appl	y) 🔽	Beer	Wine Into	oxicating Liquor (other than wine)	
20. What alcohol beverages does the permittee	produce? (check all that	at apply)	Beer 🔽	Wine Into	oxicating Liquor (other than wine)	
21. How will customers be served? (check all the	nat apply) Sampl	es 🗸 C	n-premises	consumption	Off-premises consumption	

Part F: Attestation					
Who must sign this application?					
sole proprietor     general partner of	a partnership	<ul> <li>corporate</li> </ul>	e 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  I will operate this location according to mun  I will purchase alcohol beverages I do not p  I will operate this location according to Wis hours, licensed operators, and record keepi	icipal ordinance and restr roduce from an authorize consin law and administr	ictions impose d source, such	d as a condition of rec as a Wisconsin-perm	ceiving this authorization nitted wholesaler.	
Further, under penalty of law, I have answered the applicant business and not on behalf of an ties conferred by the authorization, if granted, of a premises during inspection will be deemed authorization. I understand that any authorization understand that I may be prosecuted for subtractionally provides materially false information	y other individual or entity will not be assigned to a ed a refusal to allow inspired in issued contrary to Wisnitting false statements a	r seeking the a mother individu ection. Such re s. Stats. Chapte nd affidavits in	uthorization. Further, I lal or entity. I understa efusal is a misdemear er 125 shall be void un connection with this	l agree that the rights and and that lack of access nor and grounds for revo nder penalty of Wisconsin application, and that an	d responsibili- to any portion ocation of this n law. I further
Signature			Date May 22		
Last Name		First Name			M.I.
Behm		Amy			
Title	Email			Phone	
Vice President	amy@hopyardale	works.com	l 		
Part G: For Municipal Use Only (Co	mplete if Requestir	ng Authoriz	ation in Part D o	or E)	
1. Will the municipality limit the scope of ald	cohol beverages offered	d for sale?			Yes 🗌 No
2. Will the municipality impose any requirer	nents or restrictions for	the full-servi	ce retail outlet?		Yes 🗌 No
3. Describe municipal restrictions indicated	in questions 1 or 2 abo	ove.			
4. Last Name of Municipal Official		5. First Name	)		6. M.I.
			T		
7. Signature of Municipal Official			8. Date		
9. Date Application was Filed with Clerk		10. Date Full	-Service Retail Outlet	Approved by Governing	Body

AB-105 (R. 1-25) - 3 -

#### Form AB-105 Instructions

#### Producer Full-Service Retail Sales Application

#### Who may apply for full-service retail sales?

Producer permittees may apply for full-service retail sales on or off the production premises. Producer permittees include brewers, rectifiers, manufacturers, and wineries.

#### Who qualifies for full-service retail sales?

- A brewery that manufactures a minimum of 250 barrels of fermented malt beverages.
- A manufacturer/rectifier that produces a minimum of 1,500 liters of intoxicating liquor.
- A winery that produces a minimum of 1,000 gallons of wine.

#### What are full-service retail sales?

Permittees that are granted full-service retail sales privileges may:

- Sell fermented malt beverages and intoxicating liquor at retail for on- or off-premises consumption at their production premises and at one or more off-site full-service retail outlets.
- Provide taste samples of fermented malt beverages and intoxicating liquor.

#### What are full-service retail outlets?

Full-service retail outlets are authorized locations for full-service retail sales at places other than the permittee's production premises.

#### What is the difference between a fixed and unlimited transfer full-service retail outlet?

Fixed full-service retail outlets may be transferred from one location to another once per year. Unlimited transfer full-service retail outlets may be transferred an unlimited number of times in a year. Only one of a producer's full-service retail outlets may be transferred without limitation on frequency.

#### How many full-service retail outlets may I have?

The number of full-service retail outlets a producer qualifies for is determined by alcohol beverage production volume. Producers may have a maximum of three full-service outlets, regardless of the number or type of producer permits they hold.

#### Who approves full-service retail sales?

Full-service retail sales on the production premises need only be approved by the Division of Alcohol Beverages. Municipalities do not issue licenses for full-service retail sales outlets; however, municipalities must approve of the outlets. The applicant must forward the municipal approval to the Division of Alcohol Beverages for final granting of the authority for sales to commence on the premises.

#### Can a municipality limit authorized sales at a full-service retail outlet?

Yes, a municipality can limit authorized sales at a full-service retail outlet. Municipalities may limit the scope of alcohol beverages offered for sale by the permittee. Municipal approval of a full-service retail outlet must be based on the same standards and criteria, established by ordinance, for the evaluation and approval of retail licenses. A municipality may not impose any requirement or restriction in connection with the approval that the municipality does not impose on retail licensees.

#### How do I fill out Form AB-105 and begin the application process?

Authorizations requested on Form AB-105 must be applied for only one premises in one municipality at a time. To request multiple authorizations, submit a separate Form AB-105 for each location/premises.

Parts A, B, and F: Applicants must complete Parts A, B, and F.

Parts C, D, and E: Complete only one Part. Form AB-105 must be used to request only one authorization at a time.

**Example:** A producer applicant requesting full-service retail sales authorization on the production premises should complete Parts A, B, C, and F.

**Example:** A producer applicant requesting a fixed full-service retail outlet should complete Parts A, B, D, and F.

**Example:** A producer applicant requesting an unlimited transfer full-service retail outlet should complete Parts A, B, E, and F.

Producer applicants requesting authorization in Part E must complete one Form AB-105 for each premises. Applicants may use the same Form AB-105 to request authorization for multiple dates and times occurring on the same premises.

Municipal approval is required for authorizations requested in Parts D and E. If a producer is applying for authorization in either of these sections, the completed application must first be submitted to the governing municipality.

After the municipality has granted approval by completing Part G, the applicant should submit AB-105 to the Division of Alcohol Beverages for final approval. If the applicant is only requesting authorization in Part C, the application does not require municipal approval and may be submitted directly to the Division of Alcohol Beverages.

#### **Specific Instructions:**

#### Part A: Producer Information

- Box 1: Enter the legal business name.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Enter the name of the approved agent appointed for your producer permit.
- Box 4: Enter Federal Employer Identification Number (FEIN).
- Box 5: Enter Wisconsin seller's permit number.
- Box 6: Enter the 15-digit Wisconsin Tax Account Number of the permit that these authorizations should be associated with.
- Box 7: Check the corresponding producer permit type.
- Box 8-10: Enter contact person's name.
- Box 11: Enter contact person's phone number.
- Box 12: Enter contact person's email address.

#### Part B: Production Quantity

- Check the highest cumulative total of alcohol beverages produced in any one of the three preceding calendar years for each specific permit type held.
  - Do not include alcohol beverages produced under a contract production agreement.
- Enter the calendar year in which the highest cumulative total of alcohol beverages produced was met.
- Enter the exact quantity of alcohol beverages produced.
- If an applicant holds more than one type of permit or multiple permits of the same type, the aggregate number of full-service retail outlets that may be established is the maximum number authorized under their permit type, but not exceeding three full-service retail outlets.
  - Under these circumstances, each authorized full-service retail outlet shall serve as the full-service retail outlet associated with each applicable permit, regardless of whether permittee would otherwise be entitled to fewer fullservice retail outlets when calculated under their other permit(s).

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

- Authorization under this portion does not require municipal approval. If the applicant is not seeking other retail authorizations on this form, it can be submitted directly to the Division of Alcohol Beverages.
- Box 1: Enter the date that you would like to begin full-service retail sales.
- Box 2-5: List the premises address for the permit identified in Part A, boxes 5 and 6.
- Box 6: Name the county where the production premises is located.
- · Box 7: Name the governing municipality where the production premises is located.

#### Part D: Request for Fixed Full-Service Retail Outlet

- Authorization under this section must be approved by the municipality in which the retail outlet is located prior to submitting to the Division of Alcohol Beverages for final approval.
- Box 1: Check yes if you are applying to transfer a fixed full-service outlet from one location to another. Fixed Full-Service Retail Outlets may be transferred from place-to-place once per year with approval of the municipality that governs the new location.
- Boxes 2-9: Complete these boxes if you checked yes in box 1 to describe the current premises you are applying to transfer.

- Box 10: Enter the date that you would like to open the full-service retail outlet for business.
- Boxes 11-18: Complete these boxes to describe the location of your new premises.
- Box 19: Describe the premises in detail. Include outdoor spaces if the municipality allows it. Attach a floor plan if possible.

**Example:** The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000-square-foot building.

- Box 20: Producers may operate a restaurant on the premises of a full-service retail outlet with municipal and division approval.
- Box 21: Check all types of alcohol beverages that will be offered for sale at the full-service retail outlet, including beverages made by the producer or producer group.
- Box 22: Check all the alcohol beverages that are made by the producer under all their permits.
- Box 23: Check all types of service that apply to this full-service retail outlet.
  - Samples mean 3 oz. of beer, 3 oz. of wine, or 0.5 oz. of liquor provided free of charge to an individual.
  - On-premises consumption means alcohol beverages served by the glass to be consumed by the customer at the premises identified in Box 18.
  - Off-premises consumption means alcohol beverages sold in original, unopened containers for customers to consume away from the premises identified in Box 18.

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

- Authorizations under Part E must be for dates of operation where the unlimited transfer location will be located at the same premises in the same municipality. You must use a new Form AB-105 to request authorization for each separate premises, regardless of whether the separate premises are in the same municipality.
- Box 1: If you are requesting authorization to initiate or move your unlimited transfer outlet to a specific event like a farmer's market, festival, or other community event, name it here.
- Box 2: List the requested dates of operation. Attach a schedule or calendar of events, if necessary.
- Box 3: List the requested hours of operation. If no hours are listed, the approving municipality and the Division will assume you are seeking authorization to operate during all hours allowed under Chapter 125, Wis. Stats.
- Box 4-9: Identify the premises address.
- Box 10-13: If you are requesting authorization to move your unlimited transfer outlet to a specific event, provide contact information for the event organizer, if not the named applicant.
- Box 14: Describe the premises in detail. Include outdoor spaces if the municipality allows it. Attach a floor plan if possible.

**Example:** The premises is located at 1234 Main St., Realtown, WI, 12345, and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000 square foot building.

**Example:** The premises is the 1,000-square-foot tent within the southwest corner of the parking lot located at XYZ Church at 3456 Main St., Realtown, WI, 12345. All sales and storage of alcohol beverages and records will occur within the 1,000-square-foot tent in the southwest corner of the parking lot.

**Example:** The premises is located at PDQ Park (7890 Main St., Realtown, WI, 12345). A 5,000-square-foot tent will be constructed in the northeast corner of the park bordering the tree line and northern fence. All alcohol beverage sales and consumption will occur at this tent. Premises includes the adjacent north park office and the space between the tent and the office. Alcohol beverages and records will be securely stored in the north park office for the duration of the event.

- Box 15-17: Provide the name and contact information for a person who will be in control of the premises for the duration of the requested time.
- Box 18: Producers may operate a restaurant on the premises of a full-service retail outlet with municipal and Division of Alcohol Beverages approval.
- Box 19: Check all types of alcohol beverages that will be offered for sale at the full-service retail outlet, including beverages made by the producer under all their permits.
- Box 20: Check all the alcohol beverages that are made by the producer under all their permits.
- Box 21: Check all the types of service that apply to this full-service retail outlet.
  - Samples mean 3 oz. of beer, 3 oz. of wine, or 0.5 oz. of liquor provided free of charge to an individual.
  - On-premises consumption means alcohol beverages served by the glass to be consumed by the customer at the premises identified in Box 14.

 Off-premises consumption means alcohol beverages sold in original, unopened containers for customers to consume away from the premises identified in Box 14.

#### Part F: Attestation

• Read the attestation carefully, then sign and date.

#### Part G: For Municipal Use Only

- Box 1: Check yes or no to indicate if the municipality will limit the scope of alcohol beverages offered for sale at this full-service retail outlet.
- Box 2: Check yes or no to indicate if the municipality will impose other requirements or restrictions on the full-service retail outlet.
- Box 3: Describe any limitations the municipality has placed on the full-service retail outlet as indicated in questions 1 or 2. Some limitations may be: parking, zoning, or noise ordinance restrictions; not allowing sales of alcohol beverages for off-premises consumption.
- Box 4-10: The municipal official completing this part should fill in the information requested.

#### **Completion and Submission of Form AB-105**

- The producer applicant should complete Parts A, B, and F completely, and either Part C, D, or E, depending on the type of authorization requested.
- If requesting only a Part C authorization, the application can be submitted directly to the Division of Alcohol Beverages. No municipal approval is required for Part C authorizations.
- If requesting a Part D or E authorization, provide the application to the municipality where the proposed full-service retail outlet will be located.
  - The municipality should complete Part G and return it to the producer applicant.
  - The producer applicant should provide the completed AB-105 to the Division of Alcohol Beverages for final approval.
- Sales of alcohol beverages at full-service retail outlets may not commence until the Division of Alcohol Beverages has provided final approval by way of issuing a printed authorization to the applicant to be posted at the retail premises identified in this application.

After Form AB-105 is completed by the producer and approved by the municipality in Part G, submit the form to the Division of Alcohol Beverages for final approval in one of two ways:

- Email: DORAlcoholPermits@wisconsin.gov
- · Mail the form to the following address:

Wisconsin Department of Revenue Division of Alcohol Beverages P.O. Box 8934 Madison, WI 53708-8934

#### **Assistance**

This form is designed by the Department of Revenue. If you require assistance with this form, consider reaching out to the Division of Alcohol Beverages for assistance with submission of this application and associated forms.

If you have questions about alcohol beverage laws and regulations, you may contact the Division of Alcohol Beverages using the contact information below.

Website: DOR Alcohol Beverage (wi.gov)
Write: DORAlcohol@wisconsin.gov

Call: (608) 266-2526

Warch For Municipal Use Only Form Alcohol Beverage License Appleton AB-200 Application License(s) Requested (up to two boxes may be checked) Fees ☑ Class "B" Beer ...... \$ 100 Class 'A" Beer .... License Fees \$10,000 Class B" Liquor ..... \$\_ 28 Background Check Fee "Class A" Liquor (cider only) \$ \_\_\_ Reserve "Class B" Liquor \$10,500 Publication Fee 60 Glass C" Liquor (wine only) \$ Deposit \$50 **Total Fees** 10,688 Part A: Premises/Business Information 1. Legal Business Name (individual name if sole proprietorship) American Food & Vending Corporation 2. Business Trade Name or DBA American Dining Creations 3. FEIN 4. Wisconsin Seller's Permit Number 456-1026386551-02 5. Enlity Type (check one) Sole Proprietor Limited Liability Company ☐ Partnership ✓ Corporation Nonprofit Organization 6. State of Organization 7. Date of Organization 8. Wisconsin DFI Registration Number NY 09/26/1990 9. Premises Address 711 E. Boldt 10. City 11. State 12. ZIp Code Appleton 54915 13. Count 14. Governing Municipality: [7] City Town Willage 15. Aldermanic District. of Appleton Outagamie 17. Premises Email 16. Premises Phone (920) 238-3402 knoel@afvusa.com https://adc-us.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 coms 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, Warch Campus Center licensed area is approx. 94,600 sq. ft. Entire Basement and Floors 1-4 of Warch Campus Center. Storage is within single interior room on basement level. Sales and Consumption allowed on: 1<sup>st</sup> Floor – Andrews Commons Café dining and serving area and adjacent conference rooms off of main dining area. Schumann, Parrish, and Perille Rooms. Single Interior room for document storage on 1st Floor. 2nd Floor – Hurvis and Mead Witter Rooms. 3nd Floor – Kraemer, Art Gallery, Pusey, Rooms. 4th Floor - Arthur Vining Davis and Runkel Rooms. 20. Mailing Address (if different from premises address) 124 Metropolitan Park Drive 21, City 22. State 23. Zip Code NY Syracuse 13088 以上完了一种。在30种的特别中,在2000年代,在2000年代的中央 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes V No If yes, list the details of violation below. Attach additional sheets if necessary, Law/Ordinance Violated Trial Date Penalty Imposed Was sentence completed?.... Yes No Law/Ordinance Violated Location Trial Date Penalty Imposed Was sentence completed?..... Yes No AB-200 (R. 1-25) -1-Wisconsin Department of Royenus

2. Are clarges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol					The state of the s			e de la composition della comp		
Individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor?	bever	ages.						Ī		] No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.	Individ	uals or entitle	s a restricted inve	stor with any inte	rest in an alcohol I	beverage produ	cer or distribute	elated pr?	Yes 🛚	] No
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion.  6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?	4. Is the	appilcant busi provide the n	ness owned by an ame(s) and FEIN(s	other business en	tity?entity owners belo	w. Attach additi	onal sheets as n	needed.	Yes 🗸	No
this license period? Submit proof of completion	4a. Name	of Business En	lity		4b. Busine	ss Entity FEIN				
Part C: Individual Information  List the harne, title, and prione number for each person or entity holding the following positions in the applicant businesses listed in Part B, Question A: sole proprietor, all officers, directors, and agent of a limited flobility 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	this lic 6. Is the	ense period? applicant busi	Submit proof of co ness indebted to a	mpletion, ny wholesaler bey	ond 15 days for b	eer or 30 days	or liquor/wine?.	🔽	Yes V	No
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 Tible Phone  Wells Martin President  Wells Steven VP & Secretary  Wells Joshua VP, Sec. & COO  Noel Relly Agent  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 pensity of law, I have answered each of the above questions completely and truthfully. I agree that I am actiny solely on behalf of the applicant business and not on behalf of any other individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol bevarages from sate authorized wholeselers. I understand that tack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such returns is a mistermeanor and grounds for revocation of this license, junderstand that any license issued contrary to Wis. Sist. Chapter 125 shall be void under pensity of state law. I further understanth that may be prosecuted for submitting false statements and efficialis in connection with this application, and that any jerson who knowingly provides materially false information on this application may be required to forfelt not more than \$1,000 if convicted.  Last Name    Part E: For Clerk Use Only   Phone   Date License Granted   Date License Issued (if applicable)   Signature of Clerk/Deputy Clerk   Date Provisional License Issued (if applicable)   Signature of Clerk/Deputy Clerk   Date Provisional License Issued (if applicable)	Part C:	Individual I	nformation				#			5
Last Name    First Name   Title   Phone								1	ó all titettir	Jelai.
Wells Steven VP & Secretary  Wells Joshua VP, Sec. & COO  Noel Kelly Agent  Part D: Attestation  One of the following must sign and attest to this application: - sale 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 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 seeking the license. Further, I agree that the rights and represent the surfnershalf of any other individual or entity seeking the license. Further, I agree that the rights and represent of the surfnershalf of any other individual or entity. I agree to perate this business according to the law, including but not limited to, purchesing sloonly beverages from state authorized wholeselers. I understand that lack of access to any perion of a license premises during inspection will be deemed a refusal to allow inspects. Such refusal is a misdemensor and grounds for revocation of this license. I understand that any license issued contrary to Was. Stat. Chapter 125 shall be void under penalty of state law. Further, Individual or entity is a period to forfest not more than \$1,000 fir convicted.  Last Name  Part E: For Clerk Use Only  Date Application Was Filed With Clerk License Number  Date Provisional License Issued (if applicable)  Signature of Clerk/Deputy Clerk			each person listed be		ing FFCs (unst abbot		cluding Form AB-1			
Wells Joshua VP, Sec. & COO  Noel Relly Agent  Part D: Attestation  One of the following must sign and attest to this application:  **sale 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, purchesing alcohol beverages from state authorized wholesalers. I understand that lack of access to any por lon 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 increase assignment to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license, I understand that any increase statements and affidavits in connection with this application, and that any person who knowlingly provides materially false information on this application may be required to forfelt not more than \$1,000 if convicted.  Last Name    Cast Name	Wells		le e e l'in i	Martin		Presiden	t			
Noel Kelly Agent  Part D: Attestation One of the following must sign and attest to this application:	Wells			Steven		VP & Sec	retary	1		
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 BEF DRE SIGNING: Under penalty of law, I have answered each of the above questions completely and truinfully. 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 I he rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. 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, incituding but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any por lon 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 it may be prosecuted for submitting false statements and affidavitis in connection with this application, and that any person who knowlingly provides materially false information on this application may be required to forfelt not more than \$1,000 if convicted.  Last Name    Date   Clerk Use Only   Phone   Ph	Wells			Joshua		VP, Sec.	& COO	4 1		
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Risident Uistrict Mariaga  Signature Kelly Med  Part E: For Clerk Use Only  Date Application Was Filed With Clerk   License Number   Date License Granted   Date License Issued    5 / 2 1 / 2 5  Signature of Clerk/Deputy Clerk   Date Provisional License Issued (If applicable)	READ CA I am action rights and according to any po	AREFULLY BEF in solely on beh diresponsibilities g to the law, incli- rion of a license r of this license and that I may be arbes materially	FORE SIGNING: Und left of the applicant be conferred by the lic lyding but not limited ed premises during in l. I understand that a prosecuted for subm	der penalty of Jaw, I usiness and not on ense(s), if granted, to, purchesing alco aspection will be de iny license issued o illting false stateme this application may	have answered each behalf of any other I will not be assigned the last of the	h of the above qu ndividual or entit to another indivi- state authorized low inspection. S Chapter 125 shoonnection with it	tesilons completel y seeking the lice dual or entily. I ag wholesalers. I un uch refusal is a m all be vold under p als application, an	ly and truthe nse. Further pree to oper derstand th Isdemeanor penalty of si d that any p	(ully.   agr r,   agree t ate this bu at lack of r and grou tale law.   erson who	ee that hat the usiness access nds for further
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The state of the last	s Trade Name						
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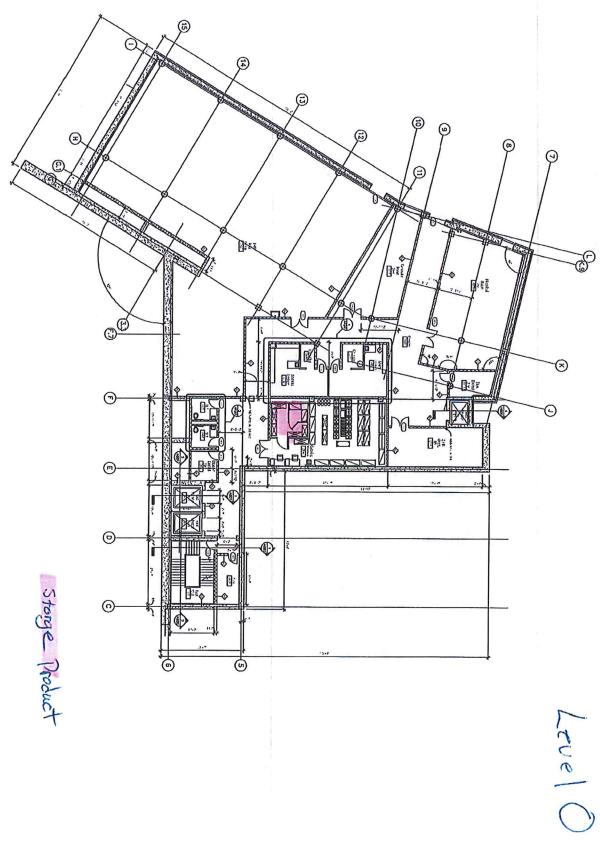
READ CAREFULLY BEFOR	RE SIGNING: I, the Undersigned, auth	orize the above-named individual to	act for the abo
corporation, nonprofit organ beverage activities on such on behalf of the entity. If I a I understand that I may be any person who knowingly p if convicted.	nization, or limited liability company with premises. I certify that I am authorized m appointing a successor agent, I resch prosecuted for submitting false stateme provides materially false information on the provides materially false information on the provides in the provides materially false information on the provides in the provides materially false information or the provides materially false in the provides materially false materially false in the provides materially false materially fals	h full authority and control of the p I by the above-named entity to auth nd all previous agent appointments ints and affidavits in connection with	remises and of norize this indivi- for this premise this application
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Part E: Agent Attestation			
on the premises for the abc and affidavits in connection application may be required	E SIGNING: I, the Agent, hereby acceptive liability company and assume full revenamed business. I further understain with this application, and that any persoto forfelt not more than \$1,000 if convictions.	responsibility for the conduct of all a nd that I may be prosecuted for su on who knowingly provides material	ilcohol beverage
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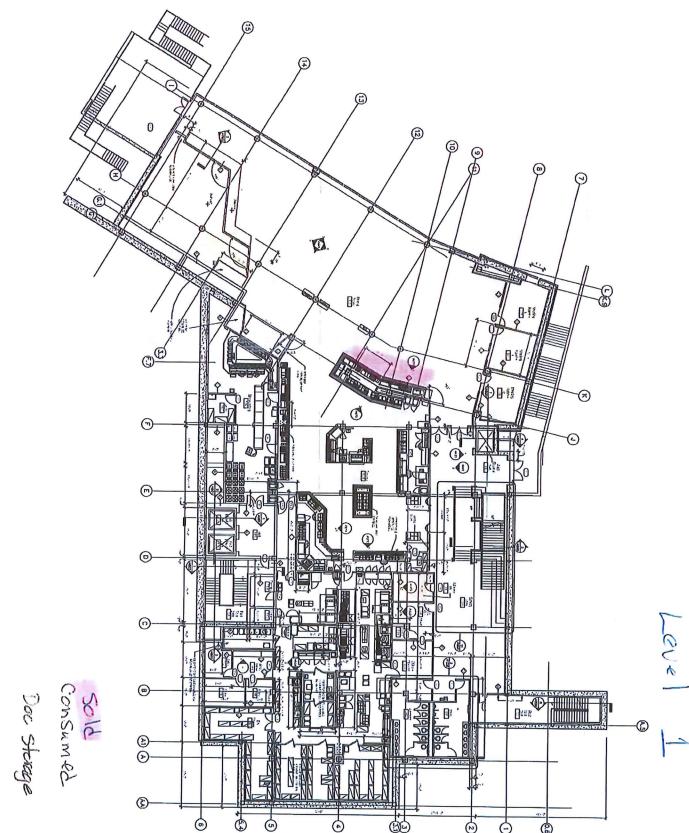


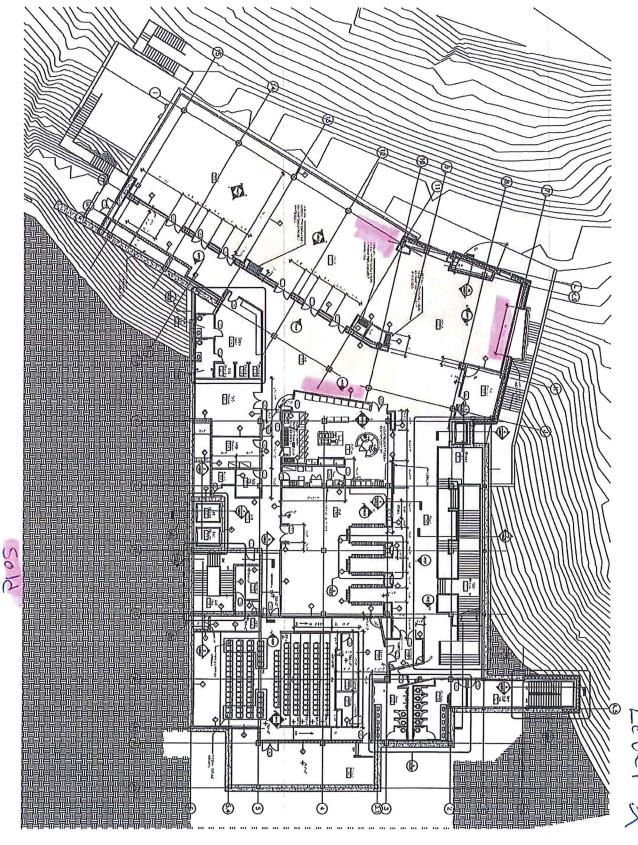
# City of Appleton Alcohol License Questionnaire

١.	Applicant Name: Afficial Food & Vending Corporation
	Business Name: American Dining Creations
	Date the LLC/corporation/partnership/sole proprietorship commenced: 09/26/1990  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: 711 E. Boldt Way
	Primary Business Activity:
	Restaurant Tavern/Night Club/Wine Bar Painting/Craft Studio Other (describe) College food & beverage service.
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 a
	this location: Warch Center
	If existing building, will there be construction or renovations? ☐ Yes ■ No
	If yes, explain
	NOTE: Contact the Inspections department (920-832-6411) for information on building codes and permits.
	N/A - occupying space under an agreement with
6.	Do you lease or own the building? Lease Down
	NOTE: Proof of control of premises is required to be submitted with an alcohol license application.  Acceptable documents include a lease or purchase agreement.
	A STATE OF THE PROPERTY OF THE
	What is the date of purchase or the date the lease began?
7.	Did you purchase the business from another individual or entity? ☐ Yes ☐ No N/A
	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 equipm	i hold ANY inter ent used by the	est in the previo	usly licensed business, ess?	or related real esta	e or
□Ye	s 🗖 No 🏻 II	yes, explain:		1	
9. Will you	ated date of ope or business sell f ves. please des	or serve food?	ng as the food provider at Lawrence U		
res [V	Buffets,	served me	food offerings available (eals, or recept	tion events	
No					
10. Fill in the		bout operationa	details listed below. At	CONTRACTOR OF THE PARTY OF THE	1
-	Geating Capacit	y: Inside	e: 1,092 - Ide: N/A	- 2nd floor, Hurvis and Mead W	cople, the Art Gallery holds 200, t holds 400.
C	Operating Days/		e: 7am - 11pm daily.	based on catering events  Varies based on needs. We	currently have 6 managers
	Employees/Staff		Number of Personnel:	Level 0: 13,500 sq.  Level 1: 23,800 sq.  Level 2: 23,800 sq.	ft ft ft
	1 _		of the premises to be license	<b>n</b>	
S	Summarize the c	lay-to-day opera	tions of the business in	the space below:	
<u>u</u>	hat supplies food for even	ts throughout campus build	dings. Alcohol would be limited to cate	ring events only and areas within	licensed premises.
-		110.535			2 2 5
license or permi providing false i	t under State Sta nformation to a p bject to criminal	atute §125 is subjection of the subjection of th	erially false information o ect to civil, monetary, and njunction with the require tion as "obstructing an off	license penalties. I u d background check f	nderstand that

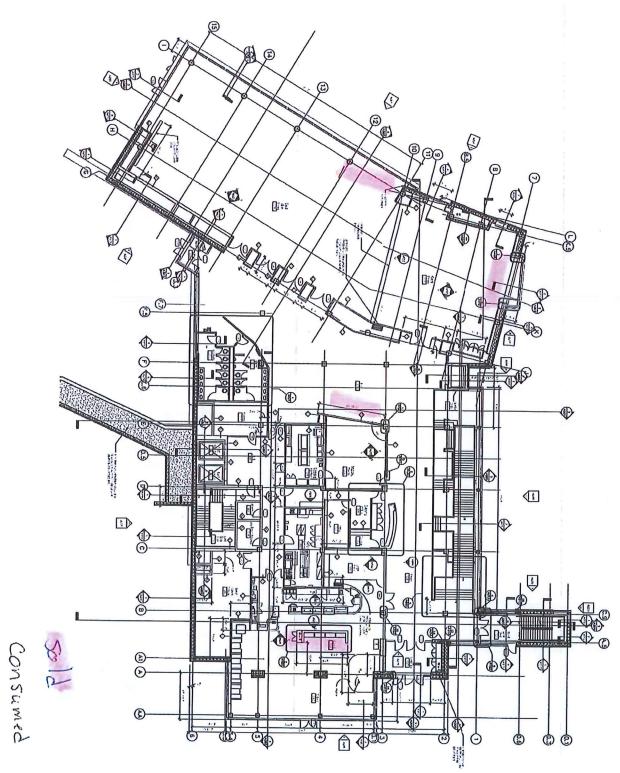




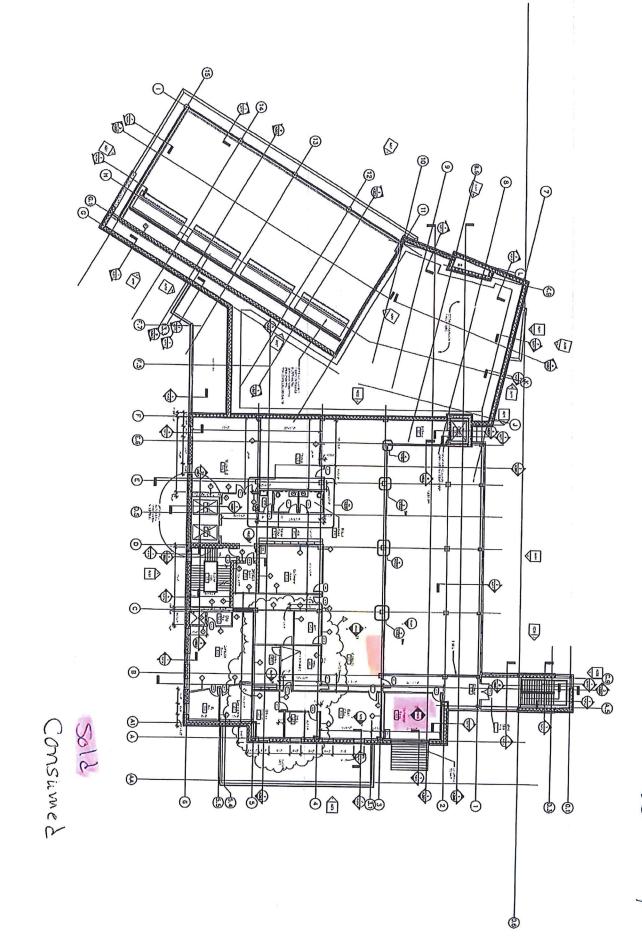


CONStimies

Level 2



Level 3



1000 1

Form AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
Appleton	
License Period	
25-26	

License(s) Requested: (up to two boxes may	be checked)				Fees		
☐ Class "A" Beer \$ [	☑ Class "B" Beer	\$ 1	00	License Fe		8	
_	☐ "Class B" Liquor			ļ		\$ 600	)
				Backgrour	nd Check Fee	\$ D	wa
	Reserve "Class B"	Liquor \$_	<b>3</b> 00	Publication	n Fee	\$ 60	,
Class C" Liquor (wine only) \$				Total Fees	•	\$ 660	)
				1			
Part A: Premises/Business Information  1. Legal Business Name (Individual name if sole pro							
American Food & Vending Cor	. ,,						
2. Business Trade Name or DBA	poración					···	
American Dining Creations							
3. FEIN		4. Wisconsir	Seller's Pe	rmit Number			
_		456-1	0263865	551-02			
5. Entity Type (check one)							
☐ Sole Proprietor ☐ Partnership	Limited Liability	Company	☑ Co	orporation	☐ Nonpro	fit Organi:	zation
6. State of Organization	7. Date of Organization	n		8. Wisconsir	DFI Registration	n Number	
NY	09/26/1990			A0567	71		
9. Premises Address 711 E. Boldt Way							
10. City				11. State	12. Zip Code		
Appleton				WI	54915		
13. County	14. Governing Municipa	lity: 🗸 City	/ Town	Village	15. Aldermanio	District	
Outagamie	of: Appleton						
16. Premises Phone	17. Premises Email			18. Web	site		
(920) 238-3402	knoel@afvusa.	com		http	s://adc-u	s.com,	/
<ol> <li>Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.</li> <li>Warch Campus Center licensed area is approx 94,600 so basement level. Sales and Consumption allowed on: 1st F area. Schumann, Parrish, and Perille Rooms. Single Interior Kraemer, Art Gallery, Pusey, and Somerset Rooms. 4th File</li> </ol>	including living quarters.  n. Attach a map or diagra  p. ft Entire Basement and F  loor – Andrews Commons  ior room for document stor	Authorized a am and addit loors 1-4 of V Café dining a age on 1st Flo	alcohol beve tional sheets Varch Campu nd serving ar or. 2 <sup>nd</sup> Floor	erage activitie if necessary as Center. Stora rea and adjacer	s and storage of age is within single at conference roor	f records m le interior ro ns off of ma	oom on ain dining
20. Mailing Address (if different from premises address	ss)	<del></del>					
124 Metropolitan Park Drive	· <del>2</del>						
21. City		<del></del>		22. State	23. Zip Code		
Syracuse			İ	NY	13088		
Part B: Questions		*					
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal control o	nces? Exclude traffic	offenses un	or corporat iless relate	ion) been co	onvicted of beverages.	Yes	☑ No
If yes, list the details of violation below. Attac	h additional sheets if	necessary.					1
Law/Ordinance Violated	Location			Tris	al Date		
Penalty Imposed				<u>l</u>		-	
			Was sent	ence compl	eted?	Yes	☐ No
Law/Ordinance Violated	Location			Tria	al Date		
				'''			ĺ,
Penalty Imposed			Was sent	ence comple	eted? [	Yes	□ No

Are charges for any offenses pending a beverages.	against the busines	s? Exclude traffic	offenses unl	ess related to alc	ohol TYes	√ No
If yes, describe the nature and status of	f pending charges	using the space b	elow. Attach	additional sheets	as needed.	
3. Is the applicant business or any of its	officers directors i	members agent	employees	owners, or other	related	
individuals or entities a restricted inve- lf yes, provide the name of the restrict	stor with any intere	st in an alcohol b	everage pro	ducer or distribut	or? Yes	√ No
Is the applicant business owned by and	other business entit	v?			Yes	√ No
If yes, provide the name(s) and FEIN(s	) of the business er	ntity owners belov	v. Attach add	itional sheets as	needed.	
4a. Name of Business Entity		4b. Busines	s Entity FEIN			
5. Have the partners, agent, or sole propr	ietor satisfied the re	esponsible bevera	nge server tra	ainina reaulremer	nt for	
this license period? Submit proof of cor	mpletion				🗸 Yes	No 🗌 No
6. Is the applicant business indebted to a					-	
7. Does the applicant business owe past	due municipal prop	erty taxes, assess	sments, or ot	her tees?	Yes	√ No
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp.	s, and agent of a corp	oration or nonprofit	organization,	applicant business of a pai	or businesses liste rtnership, and all r	nembers,
Include Form AB-100 for each person listed be	low. Corporations and	d LLCs must appoin	t an agent by	including Form AB-		
Last Name	First Name		Title		Phone	
Wells	Martin		Preside	nt —————		
Wells	Steven		VP & Se	cretary		
Wells	Joshua		VP, Sec	. & COO		
Noel	Kelly		Agent			
Part D: Attestation				usti Set est est est est est. Anna est		
One of the following must sign and attest			_ :	-60		11.0
• sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und	I partner of a partne	•	e corporate o		e member of an	
I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice	usiness and not on be ense(s), if granted, wi	ehalf of any other in Ill not be assigned t	dividual or ent o another indi	tity seeking the lice vidual or entity. I a	ense. Further, I ag gree to operate th	ree that the nis business
according to the law, including but not limited to any portion of a licensed premises during in	spection will be deen	ned a refusal to allo	w inspection.	Such refusal is a n	nisdemeanor and	grounds for
revocation of this license. I understand that a understand that I may be prosecuted for subm						
ingly provides materially false information on t		e required to forfeit			ed.	
Last Name		First Name			M.	.l.
Wells	Email	Martin			Phone	
President	Citiali				T IIONG	
Signature			Date	1 1		
Man.			1	719/25		
Part E: For Clerk Use Only				to the		
	se Number		Date Lie	cense Granted	Date License Is	ssued
5/21/25 Signature of Clerk/Deputy Clerk				Date Provisional I	license Issued /if	applicable)
-g.idiaio o cionosopaiy cion						FE

Law/Ordinance Violated Location Trial Date Penalty Imposed Was sentence completed?..... Yes Law/Ordinance Violated Location Trial Date Penalty Imposed Was sentence completed?,..., Yes AB-200 (R. 1-25) -1-Wisconsin Department of Revenue

						4 9
				A.		
		offenses pendi	ng against the busine	se? Exclude tref	lic offenses unless related to	alcohol Yes 📝 N
bever	-	ature and state	is of pending chame	using the snee	e below. Attach additional she	sets as needed
n yes,	describe in a	aturo una sian	24 Of portaing ones, go			35 45 1105 945.
Individ	uals or entitle	s a restricted in	its officers, directors nvestor with any inte tricted investor and c	rest in an alcoho	nt, employees, owners, or of ol beverage producer or distr are of the interest	ner related butor? Yes K 1
				3		Simulation of the state of the
. Is the If yes,	applicant busi provide the n	ness owned by ame(s) and FE	another business en N(s) of the business	tity?entity owners be	low. Attach additional sheets	as needed.
a. Name	of Business En	diy	a a - 9- 15- 1	4b. Busi	ness Entity FEIN	
. Have	he partners, a	gent, or sole p	roprietor satisfied the	responsible bev	erage server training require	ment for
					beer or 30 days for liquor/wij	
					essments, or other fees?	
	Individual I				posillons in the applicant busine	White
anagers	and agent of a	limited liability co	ompany. Attach addition	al sheets if necess	ofit organization, all partners of a ary. point an agent by including Form Title	
ells		1 20	Martin		President	The second section of
lells			Steven		VP & Secretary	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
lells			Joshua		VP, Sec. & COO	*
loel	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the rate last	Kelly		Agent	
art D:	Attestation			The state of		
EEAD Cam acting the and acting the and acting any posture and acting the acti	ole proprietor AREFULLY BEI To solely on beh d responsibilities g to the law. Incl tion of a license of this license that I may be thes materially	• one ger FORE SIGNING: alf of the applica is conferred by the liding but not limed of premises during I understand the prosecuted for s	nt business and not on e license(s), if granted, ilted to, purchasing alco ng inspection will be de lat any license issued o ubmitting false stateme	thership have answered e behalf of any othe will not be assign hol beverages fr emed a refusal to contrary to Wis. Si nts and affidavits I y be required to fo	one corporate officer ach of the above questions come individual or entity seeking the ad to another individual or entity m state authorized wholesalers allow inspection. Such refusal: is at. Chapter 126 shall be votd ur n connection with this application rfeit not more than \$1,000 if con	Ilicense. Further, I agree that I agree to operate this busir. I understand that lack of act a misdemeanor and ground ider penalty of state law. I fur n, and that any person who kr victed.
ast Nam	Noel		1.00	First Name	lly	M.I.A
Resignature	rident	distrie	A Manager	H	Date	Phone
<b>Da</b> pt <b>Ľ</b> •	For Clerk U	lea Ohly	yee	7-7-7-1	5/14/a	THE SHIP A STRUCK
	lication Was File		Icense Number	Y THE STATE OF THE	Date License Granted	Date License Issued
		(0)		1	Date Provision	nal License Issued (if applicat
5/2 Signature	of Clerk/Deput	Vicierk			main i ratiale	iver manino induon fir abburgar
		y Glerk		-2-		

Form AB	101	Alcoh Appoint	ol Beve ment of			Date 05/1	4/2025
Agent	ype (check	one)					
✓ Orig	nal (no fee)	Successor (\$10 fee for n	nunicipal lice	nsees only)			
THE SHARE SERVE	- 22-4000-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				-		
1. Legal E		formation (Individual name if sole proprietor) & Vending Corporation	2			18	12.27.14
Amer	and a little and a	ing Creations					
3. Entity 1	ypė (check one	☐ Limited Liability Compan	у [	Corporation	☐ Nonprofit Or	ganizatio	1
V	Municipal Ret	ness Authorization (check one)  Il License	eter sided	and Catalage	te Permit or Municipal Re	etall Licens	è Number
	ter in the just i	J. J					
Рам В	Agent Infor	mation					
1. Last Na		mation	2. First Name			[3,1	M.I.
	me	mation	2. First Name Kelly	•	5. Phone		M.I. A.
1. Last Na Noe1 4. Email 6. Home A	me ddress		1000		5. Phone		
1. Last Na Noe1 4. Email 6. Home A	ddress Stine W		Kelly	9. Zlp Code	5. Phone	the silver and the second seco	
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1. Last Na Noe1 4. Email 6. Home A 1242 7. City De P	ddress Stine W	D Number	Kelly	9. ZIp Gode 54115	10. Date	of Birth	
1. Last Na Noel 4. Email 6. Home A 1242 7. City De P 11. Drivers Part C; 1. Have	ddress Stine W ere License/State	D Number  tions he responsible beverage server traini	8. State WI	9. Zip Gode 54115 12. Drivers Lice	10. Date	of Birth uance	Α.
1. Last Na Noel 4. Email 6. Home A 1242 7. City De P 11. Driven Part C: 1. Have y Submi	ddress Stine Wollense/State License/State Agent Quest/ou satisfied to proof of common completed to completed.	D Number  tions he responsible beverage server traini	8. State WI  ag requirements  ividual Ques	9. Zip Code 54115 12. Drivers Lice	10. Date	of Birth uance	A. □ No

AB-101 (R. 1-25)

Wisconsin Department of Revenue

Continued  $\rightarrow$ 

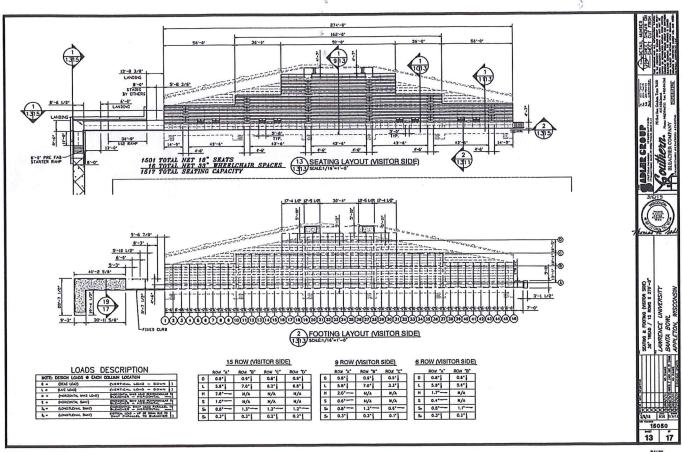
Part D:	Business A	ttestation					1.144.00
corporal beverag on beha I unders	ion, nonprofi e activities o If of the entit tand that I m on who knov	t organization, or lim n such premises. I c If I am appointing ay be prosecuted fo	I, the Undersigned, a nited liability company sertify that I am authori a successor agent, I re r submitting false state rially false information of	with full authority and zed by the above-namescind all previous age ements and affidavits in	I control of the property to authors appointments on connection with	remises and o orize this indiv for this premis this application	f all alcohoridual to ac es. Further
ast Name Well				<sub>Name</sub> Vlartin	Car .		M.I.
Pre	sident		Email	· -···		Phone	
Signature	7.	1	7	4	Date	die	
7	15				3/1	W.H	
	Agent Attes		er Ottomas in the Control of the Ottom		CHANGA CAN TA	1 2 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the firm sealed
on the p	remises for t avits in conn	he above-named bu ection with this appli	company and assume f isiness. I further under cation, and that any pe more than \$1,000 if cor	rstand that I may be person who knowingly provincted.	prosecuted for su	bmitting false y false informa	statements tion on this
Noel			First N Ke1			and the state of t	И.I. А.
Signature	Kel	Eles VIN	1		Date 5/	14/25	
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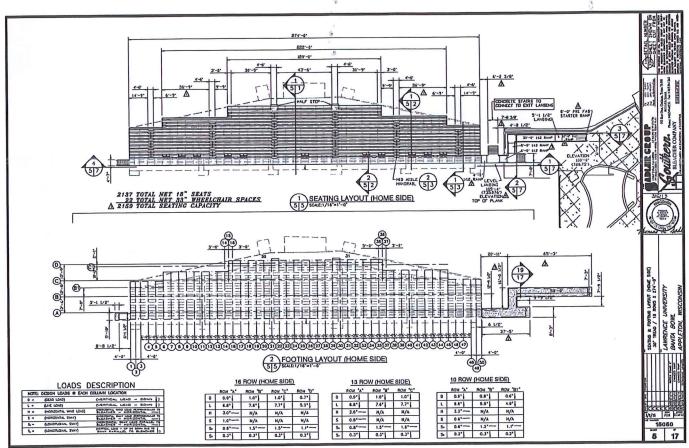


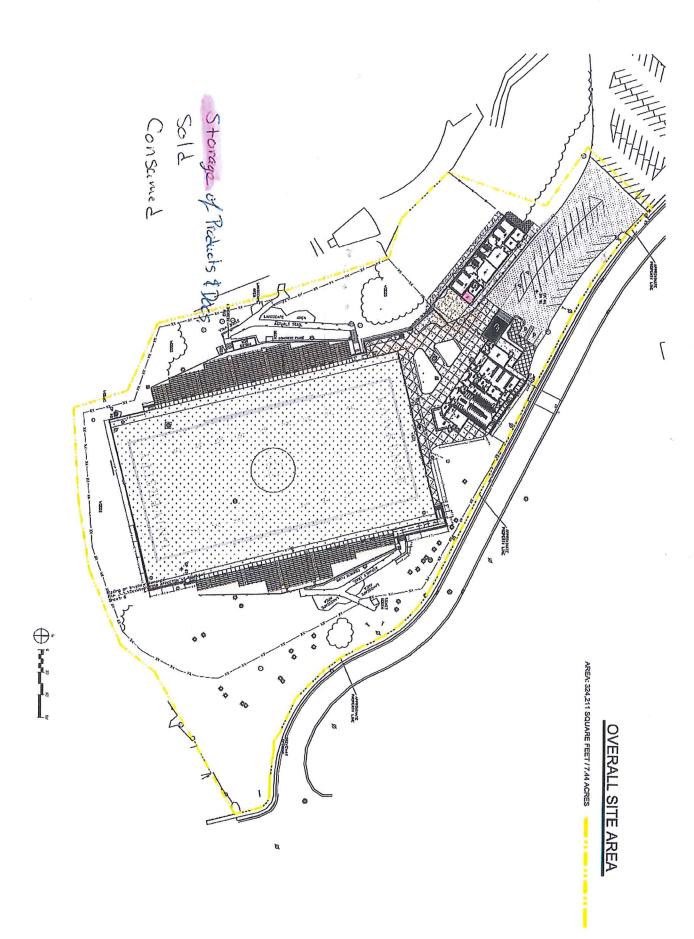
# **City of Appleton Alcohol License Questionnaire**

1.	Applicant Name: American Food & Vending Corporation
2.	Business Name: American Dining Creations
	Date the LLC/corporation/partnership/sole proprietorship commenced: 09/26/1990
	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: 1201 E John Street
4,	Primary Business Activity:
	☐ Restaurant ☐ Tavern/Night Club/Wine Bar ☐ Painting/Craft Studio
	Other (describe) Sports complex with catering.
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 a
	this location: The Banta Bowl Stadium
	If existing building, will there be construction or renovations? ☐ Yes ■ No
	If yes, explain
	NOTE: Contact the Inspections department (920-832-6411) for information on building codes and permits.
	N/A - occupying space under an agreement with Lawrence University.
6.	Do you lease or own the building? Lease Down  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?
7.	Did you purchase the business from another individual or entity? ☐ Yes ☐ No N/A
	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

equipme	hold ANY interest in the previously licensed business, or related in the previous business?  No If yes, explain:	'eal estate or
8. Anticipat	ted date of opening? Currently serving as the food provider at Lawrence University, Would like	e to begin liquor services by 6/15/2
9. Will your	yes, please describe the type of food offerings available Caterin Buffets, served meals, or reception ever	g food,
No 🗌		
10. Fill in the encouraged	e information about operational details listed below. Attaching <u>a c</u>	opy of the floor plan
	eating Capacity: Inside: N/A	
Op	perating Days/Hours: Inside: N/A Outside: 7am - 11pm daily - based on cate	ering events.
En	mp oyees/Staff (per shift/day) Number of Personnel: Varies based on nee	nds
Ар Ар	pproximate <u>floor building area</u> of the premises to be licensed: 10 pproximate <u>outdoor area</u> of the premises to be licensed: 18,4	$\frac{0}{05}$ sq. ft.
	ummarize the day-to-day operations of the business in the space ports complex with catering requests before and after games during	
Tages		
ense or permit u viding false inf	nt, understand that providing materially false information on this or any under State Statute §125 is subject to civil, monetary, and license pen formation to a police officer in conjunction with the required backgroun pect to criminal and civil prosecution as "obstructing an officer".	alties. I understand th
Signature	elly Noel 5/14 Date	125







# Banta Bowl

Form

AB-200

# Alcohol Beverage License Application

For Municipal Use Or	ıly
Municipality	
Appleton License Period	
License Period	
25-26	

License(s) Requested: (up to two boxes may be checked)			Fees				
☐ Class "A" Beer \$	Class "B" Beer	\$	· · · · · · · · · · · · · · · · · · ·	License F	ise Fees		 )
☐ "Class A" Liquor	] "Class B" Liquor	\$		Backgrou	nd Check Fee	\$ 0	
☐ "Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$		Publication Fee		n Fee	\$ 60	 )
Class C" Liquor (wine only) \$			Total Fees		s	\$ 26	_
Part A: Premises/Business Information				·····			
1. Legal Business Name (individual name if sole prop	• •						
American Food & Vending Cor	poration						
2. Business Trade Name or DBA							
American Dining Creations		4 142	0 11 1 5	9. 54			
3. FEIN		4. Wisconsin 456-10			ſ		
5. Entity Type (check one)		430-10					
Sole Proprietor Partnership	☐ Limited Liability	Company	[Z] C	orporation	□ Nonpro	fit Organi	ization
6. State of Organization	7. Date of Organizatio				in DFI Registration		
NY	09/26/1990	**		A0567	-	311 TTUTTIBO	•
9. Premises Address	<u> </u>			<u> </u>			
1201 E John Street							
10. City				11. State	12. Zip Code		
Appleton				WI	54915		
13. County	14. Governing Municipa	- Indianal	Town	Village	15. Aldermani	c District	
Outagamie	of: Appleton						
	17. Premises Email			18. We		-	
(920) 238-3402	knoel@afvusa	.com		http	os://adc-ı	1s.com	·/ ·
Premises Description - Describe the building or bear are kept. Describe all rooms within the building, in only on the premises described in this application.	ncluding living quarters.	. Authorized a	lcohol bev	erage activiti	es and storage o		
Banta Bowl licensed area is approx. 18,505 sq. Roberts Field and interior of building on plaza interior of building on plaza, on plaza and all s	. Storage is within in	terior room	of buildir				
20. Mailing Address (if different from premises addres	ss)						
124 Metropolitan Park Drive	9						
21. City				22. State	23. Zip Code		
Syracuse				ИХ	13088		
Part B: Questions							
Has the business (sole proprietorship, partne violating federal or state laws or local ordinar						Yes	✓ No
If yes, list the details of violation below. Attac	h additional sheets if	necessary.					
Law/Ordinance Violated	Location			T	rial Date		
Penalty Imposed			Was sen	tence com	oleted?	Yes	☐ No
Law/Ordinance Violated	Location	<u></u>		T	rial Date		
Penalty Imposed			Was sen	tence com	oleted?	Yes	☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol .								
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.								
Is the applicant business or any of its individuals or entities a restricted investigation of the restrict the name of the restrict the second control of the restrict the second control of the	stor with an	y intere	st in an alcohol b	eve	rage pro	ducer or distribu	related itor?	Yes ✓ No
,								
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other busine a) of the bus	ss entit	y?	v. At	tach add	itional sheets as	needed.	Yes 📝 No
4a. Name of Business Entity	-		4b. Busines	ss Er	ntity FEIN			
						-		
5. Have the partners, agent, or sole proporthis license period? Submit proof of co								Yes 🗌 No
6. Is the applicant business indebted to a	ny wholesal	er beyo	nd 15 days for be	er o	or 30 days	s for liquor/wine?	·	Yes 🗹 No
7. Does the applicant business owe past	due municip	al prop	erty taxes, asses:	sme	nts, or ot	her fees?		Yes 🔽 No
Part C: Individual Information								
List the name, title, and phone number for eacl Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	rs, and agent	of a corp	oration or nonprofit	orga				
Include Form AB-100 for each person listed be	low. Corpora	tions an	d LLCs must appoir	nt an	agent by	including Form AB	-101.	
Last Name	First Name			Title	е		Phone	
Wells	Martin			Pr	reside	nt		
Wells	Steven			VF	& Se	cretary		
Wells	Joshua			VF	, Sec	. & COO	J ·	
Noel	Kelly			Ag	gent			
Part D: Attestation								
One of the following must sign and attest								
sole proprietor     one general	•		•		orporate o		e member of	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited	usiness and i ense(s), if gra	not on be anted, wi	half of any other in Il not be assigned t	divid o an	dual or en other indi	tity seeking the lic vidual or entity. I a	ense. Further, agree to opera	I agree that the te this busines
to any portion of a licensed premises during in revocation of this license. I understand that a	nspection will ny license is:	be deen	ned a refusal to allo itrary to Wis. Stat. (	ow in Chap	spection. pter 125 s	Such refusal is a name	misdemeanor a penalty of sta	and grounds fo ite law. I furthe
understand that I may be prosecuted for submingly provides materially false information on								son who know
Läst Näme			First Name					M.I.
Wells			Martin					
Title		Email					Phone	
President								<del></del>
Signature					Date 5	119/25		
Part E: For Clerk Use Only			4					
Date Application Was Filed With Clerk Licens	se Number				Date Lie	cense Granted	Date Licens	e Issued
Signature of Clerk/Deputy Clerk					_L	Date Provisional	License Issue	i (if applicable)

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

TRADE NAME	BUSINESS NAME	ADDRESS
Good Nature Evapor	Good Nature Evapor LLC	420 E Northland Ave Ste E
Halal International Market	Rehan Grocery LLC	2310 W College Ave Ste D
Marley's Smoke Shop	Andrew Thornell	530 W College Ave
Smokin Glass	Smokin Glass LLC	1107 W Wisconsin Ave
Top Dogz Vape Shop	Top Dogz Vape Shop LLC	208 E Wisconsin Ave

rom				
Λ	<b>D</b> .	4	Λ	4

AB-101 (N. 03-24)

## Alcohol Beverage Appointment of Agent

Date 3	/31	125

Wisconsin Department of Revenue

Agent Type (check one)			
☐ Original (no fee)	Successor (\$10 fee for m	unicipal licensees only)	
Part A: Business Inform			
Legal Business Name (individ	VV	ALGREEN CO	
2. Business Trade Name or DBA	WALGREENS #05102		
3. Entity Type (check one)	Limited Liability Company		☐ Nonprofit Organization
4. Alcohol Beverage Business A  Municipal Retall Lice	nse 🔲 State Permit		Permit or Municipal Retail License Number
	nting a successor agent, if successor		
New 5	store Man ucted as f	lager and	need to
be upo	acted as f	tacint	
		10/00/1	
		J	
		J	
Part B: Agent Information  1. Last Name  () () () () () ()	ın.	2. Eirst Name	3. M.I.
	ın.		3. M.I.
1. Last Name  Callague  4. Email  6. Home Address	in		3. M.I. J
1. Last Name Oallagur 4. Email	in	2. Eirst Name CLUICA  8. State 9. Zip Code	3. M.I. J
1. Last Name  Callagur  4. Email  6. Home Address  TOZ UNZi  7. City  Menagha	e Ct	2. First Name  Oand  8. State 9. Zip Code  WL 5457	3. M.I. 5. Phone
1. Last Name  Callagur  4. Email  6. Home Address  TOZ UNZi  7. City  Menagha	e Ct	2. First Name  Oand  8. State 9. Zip Code  WL 5457	3. M.I. 5. Phone
1. Last Name  Callagur  4. Email  6. Home Address  TOZ UNZi  7. City  Menagha	e Ct	2. First Name  Oand  8. State 9. Zip Code  WL 5457	3. M.I. 5. Phone
1. Last Name  Oallagur  4. Email  6. Home Address  TOZ LLYZi  7. City  Mewalla  11. Drivers License/State ID Num	e Ct	2. First Name  Oand  8. State 9. Zip Code  WL 5457	3. M.I. 5. Phone
1. Last Name  Oallagh  4. Email  6. Home Address  7. City  City  City  11. Drivera License/State ID Num  Part C: Agent Questions	ber  consible beverage server training	2. Eirst Name  OR VIA  8. State 9. Zip Code  WT 5457  12. Drivers Licens	3. M.I. 5. Phone
1. Last Name  Callague  4. Email  6. Home Address  7. City  City  11. Drivers License/State ID Num  Part C: Agent Questions  1. Have you settsfied the response Submit proof of completion	ber  consible beverage server training	2. Eirst Name  David  8. State 9. Zip Code  WL 5457  12. Drivers Licens	3. M.I. 5. Phone  10. Age  ie/State ID State of Issuance  Yes No.

-1-

I liability company with full a ly that I am authorized by the locassor agent, I reschot all p braiting talse statements and	uthority and control of the above-named entity to au revious agent appointmen I affidevits in connection w	premises and of all alcohol thorize this individual to act is for this premises. Further, ith this application, and that
First Name BRIA		M.I. R
Emel		Phone
	Date	5/15/25
pany and assume full responsess. I further understand that lon, and that any person who	sibility for the conduct of all I may be prosecuted for	I alcohol beverage activities submitting false statements
First Name  David	- Australian Antonio A	m: 2
in	Date /	
	I liability company with full arrived by the light I am authorized by the locassor agent, I rescind all printiting false statements and telese information on this appoint in the part of	BRIAN  Date

Form			
Α	B-1	01	

# Alcohol Beverage Appointment of Agent

Date		
1		
1 .		

Original (no fee)	Successor (\$10 fee for m	nunicipal licensees only)	* TANAMANANANANANANANANANANANANANANANANANA
t A: Business Informa			
gal Business Name (Individu	Pub		
usiness Trade Name or DBA	Pub 9 GRIL		
ntity Type (check one)	Limited Liability Company	y Corporation	☐ Nonprofit Organization
cohol Beverage Business Au  Municipal Retail Lice	· · · ·	5. If successor agent, provide State	e Permit or Municipal Retail License Numb
escribe the reason for appoin	ting a successor agent, if successor	r is checked above.	
t B: Agent Informatio	n Alexander		
ist Name		2. First Name	3. M.I.
ist Name Taramil		2. First Name Franklin	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ist Name	0	Franklin	3. M.I. V.
Taramill Trankia		Franklin	V4
nail Frankja	o Tomsdrive ins. a	Franklin	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Taramill Trankia	o Tomsdrive ins. a	Franklin	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Taramill Trankje  me Address  1004 Lucern	o Tomsdrive ins. a	Franklin om:	5. Phone
Taramill Trankje  me Address  1004 Lucern	o 2 Tomsdriveins.a e Dr. #1C	Franklin om: 8. State 9. Zlp Code WI 54952	5. Phone
Taramillanillanillanillanillanillanillanill	o 2 Tomsdriveins.a e Dr. #1C	Franklin om: 8. State 9. Zlp Code WI 54952	5. Phone
Taramillanillanillanillanillanillanillanill	o 2 Tomsdriveins.a e Dr. #1C	Franklin om: 8. State 9. Zlp Code WI 54952	5. Phone
Taramillanillanillanillanillanillanillanill	o Tomsdriveins.a e Dr. #1C	Franklin om: 8. State 9. Zlp Code WI 54952	5. Phone
Taramillaniii Trankje Taramillaniii Trankje Tr	Tomsdriveins. a e Dr. #1C ber  ponsible beverage server training	Franklin om-  8. State   9. Zip Code   WI   54952   12. Drivers Licen	5. Phone  10. Date of Birth  Inse/State ID State of Issuance
Taramillanail Trankje  mail Trankje  me Address  LOCH Lucern  ty  Menasha  Drivers License/State ID Num  te C: Agent Questions  ave you satisfied the results in the proof of completion  ave you completed Form	Tomsdriveins. a e Dr. #1C ber  ponsible beverage server training	Franklin  8. State 9. Zip Code  WT 54952  12. Drivers Licen  ng requirement?	5. Phone  10. Date of Birth  Inse/State ID State or Issuance  Yes

Part D: Business Attestation	grant property	19 H
READ CAREFULLY BEFORE SIGNING: I, the <b>Undersig</b> corporation, nonprofit organization, or limited liability collaboration beverage activities on such premises. I certify that I am on behalf of the entity. If I am appointing a successor ago I understand that I may be prosecuted for submitting false any person who knowingly provides materially false inform if convicted.	mpany with full authority and cont authorized by the above-named e ent, I rescind all previous agent ap se statements and affidavits in cor	trol of the premises and of all alcohol intity to authorize this individual to act epointments for this premises. Further, innection with this application, and that
Last Name Crishaber	First Name Scot	M.I.
Title Pras.		Phone
Signature of built		5/30/2023
		•
Part E: Agent Attestation	to gayang yayan in	ere i Ĉia
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> , he nonprofit organization, or limited liability company and as on the premises for the above-named business. I furthe and affidavits in connection with this application, and tha application may be required to forfeit not more than \$1,000.	ssume full responsibility for the col or understand that I may be prose t any person who knowingly provic	nduct of all alcohol beverage activities ecuted for submitting false statements
Last Name Joranillo	First Name Frank-n	M.I. X
Signature		Date 5-29-2025



<u>NOTE</u>: Please allow approximately 4 weeks for application processing

#### FEES ARE NON-REFUNDABLE

License Fee - \$10.00

CASH OR CHECK ONLY!

Date Recv'd 5 120 125

Total \$ [D . 00

Receipt #56 13 -1

SECTION 1 – ESTABL	ISHMENT IN	IFORMA	ITION			Contact the March
Establishment Name The Hilly Establishment Address	Purt			Establishment Phone N		
Establishment Address	MI Dues	,				
0 ) 0 L/100	antial Hotel	- (		Agent Phone Number	(Required)	
Agent Name	ulson					Section Commence of Commence
SECTION 2 - PREMIS		CO S RECEIVED	The superior of the state of th	proposed area must be sub		ation
Is this Premises Amen			, , , , , , , , , , , , , , , , , , , ,		PORARY	<u> </u>
Please describe the char	nge in premis	es:	wint to all. This will	the existing of be onether over bea by torr.	floor petro a	ren lobelel
as an	outdoor	ichut	arua tur b	new by full.		
					MAI	pulled
If temporary, please spe	cify the even	t or reaso	n for the amendment:	·		
		nd time(s)	that this premises amer	ndment will be utilized: _		A News my character activities at the con-
SECTION 3 – PENAL		5. 等等				
				he City of Appleton and a	agree that any licens	e granted under this
application may be susp	ended for ca	use at any	time by the Common C	council. lication is true and correc	et to the hest of my	knowledge and helief
Under penalty of law, 1 s	swear that the	iniormat	ion provided in this app	ilication is true and correc		
Signature of Applican	ti	lh	h		Date:	1 19 1 25
FOR OFFICE USE ON	ILY					<b>通过是基本的</b>
Department	Approve	Deny	Staff Member	Reason		
Police		a				
Fire						
Health						
Community Development						
Inspections						
Finance						
Public Works						
Safety and Licensing Date:			Recommendation:	Common Council Date:		Recommendation:
Date sent for Review	Date Approve	d	Date Issued	Expiration Date	License Number	
		4.0				

Dallots lat Smolaing area Patio #1 Daily Pint Constants and activity

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entry/exit to patio

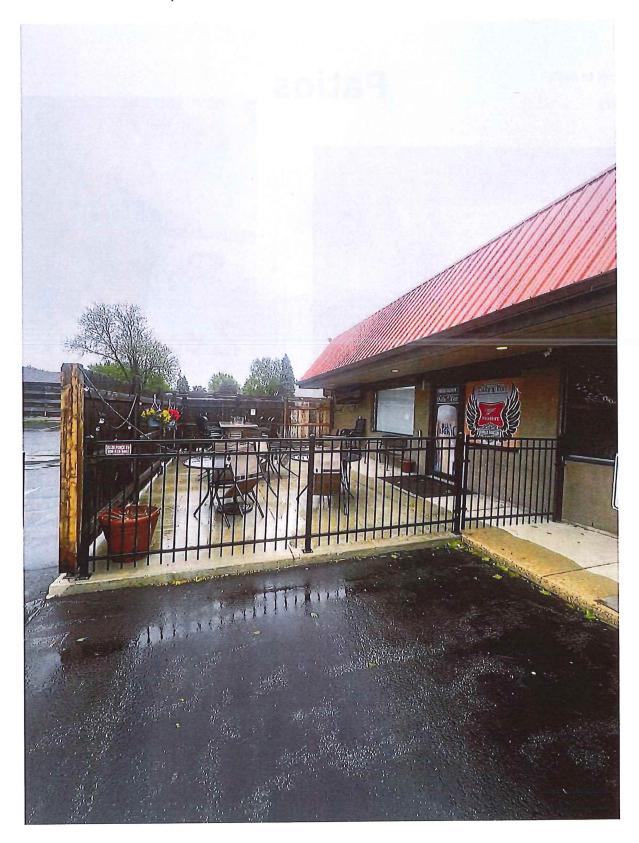
# **Patios**

Bar Entry





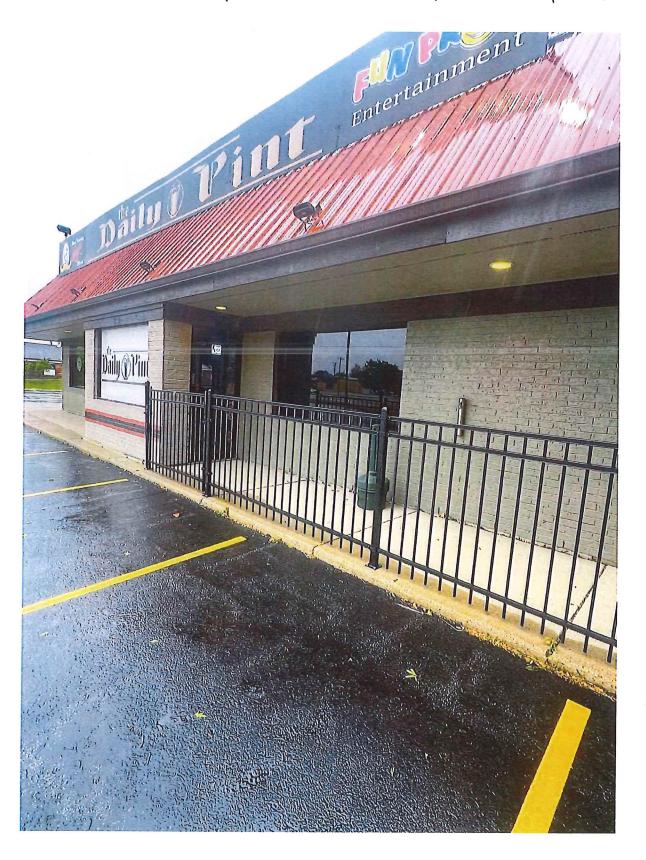
Patio 1 (already part of premises)



# Proposed amended premises area



# Proposed amended premises area (close-up of door to patio)





NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY! Date Recv'd <u>ら 」 る</u> 」 よら
License Fee - \$10.00	Total \$ [0.06
	Receipt #: 51013-3

SECTION 1 - ESTABLE	SHMENT IN	<b>IFORMA</b>	ITION			
Establishment Name	rt		The state of the s	Establishment Phone I	990 - 84	10-6912
Establishment Address	ophlal	Ave				
Agent Name	Paulson			Agent Phone Number	(Required)	
SECTION 2 - PREMIS	ES AMEND	MENT	*A drawing/diagram of the	proposed area must be sul	bmitted with this applic	ation*
Is this Premises Amen	dment perm	nanent o	r temporary?	RMANENT ATTEM	PORARY	
Please describe the chan	nge in premis	ses:	Fence in	portion of pal	lang lot for	live invise
If temporary, please specify the event or reason for the amendment:						
If temporary, please list t	:he <b>date(s)</b> an	nd <b>time(s)</b>	that this premises amend	dment will be utilized: _	์) Vไว	
SECTION 3 - PENALT	Y NOTICE	-165100 ) -1465100				
application may be suspe	ended for cau	use at any	the Municipal Code of th y time by the Common Co tion/provided in this appli	ouncil.		*
Signature of Applicant	<u> </u>	_{ll.	<u>ll</u>		Date:	, 2° , 25
FOR OFFICE USE ON	LY		<b>建建设建设</b>	克曼的特殊		
Department	Approve	Deny	Staff Member	Reason		
Police						
Fire					34	
Health				1		
Community Development						
Inspections						ÿ
Finance						
Public Works						
Safety and Licensing Date:			Recommendation:	Common Council Date:		Recommendation:
Date sent for Review	Date Approved	<u> </u>	Date Issued	Expiration Date	License Number	
		<i></i>		.		

Xer P 1000 Day of temp force Now N Smolomy area Patro #1 Tivi (12) fenu Daily Pint for the styling of the styling Perce

# Parking lot party



Controlled Entry



NOTE: Please allow approximately 4 weeks for application processing

FEES	ARE	NON	-REFU	NDA	BLE

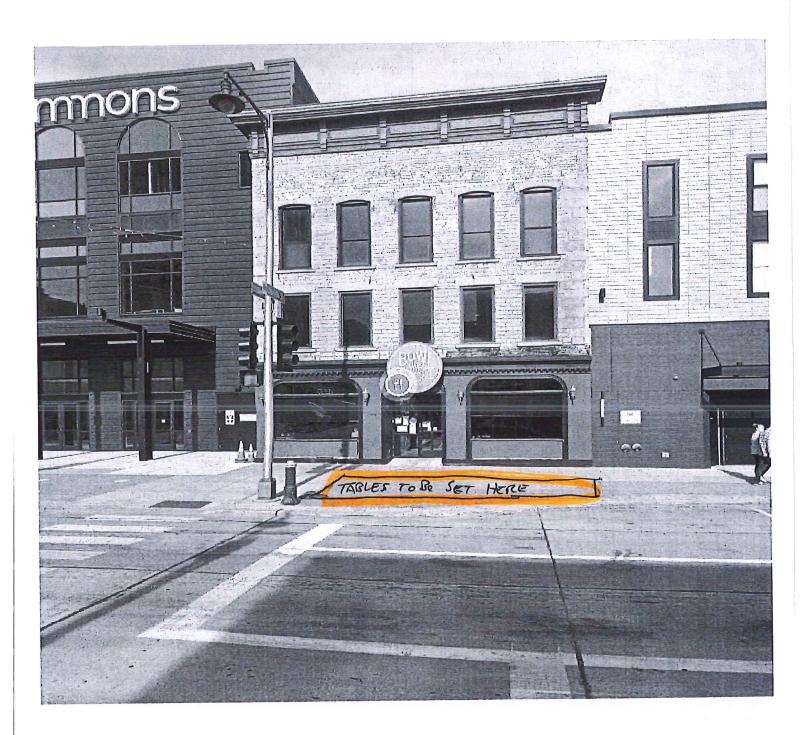
CASH OR CHECK ONLY!
Date Recv'd 5 / 60 / 25

License Fee - \$10.00

Total \$ [0.00

Receipt #: 8541 - 7

SECTION 1 - ESTABLIS	SHMENT IN	IFORMAT	ION			
Establishment Name	•			Establishment Phone N		
Bow Winety Establishment Address	One			a20-815-	3184	
		1	APPLETON W	T Elgit		
100 E COILE	SE AL	IE I	appleion w	Agent Phone Number	(Paguired)	
Agent Name THONG VUE	_			Agent Phone Number 7	neduli edi	
SECTION 2 - PREMISI		MENT	A dmwinaldiagram of the	proposed area must be sub	mitted with this annie	ation
1. 15 1. 14 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1.	<b>的是不是是是一个</b>			ATT OF THE REAL PROPERTY AND ADDRESS OF THE PARTY OF THE	和 100 mm m 100 md a Management (1975—191	
Is this Premises Amend					PORARY	
Please describe the chan	ae in premis	es: EX	pand to a	out door ta	ble in F	Front of
Store.			,			
Silve.						
If temporary, please spec	ify the event	or reason	for the amendment:	Jut dock Sea	ting For	the
warmer we					J	
warmer we	a jriel <		200.00	***	***************************************	
,					Son - 1:	4 EU
If temporary, please list t	he date(s) ar	nd time(s) t	that this premises ame	ndment will be utilized:	fing Im	R 10 1011
If temporary, please list t	weather	Per	nt. MiODE	= OF Ageil -	- Early Oc	tober
				n et en skrijken i 12-a verek in derekten er	(	
SECTION 3 - PENALT		0.50	L. M. district Code of	be City of Appleton and	avec that any lianna	e granted under this
application may be suspe				he City of Appleton and a	igree that any licens	e granted under this
				lication is true and correc	t to the best of my	knowledge and belief.
enancia de la companya de la company	-	B			- 05	165 24 25
Signature of Applicant	/				Date: 🔼	165,2025
FOR OFFICE USE ON	LY			<b>以下,以下,</b>	A PROMET I	<b>多是在其英语和特殊</b>
Department	Approve	Deny	Staff Member	Reason		
Police		_				
Fire						
Health						
Community Development						
133						
Inspections						7
Finance						
Public Works						
Safety and Licensing Date:			Recommendation:	Common Council Date:		Recommendation:
					<b>.</b>	
Date sent for Review	Date Approve	d	Date Issued	Expiration Date	License Number	
		,	1 , ,			





<u>NOTE</u>: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!
	Date Recv'd//
License Fee - \$10.00	Total \$
	Receipt #:

Establishment Name							
Chandelier LLC	Establishment Phone Number 3307050238						
Establishment Address 215 W College A		on, WI t	54911				
Agent Name Kyle Jones			- 10 to - 10 t	Agent Phone Number	(Required)	8	
SECTION 2 - PREM	SES AMEND	MENT	*A drawing/diagram of the	e proposed area must be su	ıbmitted with this appli	ication*	
Is this Premises Ame	ndment perr	manent c	or temporary? DP	ERMANENT I TEN	/PORARY		
Please describe the ch	Please describe the change in premises:  Terrace area in front of current premise 215 W College Ave between the sidewalk and parking spaces.						
If temporary, please specify the event or reason for the amendment:							
	verages o	uisiae	during the summe	er months			
If temporary, please list the date(s) and time(s) that this premises amendment will be utilized:  October 31st from 10AM to 9PM Sun-Sat							
SECTION 3 - PENAL	TY NOTICE						
SECTION 3 – PENALTY NOTICE  I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this							
					agree that any licens	se granted under this	
application may be sus	pended for ca	use at an	y time by the Common C	Council.			
application may be sus Under penalty of law, I	pended for ca swear that the	use at an	y time by the Common C		ect to the best of my	knowledge and belief.	
application may be sus Under penalty of law, I Signature of Applicat	pended for ca swear that the nt:	use at an	y time by the Common C	Council.	ect to the best of my		
application may be sus Under penalty of law, I Signature of Application FOR OFFICE USE O	pended for ca swear that the nt:	use at an	y time by the Common C tigh provided in this app	Council. lication is true and corre	ect to the best of my	knowledge and belief.	
application may be sus Under penalty of law, I Signature of Applicat	pended for ca swear that the nt:	use at an	y time by the Common C	Council.	ect to the best of my	knowledge and belief.	
application may be sus Under penalty of law, I Signature of Application FOR OFFICE USE Of Department	pended for ca swear that the nt:	use at an	y time by the Common C tigh provided in this app	Council. lication is true and corre	ect to the best of my	knowledge and belief.	
application may be sus Under penalty of law, I Signature of Applicat FOR OFFICE USE Of Department Police	pended for ca swear that the nt:	use at an	y time by the Common C tigh provided in this app	Council. lication is true and corre	ect to the best of my	knowledge and belief.	
application may be sus Under penalty of law, I Signature of Applicat FOR OFFICE USE Of Department Police Fire	pended for ca swear that the nt:	use at an	y time by the Common C tigh provided in this app	Council. lication is true and corre	ect to the best of my	knowledge and belief.	
application may be sus Under penalty of law, I Signature of Applicat FOR OFFICE USE Of Department Police Fire Health	pended for ca swear that the nt:	use at an	y time by the Common C tigh provided in this app	Council. lication is true and corre	ect to the best of my	knowledge and belief.	
application may be sus Under penalty of law, I Signature of Applicat FOR OFFICE USE Of Department Police Fire Health Community Development	pended for ca swear that the nt:	use at an	y time by the Common C tigh provided in this app	Council. lication is true and corre	ect to the best of my	knowledge and belief.	
application may be sus Under penalty of law, I Signature of Applicat FOR OFFICE USE OF Department Police Fire Health Community Development Inspections	pended for ca swear that the nt:	use at an	y time by the Common C tigh provided in this app	Council. lication is true and corre	ect to the best of my	knowledge and belief.	
application may be sus Under penalty of law, I Signature of Applican FOR OFFICE USE Of Department Police Fire Health Community Development Inspections Finance	pended for ca swear that the at:  Approve	use at an	y time by the Common C tigh provided in this app	Council. lication is true and corre	Date: 05	knowledge and belief.	
application may be sus Under penalty of law, I Signature of Applicat FOR OFFICE USE Of Department Police Fire Health Community Development Inspections Finance Public Works	pended for ca swear that the at:  Approve	Deny	y time by the Common C tigh provided in this app Staff Member	Reason	Date: 05	knowledge and belief.	

# College Ave

Meter Picnic Table	Picnic Table	Garden		
BMO Bank	Sidewalk		Front	Next Gibson Music
	215 W. College			
	Chandelier LLC Current Premi	Se		

Outline for Proposed Premises Amendment W TE

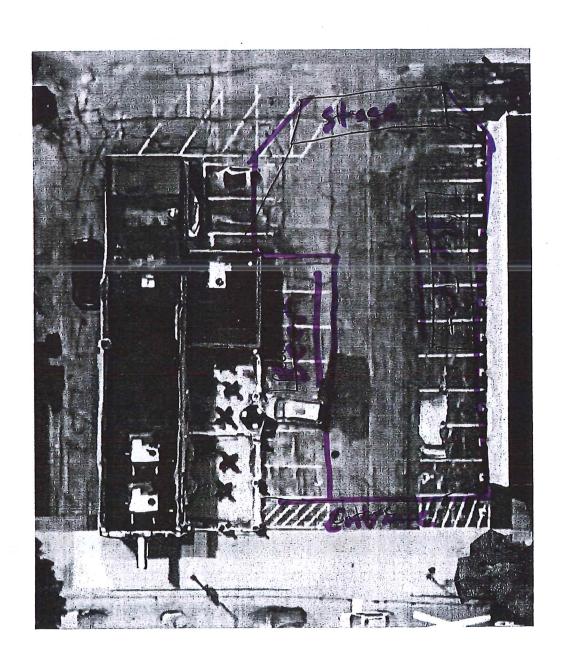


<u>NOTE</u>: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!
	Date Recv'd 5 16 25
License Fee - \$10.00	Total \$
	Receipt #: 8599-4

SECTION 1 - ESTABLIS	SHMENT IN	IFORMA	ATION									
Establishment Name				Establishment Phone N								
spats		4		920-758-7	-141							
Establishment Address	. Ale	mue										
1 A			c c	Agent Phone Number	(Required)							
Nick Lapkin	~		*									
SECTION 2 - PREMISI	S AMEND	MENT	*A drawing/diagram of the	proposed area must be sub	mitted with this applic	cation*						
Is this Premises Amend	dment pern	nanent o	r temporary? □ PE	RMANENT TEM	PORARY							
Diago describe the above	es la aremie	W	e plant to so	erve Beer on	1 Lignor							
Please describe the change in premises: We plant to scrue Beer and Lignor in the parking but of spats for Mile of music 7/31-8/5.												
in the parking but of sports for Mile of music 1/31-0/5.												
florking Lot will be fenced in.												
If temporary, please specify the event or reason for the amendment: Wile of masic 7/51 - 8/5												
1												
		7										
If temporary, please list t			der de		2/31 -8/	5						
if temporary, please list t	ne date(s) ai	na time(s)	froat this premises amend	ment will be utilized: _								
\lambda \cdot	softm	-10	:00 A.m 7	131-0/5								
SECTION 3 – PENALT	Y NOTICE											
the first of the first hand the second of the second of the second of the	THE RESERVE AND PERSONS ASSESSED.	n 9-52 of	the Municipal Code of th	e City of Appleton and a	gree that any licens	e granted under this						
			y time by the Common Co									
Under penalty of law, I sv	vear that the	informat	ion provided in this appli	cation is true and correc								
Signature of Applicant	1//	D			Date: 05	Signature of Applicant: Date: 05 , 16 , 2025						
	the management of according											
	V	6 pp 1845)										
FOR OFFICE USE ON		Deny	Staff Member	Reason								
Department Police	Approve	Deny	Staff Member	Reason								
Department		Deny	Staff Member	Reason								
Department Police		Deny	Staff Member	Reason								
Department Police Fire		Deny	Staff Member	Reason								
Department Police Fire Health		Deny	Staff Member	Reason								
Department Police Fire Health Community Development		Deny	Staff Member	Reason								
Department Police Fire Health Community Development Inspections		Deny	Staff Member	Reason								
Department Police Fire Health Community Development Inspections Finance		Deny	Staff Member  Recommendation:	Reason  Common Council Date:		Recommendation:						
Department Police Fire Health Community Development Inspections Finance Public Works Safety and Licensing Date:	Approve			Common Council Date:	License Number							
Department Police Fire Health Community Development Inspections Finance Public Works Safety and Licensing Date:			Recommendation:		License Number							

# Spets 2004 2005 mile of misic Parking Lot





SECTION 1 – ESTABLISHMENT INFORMATION

<u>NOTE</u>: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!  Date Recv'd 3/4/25
License Fee - \$10,00	Total \$O
	Receipt #: 8177-3

Establishment Name	,	_		Establishment Phone		
Rock(45) Establishment Address	ports	Bai	14 6v11	920-0	30-100	24
Establishment Address			ST			
325 1		Pol	aton			
Agent Name			į.	Agent Phone Number	(Required)	18
Stava						
SECTION 2 - PREMIS	ES AMEND	MENT	*A drawing/diagram of the p			cation*
Is this Premises Amen	dment perr	manent c	r temporary?	RMANENT ZETEM	PORARY	
Please describe the char						
Sarvin	9 4	100	hol in o	ior par	ring lo	it and
tha lo	to vo	ax +	holin o	okias		
If temporary, please spe-	cify the even	t or reaso	n for the amendment:	Mila 0-	F Mus	10
If temporary, please list	the <b>date(s)</b> a	nd <b>time(s</b> )	that this premises amend	lment will be utilized: _		
July 31	, 2.0	25	Thru Au	gust 3, 2	2025	IlAM JULY 31 TIL
			inger set to the contract of t	er-wesinger i neutrolksin vesta i ba Z	No. of Colorana Conference of the Conference of	II AM MUD 3
SECTION 3 - PENALI	A MOHE					
			the Municipal Code of the y time by the Common Co		gree that any licens	e granted under this
			ign provided in this applic		t to the hest of my	knowledge and belief
onder penalty of law, 15	Wour triat tri	/	The Arman application of the Arman application		-	100
Signature of Applicant	:	1			Date: 03	104, 25
FOR OFFICE USE ON						
Department	Approve	Deny	Staff Member	Reason		
Police						,
Fire						
Health						
Community Development						
					×	
Inspections						
Inspections Finance						
Finance			Recommendation:	Common Council Date:		Recommendation:
Finance Public Works Safety and Licensing Date:	Date Approved	d	Recommendation:	Common Council Date:	License Number	Recommendation:
Finance Public Works Safety and Licensing Date:	Date Approved	d			License Number	Recommendation:

Pockard ZÜETVKÖÖJ



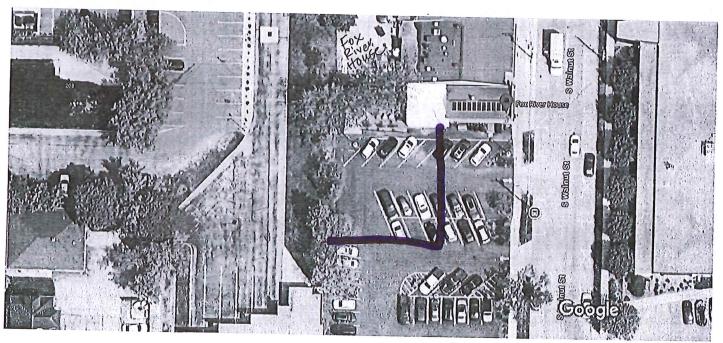
NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!  Date Recv'd 5 127125
License Fee - \$10.00	Total \$
	Receipt #: 8644-5

SECTION 1 - ESTABL	SHMENT IN	IFORM.	NOITA	支票 法禁止证据	经过的股份的					
Establishment Name	1( 0			Establishment Phone I						
tox LIVER	-Hous			920-963	.9968					
Establishment Address 211 S. WAUNUT ST										
Agent Name	00000	3		Agent Phone Number	(Required)					
(ASSIDU F	THERS	3		Agont Mono Manipol (	,1044					
SECTION 2 - PREMIS	SECTION 2 - PREMISES AMENDMENT *A drawing/diagram of the proposed area must be submitted with this application*									
Is this Premises Amendment permanent or temporary?										
Please describe the change in premises: MILE OF MUSIC FESTIVAL MAYING TAP										
TRAILERS	Cant	SDI	INSCR TRAI	FRS TO	DADVING	(OT TA)				
ACCOMODE										
+HCCOMODE	196 1	HO	resilvac.							
<u>If temporary</u> , please spe	cify the even	t or reaso	on for the amendment:	LICE OF MI	181C OF	Dg 51 2 Pags				
If temporary, please list	the date(s) a	nd time(s	) that this premises amend	dment will be utilized: 🕓	July 31 8A	m - Aug 3 8pm				
				<del></del>	<u> </u>					
SECTION 3 - PENALI	Y NOTICE									
_			the Municipal Code of th		agree that any licens	e granted under this				
			y time by the Common Co tion provided in this appli		ct to the best of my	knowledge and belief.				
	( )	· /,								
Signature of Applican		ecus	amo		Date:	127125				
FOR OFFICE USE ON				<b>建一种基础的</b>		<b>电影</b>				
Department	Approve	Deny	Staff Member	Reason						
Police										
Fire										
Health										
Community Development										
Inspections										
Finance										
Public Works										
Safety and Licensing Date:	•		Recommendation:	Common Council Date:		Recommendation:				
Date sent for Review	Date Approve	d	Date Issued	Expiration Date	License Number					
	,	1	1 / /							

# Google Maps

## Fox River House



Imagery @2025 Airbus, Map data @2025 Google 20 f



Fox River House

4.6 ★★★★★(233)・\$ Bar・♂

Overviev	V	Reviews		About
Directions	D Save	(©) Nearby	Send to phone	Share

✓ Dine-in · X Delivery



NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE	CASH OR CHECK ONLY!  Date Recv'd 5 128125
License Fee - \$10.00	Total \$
	Receipt #: 8655 - 3

SECTION 1 – ESTABLISHMENT INFORMATION										
Establishment Name	. 0	ď	CV CVI	Establishment Phone I						
Emmets Bar & Grill 920-733-7649										
Establishment Address	2 1	4	Co Andre	11- 440	1//					
139 N.	RICHM	ond i	St. Appleto	Agent Phone Number	(// (Paguirad)					
Agent Name	0101 K	201		Agent Fhone Number	(Negunea)					
	SECTION 2 — PREMISES AMENDMENT A drawing/diagram of the proposed area must be submitted with this application.									
Is this Premises Amendment permanent or temporary?     PERMANENT   PERMANENT										
is this Premises Amer	nament peri	marient o	temporary: Di	LINIAIVENT PTEN	1 010 111					
Please describe the cha	nge in premis	es:								
	Ento	20	for Ali	Le OF MUSI ATTACHED	p (12) (	DUTAMES				
	1 XIII	e la	10/ ///	<u> </u>		1				
			MAP	ATTACHED						
12						1				
					22.72					
If temporary, please spe	ecify the even	or reaso	n for the amendment: _	Mile OF	Music.					
					Thurs Tul	1. 3/c- 3-110m				
If temporary, please list	the date(s) a	nd <b>time(s</b> )	that this premises ame	ndment will be utilized: _	711013 30011	4 3/57 3-11pm				
Friday a	nd Sa	fural	ay Ipm-11p	M , Sundi	ry Jone-	8 pm				
			/ /			\$P\$15万4000000000000000000000000000000000000				
SECTION 3 - PENAL	TY NOTICE	0 E2 of	the Municipal Code of t	he City of Appleton and a	agree that any licens	e granted under this				
			y time by the Common (		agree that any heene	o grantou una en uno				
Under penalty of law, I	swear that the	informat	ion provided in this app	lication is true and corre	ct to the best of my	knowledge and belief.				
_27/0.08 to 10 fg as 5%.	. 1/4	,,,,	. 687		Detai 5	12812025				
			- Xx order		Date:	1001000				
FOR OFFICE USE ON	1TA	20 38			都達 正常主义					
Department	Approve	Deny	Staff Member	Reason						
Police										
Fire										
Health										
Community Development						***************************************				
Inspections										
Finance										
Public Works										
Safety and Licensing Date:			Recommendation:	Common Council Date:		Recommendation:				
Date sent for Review	Date Approve	d ·	Date Issued	Expiration Date	License Number					
, ,	,	,	, ,	1 1						

# WASHINGTON STREET E Vergreen C. i. Bown Bldg. HANDICAPPED STALL BEER TENT Entrance Emmots PORTA SIES Brost we Topen | Vacant Lindo Michoccan Artist Entrance STAGE

Lindo Michoacan

DiHA 2+2

STORage



## Application for Mobile Home Park License

CASH OR CHECK ONLY!

# LICENSE PERIOD IS FROM JULY 1<sup>ST</sup> – JUNE 30<sup>TH</sup>

FEES ARE NON-REFUNDABLE

Date Recv'd 5 27,25

Mobile Home Park
(CLMOBL) \$132.00

Total \$ 132.00

Receipt #: 8631 - 3

Note: Please allow approximately 3 weeks for application processing

SECTION 1 - COMPAN	Y INFORMA	IION — An	swer all questions c	ompletely. Please	PRINT clearly.	1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E	
Name of Company Holding Lice							
FOX UALLEY Company Street Address	ESTATE	5 - 1	MOORE BY	TURPRISE	5, INC		
				City	State	Zip	
330 E JUKA Company Telephone Number	POR LA	/		APPLISTON		54915	
						business or operate a onsin Administrative Code	
920 - 731-20 Company Email Address	777			177.02 without obt	aining a Health De	partment License from the	
FOXUALLEYESTA SECTION 2 - CONTACT		HAU.C	om	Health Department Code Chapter 177.	in accordance with	Wisconsin Administrative	
SECTION 2 - CONTACT	INFORMAT	ON -					
Name of Contact applying for I	icense (First, MI,	Last)			Date of	Birth	
SCOTT MOOK	26						
Contact Home Street Address			<u> </u>	City	State	zip 55803	
4349 TARKOW				DULUTH	MN	55805	
Contact Phone Number [REQUI	REDJ			Contact Email Ad	dress [REQUIRED]		
SECTION 3 -LOCATION	۷ 📑 💮		100				
Location of Mobile Home Park							
106 & PRIV Total Number of Units:	MROSE	LN	APPLBTOXI				
			. '	upied: Number of Units Unoccupied:			
79			79	0			
SECTION 4 - PENALTY	NOTICE						
I hereby certify that I/we ha	ve familiarized	myself/our	selves with Chapter 1	of the City of Appl	eton Municipal C	ode as it relates to	
Mobile Home Parks and tha							
Signature of Applicant:	Koll	PMG	wil		Date: 5 /	20,25	
FOR OFFICE USE ONLY	7100-00				Larried		
Department	Approve	Deny	Staff Member		Reasoning		
Police	1		6 1 11		4111	2 2025	
Fire			P, Goodin		JUN U	2 2025	
	幺		D, Henson		5-27	- 25	
Public Works							
Inspections	P.		K, Cranner	1	5-27-7	 よく	
Community Development	o'.				MAY 2 0	2026	
Finance	<del>  }</del>		D. Harp		MAY 2.8		
	×		J, Huss	· · · · · · · · · · · · · · · · · · ·	5-27-8	λ S	
Health	×		D. Idenson	)	5-27	- 25	
Safety and Licensing			6-11-25				
Common Council							
Date sent for approval	Approved date	L	Issued Date	Expiration	Date .	License Number	
MAY 2 7/ 2025		/					

# APPLICATION OF THE PROPERTY OF

## 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

See SECTION 4 for fee schedule

#### CASH OR CHECK ONLY!

Date Recv'd 5 /29/25

Total \$ 82

Receipt #: 8655 -4

SECTION 1 — BUSINESS	LOCATIO	NC	ing a series of the series of	4.5				
Business Name (Company and	Trade Name	e/DBA)						
FISH CAVE Business Street Address				***				
		-				City	State	Zip
2110 5 MEMO		1215				APPLETON	<u> </u>	54915
Business Phone Number (Reg				} '	Business Ema	_		
414.234.3526 PISHCAVELLO CIM							CAMPAIL - COR	<b>N</b> .
SECTION 2 – APPLICANT INFORMATION								
Name (First, MI, Last)							Date of Birth	
TON UANG								
Home Address						City	State	Zip
1503 E COUL		<b>4</b> 16				APPLETON	<i>IWI</i>	54915
Drivers License/State ID Num	ber						DL/ID State	of Issuance
Phone Number (Required)				Email Add	iress			
	-							
SECTION 3 - SERVICE:	S TO BE P	ROVIDED	)					
Please check the type(s) of	service yo	ur establis	hment will offer:	Live	e animals	Pet Food	dPet Accessories	s Fish
Other							· · · · · · · · · · · · · · · · · · ·	, ,
SECTION 4 - FEE SCHE	DULE NO	TE: all app	lication fees incl	ude a \$7 I	Police Inves	tigation fee		
	SAN TOUR SERVICE		1800年1月1日日本	et Store L	A THE REST OF THE			
1	nitial Fee -	\$97.00				Renewa	l Fee - \$82.00	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******		Kennel Lic	ense			
1-	10 animals	- \$62.00		T		11-25 an	imals - \$137,00	
	50 animals - \$262.00 More than 50 animals - \$5.00 ea. (minimum \$287.00 fee)			m \$287,00 fee)				
SECTION 5 - PENALTY	NOTICE			<u> </u>				
Having knowledge of all g							animals, I hereby	certify that the
information provided in th	is applicati	on is true :	and correct to the	e best of i	ny knowled	ge and bellef.		
Signature of Applicant		6					Date US V	7/2025
FOR OFFICE USE ONLY								
Department	Approve	Deny	Staff Member			Reas	ion	**
Police								
Fire							e canadallivide en	,
Finance								
Inspections								w.··
City Sealer	·							
Date Sent for Approval	Safety and	Licensing	Common Cou	incil	Date Issue	d Expi	ration Date	License Number
					l			_

# 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 Recv'd 5 128 125
Outside City License - \$82.00	Total \$ 82
	3655-2

			į							
SECTION 1 - BUSINE	SS INFORMATI	ON								
SECTION 1 - BUSINESS INFORMATION  Legal Business Name AND Trade Name/DBA  Golper Supply Co. Inc.  Business Street Address  /8/0 W. Edgewood Dr.  Business Phone Number  920-131-3240  Business Email Address  90/persul gmail. com  Indicate the business activities, Check all that apply: Vertaining Vertaining Collecting Other (explain):										
Business Street Address	810 W. E.	dacu	ood Dr.	(	Appleton	n		State <b>ルエ</b>	<sup>Zip</sup> 54913	
Business Phone Number	920-13	1-32	146	E	Business Email Address C	90100	erso	Leg	mail. com	
Indicate the business activit	ies. Check all that	apply: 🔽	Purchasing Se	lling	Collecting Oth	ner (explain	ı):			
List the kind of materials the business deals in Paper recycling										
SECTION 2 - APPLICANT INFORMATION										
Applicant Name (First, MI, L	***		<u> </u>			**********	Date	of Birth		
Applicant Hame (Filed File	Da	vid	B. Golpe	er						
Address 930 PI	leasan-	AV	enue	(	Highland	Pari	K	State ZZ	Zip 60035	
Drivers License/State ID Nu	mber				<u> </u>		DL/ID	State of	Issuance	
Has the applicant previousl	y been a salvage d	ealer or er	mployed by another s	alvage	dealer? If so, with who?	Phone N	Vumber	(Require	a) — — —	
SECTION 3 - PARTNI	ERSHIP/CORPO	DRATIO	N/ASSOCIATIO	N/LL	CINFORMATION					
List information for all addi	tional partners/offi	ers/memb	oers. Attach addition	al sheel	ts if necessary					
Name (First, MI, Last)	lavid B.	Gol	ber	Title	President			of Birth		
Address 930 PI	'easant	Avei	rue	1	Highland	Aark	1	State	Zip 40035	
Name (First, MI, Last)		-		Title				of Birth		
					n			<u> </u>	<del></del>	
Address				'	City			State	Zip	
Name (First, MI, Last)				Title			Date	of Birth	<u> </u>	
Address				(	City			State	Zlp	
Have any members listed a	bove previously be	en a salva	ge dealer or employe	d by a	nother salvage dealer? If	so, who an	d with	what com	pany?	
		708.4kassa	94, 155, 157, 158, 158, 158, 158, 158, 158, 158, 158	area dan	***		250000	5.000.58887		
SECTION 4 - PENALT	en narrysanskin e et en et foregen fan finne	200	M. 11 12 1	- <b>6 . '</b>	City of Association					
I certify that I am familia application may be susp						igree that	any lie	cense gr	anted under this	
Under penalty of law, I s						to the be	st of m	ny knowl	edge and belief.	
• •	(H14)	11		•	_					
Signature of Applicant:	Trans 13	96V	<del>\</del>		Date:\$_/_	16	10	75		
FOR OFFICE USE ONLY										
Department	Approve	Deny	Staff Member				Reaso	n		
Police										
Fire										
Finance										
Inspections										
City Sealer										
Date Sent for Approval	Safety and Licens	ing	Common Council		Date Issued	Expiratio	n Date		License Number	
/ /	1 1		1 1		1 / /	/	1			

#### Application for Salvage Dealer's License



License period is July 1st – June 30th

<u>NOTE:</u> Please allow approximately 4 weeks for application processing

## FEES ARE NON-REFUNDABLE CASH OR CHECK ONLY!

City License - \$ 207.00

Date Recv'd 6 3 25

Outside City License - \$82.00

Total \$ 207

Receipt #: 8679-11

SECTION 1 - BUSINESS INFORMATION								
Legal Business Name AND Trad	e Name/DBA	Ma	ch IV N	lotors LLC		L		
Business Street Address	0 E 1	tano	ock st	City Applet	m	State	54911	
Business Phone Number 9 2	0-201-	120	ł	Business Email Addres	iach4	motors	. com	
Indicate the business activities.			Purchasing Selling		Other (explain			
List the kind of materials the bu			cars Dart	s, Memos	ca hi li	a		
SECTION 2 - APPLICAN	TINFORM	ATION	with poin	J, MONO	1 a 01 11-			
Applicant Name (First, MI, Last)	1 +	ullbe	ICG			∩ate of Birth		
Address				City		State	Zip	
	erbroo	K C	<u> </u>	1 Appleton	_	W\	54911	
Drivers License/State ID Number	ir			• •		DL/ID State of	Issuance	
Has the applicant previously be				age dealer? If so, with wh	o?   Phone I	Number <i>Remile</i>	ופו	
only with								
SECTION 3 – PARTNERS	CONTRACTOR CONTRACTOR	17 14 14 14 14 14 14 14 14 14 14 14 14 14	Commission access to the Commission of the Commi	THE TAX TO SERVE AND THE PARTY AND THE			A SHA TRIBLAN FROM THE STATE OF	
List information for all addition Name (First, MI, Last)	al partners/offi	cers/meml	pers. Attach additional st	leets if necessary.		Data of Birth		
Charles D	Tull	oers	111	President		Dave Ar Airm		
Address 98 F.Sh.	1brook	1		City Anal 4 tran		State	Zip 54911	
Name (First, MI, Last)	10100 =		Tit	ie Appa loc		Date of Birth	1 5 1117	
Kara L T	Ullber	5	\	JILL PYESID	eut			
Address 98 FShaar	brook	7/		City Agal 4 tra	Λ	State	Zip 54911	
Name (First, MI, Last)	01000	<u>ц</u>	Tit	le //// CE   O		Date of Birth		
Address				City		State	Zip	
Have any members listed above	previously be	en a salva	ge dealer or employed b	y another salvage dealer	? If so, who an	d with what con	npany?	
SECTION 4 - PENALTY I								
I certify that I am familiar wi					d agree that	any license gr	anted under this	
application may be suspend Under penalty of law, I swea					ect to the he	et of my know	ledge and helief	
·		_	_				leage and belief.	
Signature of Applicant	MT	ME		Date: <u>0</u> 5	124/	W15		
FOR OFFICE USE ONLY				·				
Department Department	Approve	Deny	Staff Member			Reason		
Police			Metafile					
Fire				***				
Finance								
Inspections								
City Sealer		Ļ		<u> </u>				
Date Sent for Approval Sa	fety and Licens	sing	Common Council	Date Issued	Expiratio	n Date	License Number	



Application for Taxicab/Limousine Company License

CASH OR CHECK ONLY!

D Or	iginal Application	FEES ARE NON-REFUNDA	ABLE
<b>⊠</b> Re	enewal License	Fee Per Each Individual	Date Recvid 10
#_		Vehicle (CLLTSE) \$30.00	Total \$ 97.00
)M		(CLLPIF) \$7.00	Receipt #: 8678-4

LICENSE PERIOD IS FROM

July 1st - June 30th

Note: please allow 3 weeks for application processing

SECTION 1 - APPLICANT INFO	RMATION Answer all	questio	is completely. Please	e PRINT	clearly	1	
Company Name	11 dla Phaesia	Tions	onclution				
Business Address	LC dha Phoenix	TIME	City		State	Zlp	Code
1280 S. Van Dyke Rd = Company Email Address [REQUIRED]	⊬ 3		Appleton Company Phone Number		WIE	54	1914
					IRED]		Individual Partnership Corporation
20 Verflow Ic 2 gmail BC	DV V3		920-840-617	Date of	Birth	lL	Gender
Zonea Mims			CA C. 4				F
ZONEA MIMS Business Owner Phone Number			Business Owner Email A	ddress			· · · · · · · · · · · · · · · · · · ·
Driver's License Number			State Licensed	-	-		
,			WI				
SECTION 2 - COMPANY HISTO	DRY			u z		14	
Is the company currently licensed in any	other municipality?	Ϋ́I	s (NO)				
If Yes, what municipality?							
Has the company ever been denied a lic		<u>-</u> Ү	ES NO			·	
If Yes, please explain:							
Have any of the owners ever been convi	cted of a crime?	Y	ES (NO)				
If Yes, please explain:							
Describe the basic operations of the con	npany:						
Taxi Cab							
If the business is located in the City limit	ts, Municipal Code requires t	hat off-st	eet parking is provided fo	r. If app	licable, what	provis	ions have been made for
off street parking?							
SECTION 3 - VEHICLES TO BE	OPERATED - Attach ac	dditiona	l sheets if necessary				
Vehicle Number	Capacity	Make/I	Model				DOT License Plate #
0	<u>l</u>	Dod	ze Grand Caravax	<u> </u>			AVA 6127
02	3	Dod	ge Grand Caras	6-1n			ASR 2296
63	10	1	slev Volgaer				A2C 1328
		1	J				
			WIA 1997				
SECTION 4 - INSURANCE NOT	I IGE	35 S T				1.	
Insurance Carrier		ard of	Insurance Agent Name				
	mpany		Dor etn Jar Insurance Agent Email Ac	15ser	า		
Insurance Agent Phone Number	1-3		Insurance Agent Email Ac	ldress			
Policy Number			Policy Period		•	· · · · · ·	
			4.03,2025 -	4.03	. 2026		

SECTION 5- PENALTY NOTICE	
I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly author representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, hamed the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insura carrier, the policy number, and policy period above. Further, I agree to maintain appropriate insurance coverage for the duration of permit/license and to indemnify, defend and hold harmless the City of Appleton and its officers, officials, employees and agents from against any and all liability, loss, damage, expenses, costs, including attorney's fees arising out of the activities performed as describered, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of the which may arise from the use of city right-of-way or property under this permit or license.	ty of have ance this and ibed
I certify that this application, and all information and documentation provided therein, is true and accurate.	
Applicant's Signature 3 Me Months Date: 10 105	
FOR OFFICE USE ONLY	

FOR OFFICE USE	ONLY					
Department	Approve	Deny	Date of Recommendation	Staff Member	,	
Risk Management						
Police	K		JUN 0 4 2025	B, Goodin		
Fire	K		JUN 0 3 2025	D, Henson		
Inspection	K		JUN 0 3 2025	K. Crannen		
Safety and Licensing			6-11-25			. 11
Common Council			6-18-23			
COI on File?	Denia	d Reasoning	9	Date Issued	Expiration Date	License Number
YES NO						

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

# TAXICAB/LIMOUSINE/COMMERCIAL QUADRICYCLE COMPANY LICENSE INFORMATION

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



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/9/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in liqu of such endorsement(s).

certificate holder in lieu of such endor				iiuuise.	ilibili. A stat	einein on m	is cartilicate does liot collet	rigins to the
PRODUCER				CONTA NAME:	<sup>СТ</sup> Tracy Boei	ing		
Ansay & Associates, LLC. 4351 W College Ave				PHONE (A/C, No E-MAIL	<u>, E</u>		FAX (A/C, No): 920-5	60-7078
Suite 310				E-MAIL ADDRE	<u>ss:</u>			
Appleton WI 54914					INS	URER(S) AFFOR	DING COVERAGE	NAIC#
					RA: Scottsda	le insurance	Co	41297
INSURED Z's Overflow LLC			ZSOVERF-01	INSURE	RB: ICW Gro	up		27847
1280 S. Van Dyke Rd Ste 3				INSURE	Rc: Prime In	surance Com	pany	
Appleton WI 54914				INSURE	RD:			
				INSURE	RE:			<u> </u>
				INSURE	RF:			
	_		NUMBER: 1491741978				REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R								
CERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	HEREIN IS SUBJECT TO ALL	
EXCLUSIONS AND CONDITIONS OF SUCH				BEEN				
INSR TYPE OF INSURANCE	INSR	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A GENERAL LIABILITY			CPS7924309		1/11/2025	1/11/2028	DAMAGE TO RENTED	0,000
X COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence) \$ 100	
CLAIMS-MADE X OCCUR							MED EXP (Any one person) \$ 5,00	
	1	1						0,000
		1						0,000
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC	-						PRODUCTS - COMP/OP AGG \$ 2,00	0,000
C AUTOMOBILE LIABILITY	┼	├	SC25041038		4/3/2025	4/3/2028	COMBINED SINGLE LIMIT	
<del>                                     </del>			0020071000		110/2020	11012020	(Ea accident) \$ 1,00  BODILY INJURY (Per person) \$	0,000
ANY AUTO ALL OWNED X SCHEDULED	ļ	1					BODILY INJURY (Per accident) \$	
AUTOS NON-OWNED							PROPERTY DAMAGE	
HIRED AUTOS AUTOS	1		·				(Per accident) \$	
UMBRELLA LIAB OCCUR	+-	╁				-t	EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE		1					AGGREGATE \$	
DED RETENTION\$	Ħ						\$	
B WORKERS COMPENSATION	<del>                                     </del>	<del>                                     </del>	WWI5081997		1/31/2025	1/31/2026	X WC STATU- OTH-	
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	l	İ					E.L. EACH ACCIDENT \$ 100,	000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	ļ					E.L. DISEASE - EA EMPLOYEE \$ 100	
If yes, describe under DESCRIPTION OF OPERATIONS below		:					E.L. DISEASE - POLICY LIMIT \$ 500,	
	1							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	Attach	ACORD 101, Additional Remarks	Schedule	, if more apace is	required)		-
CERTIFICATE HOLDER				CANC	ELLATION		4	
				env	HI D ANV OF T		ESCRIBED POLICIES BE CANCE	I EN BEFORE
							REOF, NOTICE WILL BE D	
Community Care, Inc 1801 Dolphin Drive Waukesha WI 53186						Y PROVISIONS.		
			411-1					
			AUTHO	RIZED REPRESE	TATIVE			
				( )	Hory L.	Lang	-	
1					/	14-		

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

See Additional Information on reverse side. Contact the municipal	al clerk if you have questions.
FEE \$ 10 per event + \$7 (applicant background investigation (ee)	Application Date: 4/29/25
Town Village X City of Appleton	County of Outagamie
The named organization applies for: (check appropriate box(es).)  A Temporary Class "B" license to sell fermented malt beverag  A Temporary "Class B" license to sell wine at picnics or simila at the premises described below during a special event beginning to comply with all laws, resolutions, ordinances and regulations (s and/or wine if the license is granted.	r gatherings under s. 125.51(10), Wis. Stats.
1. Organization (check appropriate box) → ☐ Bona fide Clu	b
Useran's Org  Chamber of Co.  (a) Name  325 E. COIICQC AVE  (b) Address  (c) Date organized  (d) If corporation, give date of incorporation	Commerce or similar Civic or Trade Organization organized under
	sin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this
(f) Names and addresses of all officers:  President Karen Cain 1 13 Tilbury ( Vice President Beth Zingli / 224 E Secretary Lei a Mousai / 905 E	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Beverage Records Will be Stored:  (a) Street number 500 E Franklin St. A  (b) Lot	pold, Served, Consumed, or Stored, and Areas Where Alcohol Method Political Park  Blocks North St. Union St. Franklin St. Park Areas  E park and Drew St.  r this application, which floor or floors, or room or rooms, license is
3. Name of Event (a) List name of the event (b) Dates of event  (c) Dates of event  (d) VI A Company  (e) DECLA  An officer of the organization, declares under penalties of law that the best of his/her knowledge and belief. Any person who knowingly may be required to forfelf not more than \$1,000.  Officer  (Signature / Date)	27,2025
Date Filed with Clerk 5/2/25	Date Reported to Committee
Date Granted	License No.
AT-315 (R. 9-19) COA Version 2024	Wisconsin Department of Revenue  Fire:  Health:

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

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

FEE \$ 10 per event + \$7 (applicant backs	ground investigation fee)	Application Date: 05/05/2025
☐ Town ☐ Village 🗓 City of	Appleton	County of OUTAGAMIE
A Temporary "Class B" license to sell	fermented malt beverages at picnic wine at picnics or similar gathering	
at the premises described below during a to comply with all laws, resolutions, ordinand/or wine if the license is granted.		and ending <u>8/3/2025</u> and agrees i or local) affecting the sale of fermented malt beverages
1. Organization (check appropriate box)	→ ☐ Bona fide Club	☐ Church ☐ Lodge/Society
	☐ Veteran's Organization	☐ Fair Association or Agricultural Society
ODEATINE BOUNTONING	ch. 181, Wis. Stats.	or similar Civic or Trade Organization organized under
(a) Name CREATIVE DOWNTOWN A		177
(b) Address C/O APPLETON DOWNT (Street)		
• •	∐ Town	∐ Village ☐ City
<ul> <li>(c) Date organized 10/22/2014</li> <li>(d) If corporation, give date of incorp</li> </ul>	oration	
	****	permit pursuant to s. 77.54 (7m), Wis. Stats., check this
box:		permit pursuant to s. 11.54 (711), wis. Stats., check this
	4 S. OLDE ONEIDA ST., APPLETON,	
property 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	01 S. LAWE ST., APPLETON, WI 5491	
Secretary STEPHANIE LOWNEY,	425 BETTER WAY, APPLETON, WI 54	915
Treasurer TOM KLISTER, 229 E. V	VASHINGTON ST., APPLETON, WI 54	911
(g) Name and address of manager of	r person in charge of affair: JENNIF	ER STEPHANY
(2)		
	rivers License #:	(g)3. Email. <sup>7</sup> hone.
(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored	rivers License #: and/or Wine Will Be Sold, Serve	(g)3. Email. <sup>7</sup> hone.  d, Consumed, or Stored, and Areas Where Alcohol
(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored (a) Street number 301 W. LAWRENCE	rivers License #: and/or Wine Will Be Sold, Serve : E ST, APPLETON, WI 54911 - ALL OF	(g)3. Email. <sup>7</sup> hone.  d, Consumed, or Stored, and Areas Where Alcohol
(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored (a) Street number 301 W. LAWRENCE (b) Lot ALL OF JONES PARK	rivers License #:  and/or Wine Will Be Sold, Serve : E ST, APPLETON, WI 54911 - ALL OF Block	(g)3. Email. <sup>7</sup> hone.  d, Consumed, or Stored, and Areas Where Alcohol
(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored (a) Street number 301 W. LAWRENCE (b) Lot ALL OF JONES PARK (c) Do premises occupy all or part of (d) If part of building, describe fully all	rivers License #:  and/or Wine Will Be Sold, Serve : E ST, APPLETON, WI 54911 - ALL OF Block building? ALL OF JONES PARK	(g)3. Email. <sup>7</sup> hone.  d, Consumed, or Stored, and Areas Where Alcohol
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(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored (a) Street number 301 W. LAWRENCE (b) Lot ALL OF JONES PARK (c) Do premises occupy all or part of (d) If part of building, describe fully all	rivers License #:  and/or Wine Will Be Sold, Serve : E ST, APPLETON, WI 54911 - ALL OF Block building? ALL OF JONES PARK	(g)3. Email. <sup>7</sup> hone.  d, Consumed, or Stored, and Areas Where Alcohol  JONES PARK
(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored (a) Street number 301 W. LAWRENCE (b) Lot ALL OF JONES PARK (c) Do premises occupy all or part of (d) If part of building, describe fully at to cover: ALL OF JONES PARK  3. Name of Event (a) List name of the event MILE OF M	and/or Wine Will Be Sold, Serve:  ST, APPLETON, WI 54911 - ALL OF Block building? ALL OF JONES PARK Il premises covered under this appli	(g)3. Email. <sup>7</sup> hone.  d, Consumed, or Stored, and Areas Where Alcohol  JONES PARK
(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored (a) Street number 301 W. LAWRENCE (b) Lot ALL OF JONES PARK (c) Do premises occupy all or part of (d) If part of building, describe fully at to cover: ALL OF JONES PARK  3. Name of Event	and/or Wine Will Be Sold, Serve:  ST, APPLETON, WI 54911 - ALL OF Block building? ALL OF JONES PARK Il premises covered under this appli	(g)3. Email. <sup>7</sup> hone.  d, Consumed, or Stored, and Areas Where Alcohol  JONES PARK
(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored (a) Street number 301 W. LAWRENCE (b) Lot ALL OF JONES PARK (c) Do premises occupy all or part of (d) If part of building, describe fully at to cover: ALL OF JONES PARK  3. Name of Event (a) List name of the event MILE OF M	and/or Wine Will Be Sold, Serve:  ST, APPLETON, WI 54911 - ALL OF Block building? ALL OF JONES PARK Il premises covered under this appli	(g)3. Email. <sup>7</sup> hone.  d, Consumed, or Stored, and Areas Where Alcohol  JONES PARK
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(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored (a) Street number 301 W. LAWRENCE (b) Lot ALL OF JONES PARK (c) Do premises occupy all or part of (d) If part of building, describe fully a to cover: ALL OF JONES PARK  3. Name of Event (a) List name of the event MILE OF M (b) Dates of event 7/31/2025, 8/1/2025 (c) Time(s) of event 11:00 AM - 11;00 F  An officer of the organization, declares un	and/or Wine Will Be Sold, Serve  ST, APPLETON, WI 54911 - ALL OF  Block building? ALL OF JONES PARK If premises covered under this application.  BUSIC 6,8/2/2025,8/3/2025  M  DECLARATION Inder penalties of law that the information of the provides many person who knowingly provides mander person who knowingly provides mander penalties of law that the information of the penalties of law that the provides many person who knowingly provides mander penalties of law that the landown of the penalties of law that the landown of the penalties of law that the penalties of law that the penalties of law that the penalties of law that the penalties of law that the penalties of law that the landown of the penalties of law that the penalties of law that the penalties of law that the penalties of law that the penalties of law that the penalties of law that the landown of the penalties of law that the landown of the penalties of law that the penalties of la	(g)3. Email. Thone.  d, Consumed, or Stored, and Areas Where Alcohol  JONES PARK
(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored (a) Street number 301 W. LAWRENCE (b) Lot ALL OF JONES PARK (c) Do premises occupy all or part of (d) If part of building, describe fully a to cover: ALL OF JONES PARK  3. Name of Event (a) List name of the event MILE OF M (b) Dates of event 7/34/2025, 8/1/2025 (c) Time(s) of event 11:00 AM - 11;00 F  An officer of the organization, declares unbest of his/her knowledge and belief. An	and/or Wine Will Be Sold, Serve  E ST, APPLETON, WI 54911 - ALL OF  Block building? ALL OF JONES PARK Il premises covered under this applia  IUSIC 1,8/2/2025,8/3/2025 PM  DECLARATION Inder penalties of law that the informative person who knowingly provides median.	(g)3. Email.  d, Consumed, or Stored, and Areas Where Alcohol  JONES PARK  cation, which floor or floors, or room or rooms, license is
(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored  (a) Street number 301 W. LAWRENCE (b) Lot ALL OF JONES PARK  (c) Do premises occupy all or part of (d) If part of building, describe fully all to cover: ALL OF JONES PARK  3. Name of Event (a) List name of the event MILE OF M (b) Dates of event 7/31/2025, 8/1/2025 (c) Time(s) of event 11:00 AM - 11;00 F  An officer of the organization, declares unbest of his/her knowledge and belief. An may be required to forfeit not more than some content of the content of the part o	and/or Wine Will Be Sold, Serve:  E ST, APPLETON, WI 54911 - ALL OF  Block building? ALL OF JONES PARK Il premises covered under this applie  BUSIC B/2/2025,8/3/2025  M  DECLARATION Inder penalties of law that the informative person who knowingly provides me standard.  EACO	(g)3. Email.  d, Consumed, or Stored, and Areas Where Alcohol JONES PARK  cation, which floor or floors, or room or rooms, license is  attion provided in this application is true and correct to the aterially false information in an application for a license  (Name of Organization)
(g)1. Date of Birth. (g)2. D  2. Location of Premises Where Beer Beverage Records Will be Stored  (a) Street number 301 W. LAWRENCE (b) Lot ALL OF JONES PARK  (c) Do premises occupy all or part of (d) If part of building, describe fully al to cover: ALL OF JONES PARK  3. Name of Event (a) List name of the event MILE OF M (b) Dates of event 7/31/2025, 8/1/2025 (c) Time(s) of event 11:00 AM - 11:00 F  An officer of the organization, declares unbest of his/her knowledge and belief. An may be required to forfeit not more than 3	and/or Wine Will Be Sold, Serve:  E ST, APPLETON, WI 54911 - ALL OF  Block building? ALL OF JONES PARK Il premises covered under this applie  BUSIC B/2/2025,8/3/2025  M  DECLARATION Inder penalties of law that the informative person who knowingly provides me standard.  EACO	d, Consumed, or Stored, and Areas Where Alcohol JONES PARK  cation, which floor or floors, or room or rooms, license is  ation provided in this application is true and correct to the aterially false information in an application for a license  at Downsown Amount Inc.  (Name of Organization)

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

See Additional Information on reverse side. Contact the municipal clerk if you have questions, + \$7 (applicant background investigation fee) Application Date: 01/22/2025 FEE \$ 10 per event X City of Appleton County of Outagamie Town Village 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 07/31/2025 and ending 08/03/2025 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. ☐ Bona fide Club Church 1. Organization (check appropriate box) → 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 Fox Valley Vietnam Veterans Association (b) Address 120 N. Morrison St., Suite 101, Appleton, WI 54911 (Street) Town ☐ Village ☑ City (c) Date organized 07/01/1983 (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 (f) Names and addresses of all officers: President Bob A. Boettcher - 1409 Harrison St., Appleton, WI 54911 Vice President Don F. Falk - 528 Claire Dr., Appleton, WI 54915 Secretary Joe E. Wilharms - W7064 Verne Rd., Menasha, WI 54952 Treasurer Joe E. Wilharms - W7064 Verne Rd., Menasha, WI 54952 (g) Name and address of manager or person in charge of affair; David G. Williams, 59 S. Meadows Dr., Appleton, WI 54915 (g)2. Drivers License #. (g)1. Date of Birth. 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 Lawrence Lawn on Lawrence University Campus Block SE Corner of College Avenue and Drew Street (b) Lot (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: 3. Name of Event (a) List name of the event Mile of Music Festival/Mile 12 (b) Dates of event 07/31/2025 + 1000 108/03/2025 (c) Time(s) of event 9:30 a.m. through 12:30 a.r.. **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 forfelt not more than \$1,000. Fox Valley Veterans Association (Name of Organization) Date Filed with Clerk Date Reported to Committee **Date Granted** License No.

Fire

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

Application for Temporary Class "B" / "Class B" Retailer's License See Additional Information on reverse side. Contact the municipal clerk if you have questions. Application Date: 01/22/2025 FEE \$ 10 per event + \$7 (applicant background investigation (ee) Town ☐ Village X City of County of Outagamie The named organization applies for: (check appropriate box(es).) Last 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 07/31/2025 and ending 08/03/2025 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. Church Organization (check appropriate box) → ☐ Bona flde Club ☐ 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 Fox Valley Vietnam Veterans Association (b) Address 120 N. Morrison St., Suite 102, Appleton, WI 54911 (Street) **⊠** City Town ☐ Village (c) Date organized 07/01/1983 (d) If corporation, give date of incorporation If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77,54 (7m), Wis. Stats., check this (f) Names and addresses of all officers: President Bob A. Boettcher - 1409 Harrison St., Appleton, WI 54911 Vice President Don F. Falk - 528 Claire Dr., Appleton, WI 54915 Secretary Joe E. Wilharms - W7064 Verne Rd., Menasha, WI 54952 Treasurer Joe E. Wilharms - W7064 Verne Rd., Menasha, WI 54952 (g) Name and address of manager or person in charge of affair; David G. Willems, 59 S. Meadows Dr., Appleton, WI 54915 (g)1. Date of Birth. ) (a)2, Drivers License #. (g)3, Emai, 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 Houdini Plaza Block SE Corner of College Avenue and Appleton Street (b) Lot (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: 3. Name of Event (a) List name of the event Mile of Music Festival/Mile 12 (b) Dates of event 07/31/2025 4 Novah 18/03/2025 (c) Time(s) of event 9:30 a.m. through 12:30 a.m. **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 forfelt not more than \$1,000. Fox Valley Veterans Association (Name of Organization) Date Filed with Clerk 4/15/25 Date Reported to Committee

License No.

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

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